Chronology
of the
Swine Flu Pandemic
Additional Information

RemembeЯ

"… The world can now reap the benefits of investments, over the last five years, in pandemic preparedness …"
Dr. Margaret Chan, Geneva, WHO, June 11, 2009

Chronology

of the

Swine Flu Pandemic

Additional Information

related to

2009-2011

a collection
of articles, documents, news, and remarks
on history of a Swine Flu Pandemic
and a Global Vaccination Project

RemembeЯ

2024-2025

M. Teppone.

Chronology of the Swine Flu Pandemic: Additional Information.

A collection of articles, documents, news, and remarks on history of a Swine Flu Pandemic and a Global Vaccination Project organized in 2009-2010. – RemembeЯ, 2024-2025, P. 1370.

Disclaimers

This Collection was compiled by Dr. Mikhail Teppone.

It was prepared in the course of research on Swine Flu Pandemic which was declared in 2009. The need for this collection is due to the fact that many web pages with the information related to the history of a 'Swine Flu Pandemic' and a 'Global Vaccination Project' have been lost or removed from the original web-sites (see Chapter 11) and were preserved only in the web archive.

Another reason for preparing this collection is that historical facts published not at the scientific sources but at news platforms are usually forgotten and become inaccessible for further research.

The Collection has been prepared for research and education purposes to encourage further studies related to influenza pandemics that have occurred in the XXI century.

The Collection includes information that was found in the public domain.

The Compiler declares there is no conflict of interests or any financial interest.

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Jefferson: It's true that influenza viruses are unpredictable, so it does call for a certain degree of caution. But one of the extraordinary features of this influenza – and the whole influenza saga – is that there are some people who make predictions year after year, and *they get worse and worse*.

None of them so far have come about, and these people are still there making these predictions. For example, what happened with the bird flu, which was supposed to kill us all? Nothing. But that doesn't stop these people from always making their predictions. *Sometimes you get the feeling that there is a whole industry almost waiting for a pandemic to occur*. [A Whole Industry is Waiting for a Pandemic. – Spiegel International, 21 July 2009]

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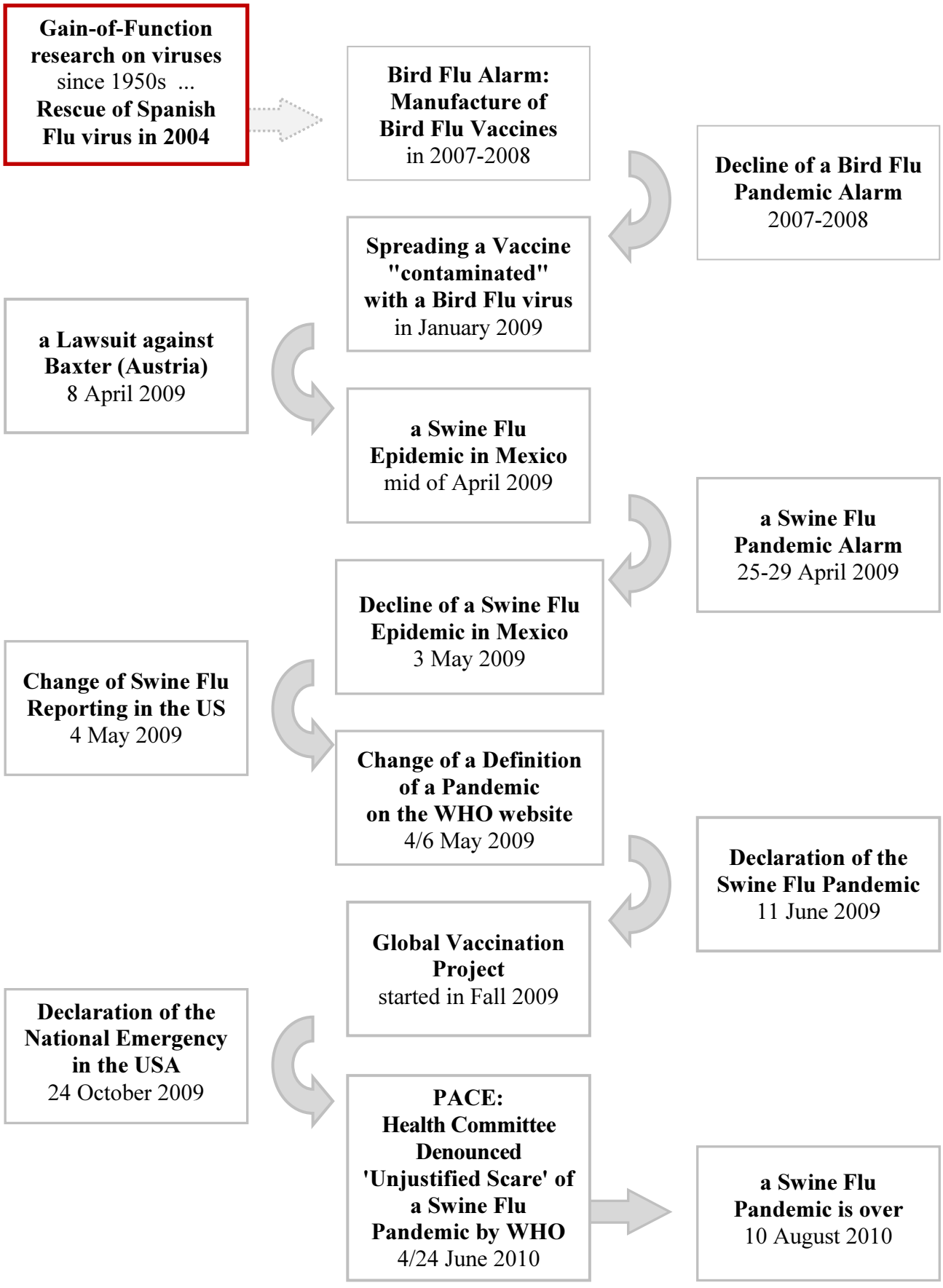
Chapter 1

Introduction:

Some events before Declaration of a Pandemic

Roadmap
of the Swine Flu Pandemic


Gain-of-Function research on viruses since 1950s ... Rescue of Spanish Flu virus in 2004
Bird Flu Alarm: Manufacture of Bird Flu Vaccines in 2007-2008
Decline of a Bird Flu Pandemic Alarm 2007-2008
Spreading a Vaccine "contaminated" with a Bird Flu virus in January 2009
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Decline of a Swine Flu Epidemic in Mexico 3 May 2009
Change of Swine Flu Reporting in the US 4 May 2009
Change of a Definition of a Pandemic on the WHO website 4/6 May 2009
Declaration of the Swine Flu Pandemic 11 June 2009
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Declaration of the National Emergency in the USA 24 October 2009
PACE: Health Committee Denounced 'Unjustified Scare' of a Swine Flu Pandemic by WHO 4/24 June 2010
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San Francisco Examiner

Mary Jo Takach

No Cure for that Cold?

San Francisco Examiner (San Francisco, CA), 1972, Oct 8, Sun, N 41: 28.
https://newspaperarchive.com/tags/?pl=common-cold-is-like-the-weather&pr=10&page=2/

No Cure For That Cold?

By Mary Jo Takach

New York

THE common cold is like the weather — everybody talks about it but no one can do much about it.

Nearly 26 years ago Britain's Medical Research Council set up a unit at Harvard Hospital, Salisbury, to study common colds. In the beginning, in England, as in the United States, the major research was to identify the cause of the common cold. The study of viruses was young and scientists were hopeful that only one or two caused the common cold.

Volunteers Exposed

The original viruses were identified by exposing volunteers to them and seeing what happened. The volunteers would be inoculated with potentially infectious viruses by placing a few drops of liquid containing them into the nose and if any of them developed colds this would indicate that virus had been present in the inoculus, explains Dr. Sylvia Reed of the cold unit's research staff.

Today, the number of viruses is no longer of interest. "It is now known that there are more than 90 serotypes of rhinoviruses, which do not cross-immunize against one another," Dr. Reed says. "Furthermore, a new group of viruses has also been isolated. These are called human coronaviruses and they also cause typical colds."

Dr. James Spray of the National Center for Disease Control in Atlanta, Ga., estimates that there are at least 200 cold viruses which cause Americans to lose 47 million workdays and 65 million school days every year.

These viruses do not cross-immunize. This means each virus would need its own vaccine. In addition, vaccines cause antibodies in the bloodstream and cold viruses affect the outer linings of the nasal passages — just about as far away from the bloodstream as one can get in the body," Dr. Spray notes. Also, the immunity against a cold lasts for about two weeks.

Thus, researchers have decided it is just not worth the effort to develop 200 vaccines which would have to be given every two weeks or so. The U.S. National Institutes of Health (NIH) closed down its Board of Vaccine Development last year, deciding it was a waste of time and money. The British equivalent is still flourishing although the trend of its research has changed radically.

There are at least 200 cold viruses

Volunteers, however, still enroll in the British program for 10 days. Only healthy people aged 18 to 50 are accepted and they are isolated in pairs or threes in comfortable apartments. The only people the volunteers meet other than their "flatmates" are the doctor, nurse and virologists, who are all gowned and masked.

Many of the volunteers are students, nurses, married couples or groups of housewives who can enjoy a relaxing holiday without expenses and with a bit of pocket money. Only about a third come down with a cold. Some actually return for another "vacation."

"At present," Dr. Reed explains, "the volunteers assist in two main research topics." One is assessing the activity in man of antiviral drugs. The other is testing influenza vaccines.

"At Salisbury, drugs which are known to be active against respiratory viruses in test tubes and which have satisfactorily completed their toxicology testing can be assessed for activity against experimental infections of volunteers using rhinoviruses, coronaviruses or attenuated influenza viruses," Dr. Reed says.

Possible Drugs

There are several drugs, according to Dr. Donald D'Alessio, an assistant professor of preventive medicine at the University of Wisconsin, which show some tendency to kill viruses the way antibiotics kill bacteria. "We have tested several compounds which showed activity in tissue against a group of viruses. Unfortunately, in humans the activity of these drugs is marginal."

When a specific compound does not work, researchers then try different derivatives of the compound in hope that one of these will prove stronger. As of yet, Dr. D'Alessio says, there has been no compound that shows itself to be "hot stuff," despite recent reports of one that has given some positive results in animal tests.

Enterprise Science Service

The common cold is like the weather –
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Enterprise Science Service

THE State Journal

W. Kim Heron

Tomorrow's Sci-Fi: Aspiring writers gather here at feet of pros

The State Journal (Lansing, MI), 1975, Aug 12, Tue, p. B-3.

Stan Robinson from California stood in the phone booth: "I found your letter on the floor. I guess it has been there about two weeks so I figured I better call ... Yes, things are going well, Damon is here ..." The revered editor and writer Damon Knight of science fiction circles and his wife Kate (Kate Wilhelm of science fiction and nonscience fiction circles) were in their room with four of the floating pool of 25 Clarionoids writers of the Clarion science fiction writing workshop con-ference and their coordinator Larry Isaacs.

Tomorrow's Sci-Fi

Aspiring Writers Gather Here at Feet of Pros

Damon Knight Kate Wihelm

The Mason Hall apartment on Michigan State University campus. on one of the final mornines of the work-shop, was littered with peanut jars, beer bottles. empty glasses. glasses being emptied, manuscripts. Damon's bare feet over the edge of the coffee table and bing-flopping-bing-thud, mini-sized superbails careening off the walls, making occupants duck. Welcome to closing scenes from Clarion 8: A science fic-tion writer's workshop which for the past six weeks put together 25 aspiring science fiction writers with six professionals, one a week for the first four weeks. then the Knights for two weeks together.

The first four were Samuel Delaney, Gene Wolfe, Joe Haldeman and Roger Zelanzny, all familiar names to science fiction devotees. Damon Knight also buys workshop material for his biannual "Orbit" hard-back anthology. This year Kate Wilhelm is planning an anthol ogy of Clarion writers, to indude this year's workshop and last year's. The original "Clarion" series was edited by former director Robin Scott Wilson. After watching one clannoid spit a ping pong ball out of his mouth – which struck another, cutting off his Donald Duck imitation during an early morning insanity session – Isaacs explained that "this year may not be the best writers, or the brightest intellects, but they do display the widest array of talents." The writers come from a variety of backgrounds though most are either college students, graduates or dropouts. They vary in age from 18 to 37 and geologically they range coast to coast and north to Saskatoon in Canada.

Most Have written before; some have been published, others have collected folders full of rejection notices. All are white. 21 are male and four female. The attraction to science fiction is in part no different from the attraction of Buck Rogers in the pulp '40s: The fantastic. Len Rosenberg, an unem ployed former college student from New York, said, "I like the fantastic and the weird, and I think that science fiction is a good kind of meta-phor for society and the changes that are taking place."

Knight Puts it in a larger context, saying that our current notions of fiction come from realism and naturalism, a movement that is only about 100 years old. "All the way back men have dreamed of strange places. like Sinbad's voyages to strange places," said Kate Wilhelm. "Now it's spaceships instead of sailing boats." The workshop produced numerous stories around three problems in particular raised by current science: Cloning, genetic manipulation and brain control.

Cloning is a technique where a single cell or bit of tissue from an organism could be used to regrow an entire organism. In human terms, scientists could thus grow a twin from anyone, using a piece of his or her tissue.

Genetic manipulation is the process of altering the genes which determine the form, function and operation of an organism. For example, a genetically altered human could have gills, while a genetically altered virus might be one human beings, would have no immunity to. Recent brain research has revealed new information about how the brain operates. but this knowledge can be used for good or evil.

All these become fertile grounds for science fiction writers worried about the re-luctance of scientists to look into the implications of their own research. While science, technology and gadgetry have been corn-mon in science fiction, the writers today enter a more literate and more respectable field than the pulp days. Science fiction has become an accepted part of many college programs and is being adopted m high schools. What was a "ghettoized" school of writing is now closer to the mainstream than ever. But the short story market the writers hope to sell to is in a dreary state. Reprints outsell new material and pay averages three cents a word. A major impact of the workshop, according to most participants and writers alike was on basic writing skills, not problems particular to science fiction.

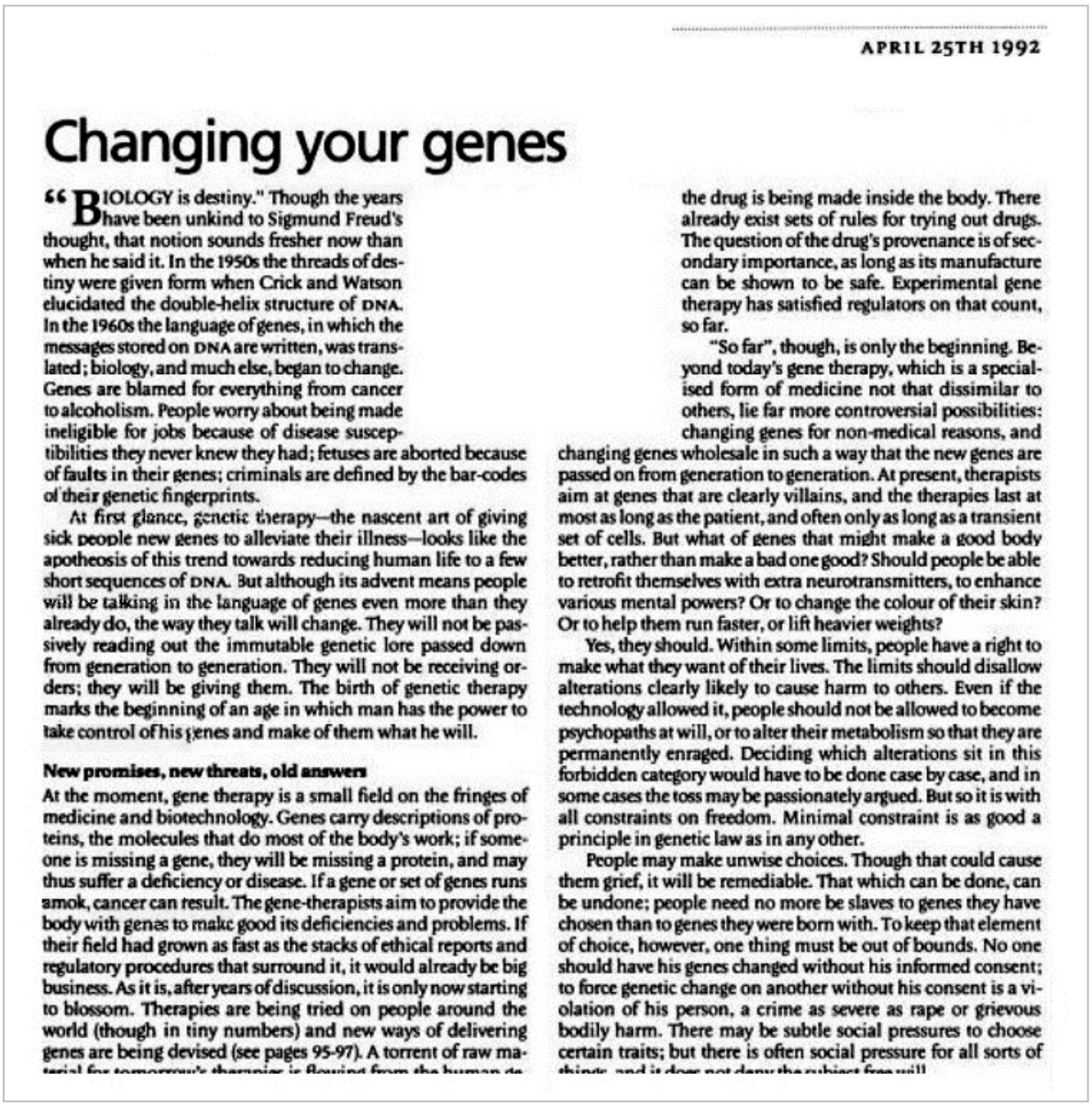
But what the workshop offered most of all was in-stant feedback. Mike Berlyn, a college stu-dent from Florida, busily edit-ing another writer's manus-cript, said, "The great thing is that you're with each other 24 hours a day. "You get direct feedback," he said. "This workshop has taken my writing from the 1940s to the 1970s ... well, at least the 1950s."

The Economist

Changing your Genes

The Economist Magazine. 25 April 1992
1992 Apr 25; 323 (7756):11-12. PMID: 16001470
https://pubmed.ncbi.nlm.nih.gov/16001470/

Biology is destiny. "Though the years have been unkind to Sigmund Freud's thought, that notion sounds fresher now than when he said it. In the 1950s the threads of destiny were given form when Francis Crick and James Watson elucidated the double-helix structure of DNA. In the 1960s the language of genes, in which the messages stored on DNA are written, was translated; biology, and much else, began to change. Genes are blamed for everything from cancer to alcoholism. People worry about being made ineligible for jobs because of disease susceptibilities they never knew they had; fetuses are aborted because of faults in their genes; criminals are defined by the bar-codes of their genetic fingerprints. ...



APRIL 25TH 1992

Changing your genes

"BIOLOGY is destiny." Though the years have been unkind to Sigmund Freud's thought, that notion sounds fresher now than when he said it. In the 1950s the threads of destiny were given form when Crick and Watson elucidated the double-helix structure of DNA. In the 1960s the language of genes, in which the messages stored on DNA are written, was translated; biology, and much else, began to change. Genes are blamed for everything from cancer to alcoholism. People worry about being made ineligible for jobs because of disease susceptibilities they never knew they had; fetuses are aborted because of faults in their genes; criminals are defined by the bar-codes of their genetic fingerprints.

At first glance, genetic therapy—the nascent art of giving sick people new genes to alleviate their illness—looks like the apotheosis of this trend towards reducing human life to a few short sequences of DNA. But although its advent means people will be talking in the language of genes even more than they already do, the way they talk will change. They will not be passively reading out the immutable genetic lore passed down from generation to generation. They will not be receiving orders; they will be giving them. The birth of genetic therapy marks the beginning of an age in which man has the power to take control of his genes and make of them what he will.

New promises, new threats, old answers

At the moment, gene therapy is a small field on the fringes of medicine and biotechnology. Genes carry descriptions of proteins, the molecules that do most of the body's work; if someone is missing a gene, they will be missing a protein, and may thus suffer a deficiency or disease. If a gene or set of genes runs amok, cancer can result. The gene-therapists aim to provide the body with genes to make good its deficiencies and problems. If their field had grown as fast as the stacks of ethical reports and regulatory procedures that surround it, it would already be big business. As it is, after years of discussion, it is only now starting to blossom. Therapies are being tried on people around the world (though in tiny numbers) and new ways of delivering genes are being devised (see pages 95-97). A torrent of raw material for tomorrow's therapies is flowing from the human de-

the drug is being made inside the body. There already exist sets of rules for trying out drugs. The question of the drug's provenance is of secondary importance, as long as its manufacture can be shown to be safe. Experimental gene therapy has satisfied regulators on that count, so far.

"So far", though, is only the beginning. Beyond today's gene therapy, which is a specialised form of medicine not that dissimilar to others, lie far more controversial possibilities: changing genes for non-medical reasons, and changing genes wholesale in such a way that the new genes are passed on from generation to generation. At present, therapists aim at genes that are clearly villains, and the therapies last at most as long as the patient, and often only as long as a transient set of cells. But what of genes that might make a good body better, rather than make a bad one good? Should people be able to retrofit themselves with extra neurotransmitters, to enhance various mental powers? Or to change the colour of their skin? Or to help them run faster, or lift heavier weights?

Yes, they should. Within some limits, people have a right to make what they want of their lives. The limits should disallow alterations clearly likely to cause harm to others. Even if the technology allowed it, people should not be allowed to become psychopaths at will, or to alter their metabolism so that they are permanently enraged. Deciding which alterations sit in this forbidden category would have to be done case by case, and in some cases the toss may be passionately argued. But so it is with all constraints on freedom. Minimal constraint is as good a principle in genetic law as in any other.

People may make unwise choices. Though that could cause them grief, it will be remediable. That which can be done, can be undone; people need no more be slaves to genes they have chosen than to genes they were born with. To keep that element of choice, however, one thing must be out of bounds. No one should have his genes changed without his informed consent; to force genetic change on another without his consent is a violation of his person, a crime as severe as rape or grievous bodily harm. There may be subtle social pressures to choose certain traits; but there is often social pressure for all sorts of things, and it does not deny the subject free will

Text in full can also be found in the article:

Genetic Engineering should be Unrestricted. – In: Biomedical ethics: opposing viewpoints. Terry O'Neill, ed. – San Diego: Greenhaven Press, 1994, p. 270-274.
https://archive.org/details/econ-genes

Therer are similar articles in The Economist:

The power of gene editing. – The Economist, 17 March 2022.
https://www.economist.com/films/2022/03/17/the-power-of-gene-editing
Science has made a new genetic revolution possible. – The Economist, 25 August 2022
https://www.economist.com/leaders/2022/08/25/science-has-made-a-new-genetic-revolution-possible
How genome editing will change humanity. – The Economist, 8 March 2023.
https://www.economist.com/human-genome-editing-pod
How the Human Genome Project revolutionised biology. – The Economist, 8 April 2023.
https://www.economist.com/science-and-technology/2023/04/08/how-the-human-genome-project-revolutionised-biology

One World, One Health:
Building Interdisciplinary Bridges to Health in a Globalized World

New York, The Rockefeller University, 29 September 2004
http://www.oneworldonehealth.org/sept2004/owoh_sept04.html

Conference Summary

Health experts from around the world met on September 29, 2004 for a symposium focused on the current and potential movements of diseases among human, domestic animal, and wildlife populations organized by the Wildlife Conservation Society and hosted by The Rockefeller University. Using case studies on Ebola, Avian Influenza, and Chronic Wasting Disease as examples, the assembled expert panelists delineated priorities for an international, interdisciplinary approach for combating threats to the health of life on Earth. The product—called the "Manhattan Principles" by the organizers of the "One World, One Health" event, lists 12 recommendations (see below) for establishing a more holistic approach to preventing epidemic / epizootic disease and for maintaining ecosystem integrity for the benefit of humans, their domesticated animals, and the foundational biodiversity that supports us all.

Representatives from the World Health Organization; the UN Food and Agriculture Organization; the Centers for Disease Control and Prevention; the United States Geological Survey National Wildlife Health Center; the United States Department of Agriculture; the Canadian Cooperative Wildlife Health Centre; the Laboratoire Nationale de Sante Publique of Brazzaville, Republic of Congo; the IUCN Commission on Environmental Law; and the Wildlife Conservation Society were among the many participants.

The Manhattan Principles on "One World, One Health"

Recent outbreaks of West Nile Virus, Ebola Hemorrhagic Fever, SARS, Monkeypox, Mad Cow Disease and Avian Influenza remind us that human and animal health are intimately connected. A broader understanding of health and disease demands a unity of approach achievable only through a consilience of human, domestic animal and wildlife health - One Health. Phenomena such as species loss, habitat degradation, pollution, invasive alien species, and global climate change are fundamentally altering life on our planet from terrestrial wilderness and ocean depths to the most densely populated cities. The rise of emerging and resurging infectious diseases threatens not only humans (and their food supplies and economies), but also the fauna and flora comprising the critically needed biodiversity that supports the living infrastructure of our world. The earnestness and effectiveness of humankind's environmental stewardship and our future health have never been more clearly linked. To win the disease battles of the 21st Century while ensuring the biological integrity of the Earth for future generations requires interdisciplinary and cross-sectoral approaches to disease prevention, surveillance, monitoring, control and mitigation as well as to environmental conservation more broadly.

We urge the world's leaders, civil society, the global health community and institutions of science to:

1. Recognize the essential link between human, domestic animal and wildlife health and the threat disease poses to people, their food supplies and economies, and the biodiversity essential to maintaining the healthy environments and functioning ecosystems we all require.

2. Recognize that decisions regarding land and water use have real implications for health. Alterations in the resilience of ecosystems and shifts in patterns of disease emergence and spread manifest themselves when we fail to recognize this relationship.

3. Include wildlife health science as an essential component of global disease prevention, surveillance, monitoring, control and mitigation.

4. Recognize that human health programs can greatly contribute to conservation efforts.

5. Devise adaptive, holistic and forward-looking approaches to the prevention, surveillance, monitoring, control and mitigation of emerging and resurging diseases that take the complex interconnections among species into full account.

6. Seek opportunities to fully integrate biodiversity conservation perspectives and human needs (including those related to domestic animal health) when developing solutions to infectious disease threats.

7. Reduce the demand for and better regulate the international live wildlife and bushmeat trade not only to protect wildlife populations but to lessen the risks of disease movement, cross-species transmission, and the development of novel pathogen-host relationships. The costs of this worldwide trade in terms of impacts on public health, agriculture and conservation are enormous, and the global community must address this trade as the real threat it is to global socioeconomic security.

8. Restrict the mass culling of free-ranging wildlife species for disease control to situations where there is a multidisciplinary, international scientific consensus that a wildlife population poses an urgent, significant threat to human health, food security, or wildlife health more broadly.

9. Increase investment in the global human and animal health infrastructure commensurate with the serious nature of emerging and resurging disease threats to people, domestic animals and wildlife. Enhanced capacity for global human and animal health surveillance and for clear, timely information-sharing (that takes language barriers into account) can only help improve coordination of responses among governmental and non-governmental agencies, public and animal health institutions, vaccine / pharmaceutical manufacturers, and other stakeholders.

10. Form collaborative relationships among governments, local people, and the private and public (i.e.-non-profit) sectors to meet the challenges of global health and biodiversity conservation.

11. Provide adequate resources and support for global wildlife health surveillance networks that exchange disease information with the public health and agricultural animal health communities as part of early warning systems for the emergence and resurgence of disease threats.

12. Invest in educating and raising awareness among the world's people and in influencing the policy process to increase recognition that we must better understand the relationships between health and ecosystem integrity to succeed in improving prospects for a healthier planet.

It is clear that no one discipline or sector of society has enough knowledge and resources to prevent the emergence or resurgence of diseases in today's globalized world. No one nation can reverse the patterns of habitat loss and extinction that can and do undermine the health of people and animals. Only by breaking down the barriers among agencies, individuals, specialties and sectors can we unleash the innovation and expertise needed to meet the many serious challenges to the health of people, domestic animals, and wildlife and to the integrity of ecosystems. Solving today's threats and tomorrow's problems cannot be accomplished with yesterday's approaches. We are in an era of "One World, One Health" and we must devise adaptive, forward-looking and multidisciplinary solutions to the challenges that undoubtedly lie ahead.

Robert A. Cook, William B. Karesh, and Steven A. Osofsky
Wildlife Conservation Society, Bronx, New York, USA

Chapter 2

Homeless people die after a bird flu vaccine trial in Poland in July 2008

The NEW ENGLAND JOURNAL of MEDICINE

Ehrlich HJ, Müller M, Oh HM, et al.

Baxter H5N1 Pandemic Influenza Vaccine Clinical Study Team

A clinical trial of a whole-virus H5N1 vaccine derived from cell culture

N Engl J Med. 2008, Jun 12; 358 (24): 2573-2584
doi: 10.1056/NEJMoa073121. PMID: 18550874.

Abstract

Background: Widespread infections of avian species with avian influenza H5N1 virus and its limited spread to humans suggest that the virus has the potential to cause a human influenza pandemic. An urgent need exists for an H5N1 vaccine that is effective against divergent strains of H5N1 virus.

Methods: In a randomized, dose-escalation, phase 1 and 2 study involving six subgroups, we investigated the safety of an H5N1 whole-virus vaccine produced on Vero cell cultures and determined its ability to induce antibodies capable of neutralizing various H5N1 strains. In two visits 21 days apart, 275 volunteers between the ages of 18 and 45 years received two doses of vaccine that each contained 3.75 microg, 7.5 microg, 15 microg, or 30 microg of hemagglutinin antigen with alum adjuvant or 7.5 microg or 15 microg of hemagglutinin antigen without adjuvant. Serologic analysis was performed at baseline and on days 21 and 42.

Results: The vaccine induced a neutralizing immune response not only against the clade 1 (A/Vietnam/1203/2004) virus strain but also against the clade 2 and 3 strains. The use of adjuvants did not improve the antibody response. Maximum responses to the vaccine strain were obtained with formulations containing 7.5 microg and 15 microg of hemagglutinin antigen without adjuvant. Mild pain at the injection site (in 9 to 27% of subjects) and headache (in 6 to 31% of subjects) were the most common adverse events identified for all vaccine formulations.

Conclusions: A two-dose vaccine regimen of either 7.5 microg or 15 microg of hemagglutinin antigen without adjuvant induced neutralizing antibodies against diverse H5N1 virus strains in a high percentage of subjects, suggesting that this may be a useful H5N1 vaccine. (ClinicalTrials.gov number, NCT00349141.)

=>

An effective avian flu vaccine was already developed and tested before the middle of 2008

dziennik.pl

Szczepionkę na ptasią grypę testowali na bezdomnych

Dziennik.pl, 2 lipca 2008, 03:09 (2 July 2008)
https://wiadomosci.dziennik.pl/wydarzenia/artykuly/126671,szczepionke-na-ptasia-grype-testowali-na-bezdomnych.html

Za każde zaszczepienie nowym specyfikiem przeciwko grypie bezdomni z Grudziądza dostawali od przychodni po 5-10 złotych. Nie wiedzieli jednak, że nie chodziło o zwykłą grypę, a o siejącą na świecie spustoszenie ptasią grypę. Kilkanaście osób zmarło. Czy ich śmierć miała związek z testami? Do szokujących informacji dotarł reporter "Faktów" TVN. Zachowanie lekarzy potępiła minister zdrowia Ewa Kopacz.

Bezdomni twierdzą, że nie wiedzieli, iż szczepią ich przeciwko ptasiej grypie. W kwietniu 2007 roku grudziądzka przychodnia "Dobra Praktyka" wysłała do nich zapytanie, w którym była mowa o nieodpłatnym przekazaniu szczepionki przeciw zwykłej grypie o nazwie VAXIGRIP. Za każdą szczepionkę mieli dostać pieniądze, dlatego niektórzy zaszczepili się nawet kilkanaście razy. Dopiero teraz okazało się, że otrzymali dwie dawki szczepionki FLUAD- H5N1, która była ocenianą w tym badaniu szczepionką przeciwko groźnemu wirusowi grypy H5N1.

Tuż po szczepieniach kilkanaście osób zmarło. Nie wiadomo, czy testowanie szczepionki było przyczyną śmierci bezdomnych. Wielu z nich to osoby schorowane i wycieńczone trybem życia, dla których takie eksperymenty mogą być niebezpieczne. Statystyka daje jednak wiele do myślenia.

"W 2004 roku zmarło czterech bezdomnych z naszego ośrodka" - przyznaje w rozmowie z "Faktami" Mieczysław Wacławski, kierownik schroniska im św. Brata Alberta w Grudziądzu. Jednak w 2005 i 2006 roku zmarło łącznie 16 osób, w 2007 roku - roku, w którym testowano szczepionkę - aż 21. Według TVN24, pokrzywdzonych może być nawet 350 osób. Około 150 z nich - to bezdomni. Reszta to zwyczajni mieszkańcy, zwabieni zarobkiem.

Kierownictwo przychodni broni się, że wszyscy pacjenci podpisali zgodę na szczepienie i wiedzieli, przeciwko czemu się szczepią.

Wczoraj do toruńskiego sądu wpłynął akt oskarżenia przeciwko trojgu lekarzom i sześciu pielęgniarkom. Jak wykazało śledztwo, oszukali oni nie tylko pacjentów, ale i firmę farmaceutyczną, która zleciła szczepienia. Prokuratura zarzuca im fałszowanie dokumentacji, nakłanianie świadków do składania fałszywych zeznań i poświadczanie nieprawdy, a także przywłaszczenia mienia. Zarzut narażenia zdrowia i życia bezdomnych jednak w akcie oskarżenia nie pada.

Zachowaniem lekarzy oburzona jest minister zdrowia. "Lekarze, którzy prowadzili te badania, nie powinni wracać do zawodu" – tak oskarżonych lekarzy oceniła w programie "Fakty po Faktach" Ewa Kopacz. "W interesie wszystkich lekarzy leży, by ci, którzy zawinili, ponieśli karę" - dodała.

The Telegraph

Matthew Day

Homeless people die after bird flu vaccine trial in Poland

Three Polish doctors and six nurses are facing criminal prosecution after a number of homeless people died following medical trials for a vaccine to the H5N1 bird-flu virus.

The Telegraph, UK, 2 July 2008, 4:37 pm
https://www.telegraph.co.uk/news/worldnews/europe/poland/2235676/Homeless-people-die-after-bird-flu-vaccine-trial-in-Poland.html
https://web.archive.org/web/20080706125740/https://www.telegraph.co.uk/news/worldnews/europe/poland/2235676/Homeless-people-die-after-bird-flu-vaccine-trial-in-Poland.html

The medical staff, from the northern town of Grudziadz, are being investigated over medical trials on as many as 350 homeless and poor people last year, which prosecutors say involved an untried vaccine to the highly-contagious virus.

Authorities claim that the alleged victims received £1-2 to be tested with what they thought was a conventional flu vaccine but, according to investigators, was actually an anti bird-flu drug.

The director of a Grudziadz homeless centre, Mieczyslaw Waclawski, told a Polish newspaper that last year, 21 people from his centre died, a figure well above the average of about eight.

Although authorities have yet to prove a direct link between the deaths and the activities of the medical staff, Poland's health minister, Ewa Kopacz, has said that the doctors and nurses involved should not return to their profession.

"It is in the interests of all doctors that those who are responsible for this are punished," the minister added.

Investigators are also probing the possibility that the medical staff may have also have deceived the pharmaceutical companies that commissioned the trials.

The suspects said that the all those involved knew that the trial involved an anti-H5N1 drug and willingly participated.

The news of the investigation will come as another blow to the reputation of Poland's beleaguered and poverty-stricken national health service. In 2002, a number of ambulance medics were found guilty of killing their patients for commissions from funeral companies.

MED НОВОСТИ

В Польше несколько бездомных умерли во время испытаний вакцины от птичьего гриппа

MED media, 3 июля 2008, 18:19
https://medportal.ru/mednovosti/v-polshe-neskolko-bezdomnyh-umerli-vo-vremya-ispytaniy-vaktsiny-ot-ptichiego-grippa/

В Польше возбуждено уголовное дело в отношении трех врачей и шести медсестер, предположительно привлекавших постояльцев приюта для бездомных к клиническим испытаниям вакцины против птичьего гриппа. По данным администрации, за время исследования смертность в приюте выросла почти в три раза.

Согласно сообщениям местных СМИ, незаконные испытания экспериментального препарата проводились в приюте польского города Грудзёндз в 2007 году. За каждую прививку испытуемые получали вознаграждение в размере 5-10 злотых, причем некоторые из них прививались по десять и более раз. Как предполагают следователи, испытуемым сообщали, что на них тестируют утвержденный препарат от обычного гриппа, на самом же деле им вводили экспериментальную вакцину для защиты от вируса птичьего гриппа H5N1.

Следователи считают также, что организаторы эксперимента вводили в заблуждение разработчиков препарата, которые ничего не знали о методах подбора и составе участников исследования.

По данным директора приюта Мечислава Вацлавского, в течение 2007 года скончался 21 постоялец этого социального учреждения, тогда как предыдущие годы там фиксировалось в среднем не более 9 смертей в год.

Хотя причинно-следственная связь между всплеском смертности и незаконными испытаниями пока не доказана, министр здравоохранения Польши Эва Копач уже заявила о решимости строжайшим образом покарать виновных.

В свою очередь, подозреваемые в грубых нарушениях медицинской этики медики продолжают настаивать на своей невиновности. По их словам, все привлеченные к испытаниям люди были предупреждены о возможных рисках и подписали информированное согласие на участие в исследовании.

POULTRY WORLD

Natalie Berkhout

Poland: bird flu vaccine scam

Poultry World, 8 April 2009
https://www.poultryworld.net/home/poland-bird-flu-vaccine-scam/

Three doctors and six nurses accused of having tested a vaccine against bird flu on nearly 200 patients without their knowledge went on trial in northern Poland.

The accused health workers have been charged with “fraud, creating false documents and delivering health care without authorisation” to 196 patients, according to judge Piotr Szadkowski of the Torun region.

All nine accused pleaded not guilty, however, if found guilty each health worker could be sentenced to up to 10 years in jail.

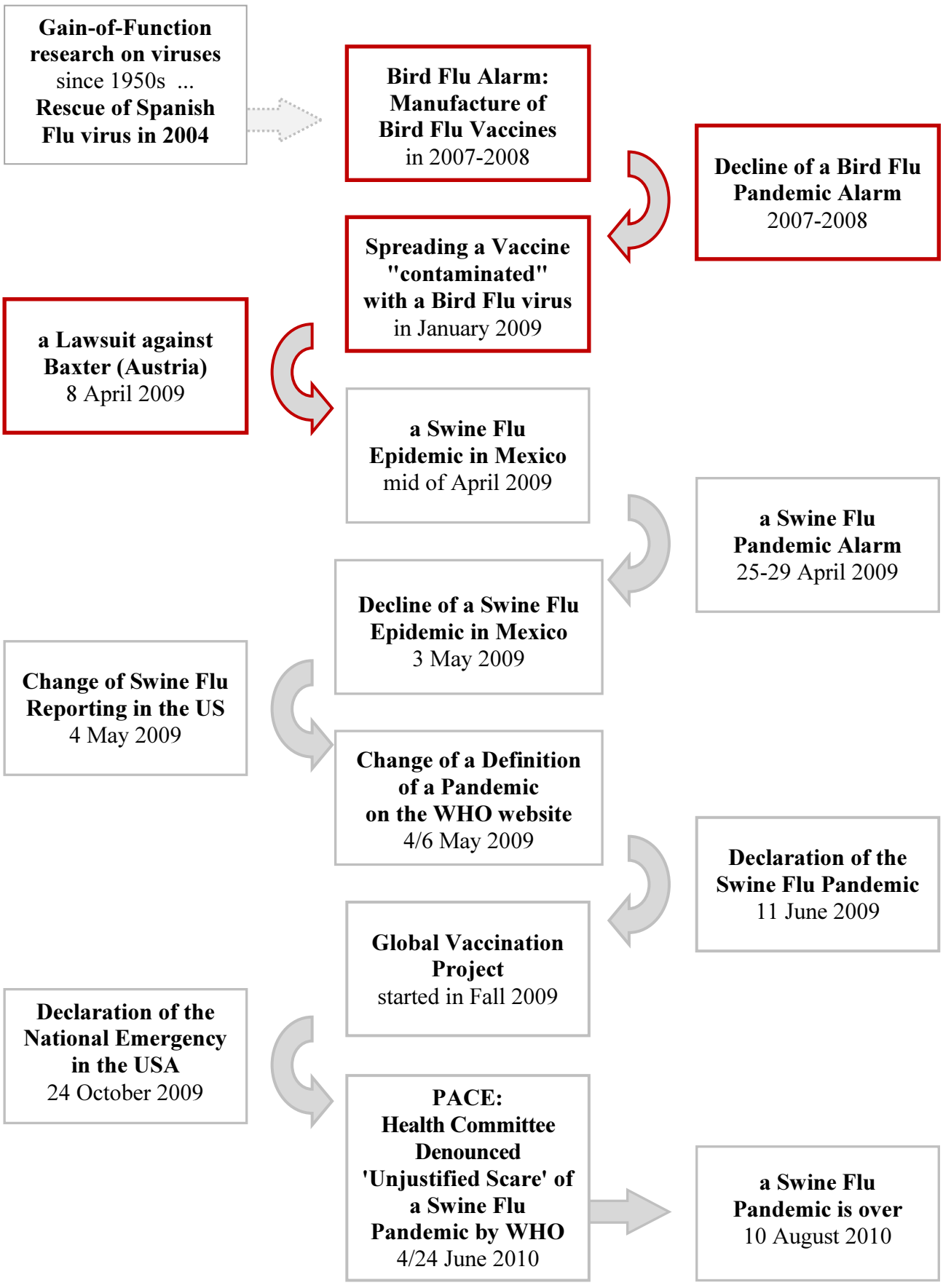
It has been reported that the medical personnel are charged with administering a vaccine banned in Poland against the deadly H5N1 strain of bird flu that can be transmitted to humans. Further reports state that the patients were paid for the vaccines.

They allegedly led their patients, many of them poor and homeless, to believe they were being vaccinated against ordinary flu.

Chapter 3

An Anti-Flu vaccine was Contaminated with the Deadly Bird Flu Virus

Roadmap
of the Swine Flu Pandemic


Gain-of-Function research on viruses since 1950s ... Rescue of Spanish Flu virus in 2004
Bird Flu Alarm: Manufacture of Bird Flu Vaccines in 2007-2008
Decline of a Bird Flu Pandemic Alarm 2007-2008
Spreading a Vaccine "contaminated" with a Bird Flu virus in January 2009
a Lawsuit against Baxter (Austria) 8 April 2009
a Swine Flu Epidemic in Mexico mid of April 2009
a Swine Flu Pandemic Alarm 25-29 April 2009
Decline of a Swine Flu Epidemic in Mexico 3 May 2009
Change of Swine Flu Reporting in the US 4 May 2009
Change of a Definition of a Pandemic on the WHO website 4/6 May 2009
Declaration of the Swine Flu Pandemic 11 June 2009
Global Vaccination Project started in Fall 2009
Declaration of the National Emergency in the USA 24 October 2009
PACE: Health Committee Denounced 'Unjustified Scare' of a Swine Flu Pandemic by WHO 4/24 June 2010
a Swine Flu Pandemic is over 10 August 2010

The INDEPENDENT

Avian Flu Outbreak Timeline

Uploaded by The Independent, 19 December 2011
https://www.scribd.com/document/76089964/Avian-Flu-Map#

An electron micrograph of the avian influenza A H5N1 virus
REX FEATURES
The cull of poultry on in 2007 on a farm in Suffolk
REX FEATURES
AVIAN FLU OUTBREAK TIMELINE
1 1996 The highly pathogenic H5N1 virus is isolated from a far med goose in Guangdong Province, China. The first discovery of this new strain originally attracts little attention.
2 May 1997 Eighteen cases of in Hong Kong are infected with avian influenza H5N1 - in the first known case the virus infecting humans. Six people die from the outbreak.
3 Feb 2003 Six years after the first deaths linked to the virus, a subtype remerges. Two human cases, one of which is fatal, are confirmed in a Hong Kong family with a recent travel history to Fujian Province, China.
Dec 2003 South Korea confirms highly contagious
4 ain of bird flu has infected a chicken farm near Seoul. Vietnam, Cambodia, Mongolia, China, Japan, Laos, Malaysia, Thailand, the Philippines, Indonesia and North Korea later confirm similar outbreaks.
Jan 2004 Vietnam identifies H5N1 as the cause of human cases of severe respiratory disease with high
5 ality. Sporadic human cases are reported through mid-March.
July 2005 Russia confirms first outbreak of bird flu and begins cull of 600,000 birds. Simultaneous outbreak
6 bird flu strain deadly to humans confirmed in seven villages in Kazakhstan marks the first cases outside South-East Asia. Indonesia confirms its first human case.
7 Oct 2005 Thai boy diagnosed with H5N1 strain of bird flu two days after his father became the 13th man i n the country to die of the disease. The World Health Organisation (WHO) confirms that death toll in Asia has now reached 61, comprising 41 in Vietnam, 13 in Thailand, 3 in Indonesia and 4 in Cambodia.
Jan 2006 Turkey confirms its first two human cases.
8 oradic cases continue to be reported in the coming weeks, but rapidly end. Iraq confirms i ts first human case, in a 15-year-old girl in Sulaimaniyah
Feb 2006 France first reports H5N1 in a single turkey
9 rm, marking the first appearance of this disease in domestic poultry in the EU.
March 2006 Egypt confirms its first human case in a
10 -year-old woman from Qalubiya.
Jan 2007 Japan sees a resurgence of bird deaths due
11 H5N1. Hungary and Russia also see more cases. In February, Pakistan, Turkey, Afghanistan, and Myanmar joined the list and Kuwait saw its first major outbreak of the virus.
Jan 2007 The first discovery of the virus affecting
12 ish poultry. Only a single outbreak o ccurs.
Jan 2008 Three mute swans are found dead in Dorset with the virulent H5N1 strain of bird flu.
Feb – April 2009 Five people killed by the virus in Vietnam.
13
June 2011 Five cases of H5N1 were confirmed in Egypt – three of which are fatal.
14

Avian Flu Outbreak Timeline

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11) Jan 2007: Japan sees a resurgence of bird deaths due H5N1. Hungary and Russia also see more cases. In February, Pakistan, Turkey, Afghanistan, and Myanmar joined the list and Kuwait saw its first major outbreak of the virus.

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13) Feb – April 2009: Five people killed by the virus in Vietnam.

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World Health Organization

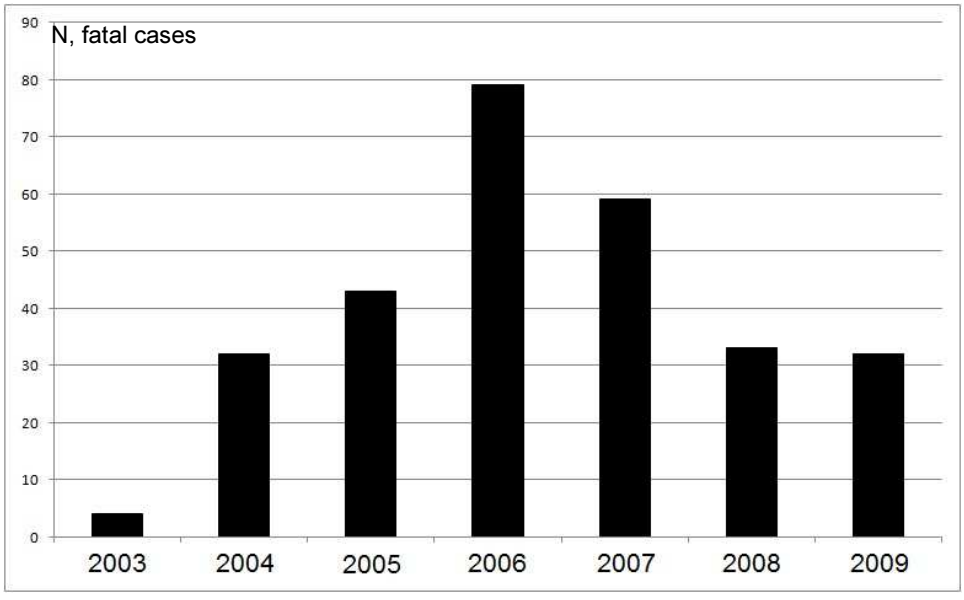
Cumulative number of confirmed human cases for avian influenza A(H5N1) reported to WHO, 2003-2021

Geneva, WHO, 15 April 2021

https://www.who.int/publications/m/item/cumulative-number-of-confirmed-human-cases-for-avian-influenza-a(h5n1)-reported-to-who-2003-2021-15-april-2021

Country	2003		2004		2005		2006		2007		2008		2009	
	cases	deaths	cases	deaths	cases	deaths	cases	deaths	cases	deaths	cases	deaths	cases	deaths
Azerbaijan	0	0	0	0	0	0	8	5	0	0	0	0	0	0
Bangladesh	0	0	0	0	0	0	0	0	0	0	1	0	0	0
Cambodia	0	0	0	0	4	4	2	2	1	1	1	0	1	0
China	1	1	0	0	8	5	13	8	5	3	4	4	7	4
Djibouti	0	0	0	0	0	0	1	0	0	0	0	0	0	0
Egypt	0	0	0	0	0	0	18	10	25	9	8	4	39	4
Indonesia	0	0	0	0	20	13	55	45	42	37	24	20	21	19
Iraq	0	0	0	0	0	0	3	2	0	0	0	0	0	0
Lao People's Democratic Republic	0	0	0	0	0	0	0	0	2	2	0	0	0	0
Myanmar	0	0	0	0	0	0	0	0	1	0	0	0	0	0
Nigeria	0	0	0	0	0	0	0	0	1	1	0	0	0	0
Pakistan	0	0	0	0	0	0	0	0	3	1	0	0	0	0
Thailand	0	0	17	12	5	2	3	3	0	0	0	0	0	0
Turkey	0	0	0	0	0	0	12	4	0	0	0	0	0	0
Viet Nam	3	3	29	20	61	19	0	0	8	5	6	5	5	5
Total	**4**	**4**	**46**	**32**	**98**	**43**	**115**	**79**	**88**	**59**	**44**	**33**	**73**	**32**

Table 2 of the WHO documrent includes the years 2003 - 2009



The dynamics of the fatal cases is presented in the form of columns

THE GLOBE AND MAIL

Hellen Branswell

'Flu fatigue' sets in among scientists after global spread of virus slows

The Globe and Mail (The Canadian Press), 1 January 2009
https://www.theglobeandmail.com/news/national/flu-fatigue-sets-in-among-scientists-after-global-spread-of-virus-slows/article1145766/

Five years after the avian influenza strain H5N1 started killing poultry and people in Southeast Asia, researchers still don't know what to make of the dangerous and unpredictable virus.

After cutting an ever-widening swath through poultry flocks and infecting - and killing - mounting numbers of people in Asia, the Middle East and Africa, the virus seemed almost to take a breather in 2008. The year that just ended saw fewer recorded human cases than any since 2003, when this cycle of H5N1 activity began. It raises the question: Is H5N1 on the wane?

Sadly, science knows too little about how flu viruses emerge, spread and jump - or don't jump - from one species to the next to answer that question. Given the knowledge gap, scientists are still pushing for pandemic preparedness.

"Whether or not H5N1 virus is going to cause a human pandemic - nobody can predict that," says Tim Uyeki, deputy chief of influenza surveillance and prevention for the U.S. Centers for Disease Control.

"I believe it's still a threat. But it's not the only threat," he adds, noting a two-month-old Chinese girl was hospitalized in Hong Kong last month with an H9N2 avian flu infection.

Whatever the uncertainty about H5N1, one thing is clear. A fog of exhaustion has settled over the influenza science community as well as the public health officials who have been slaving over pandemic plans. A healthy portion of the broader public is probably sick to death of the subject, too.

"I think flu fatigue is certainly a phrase which is thrown around a fair amount in the past several months or past year or so," admits Keiji Fukuda, head of the World Health Organization's global influenza program. "In stepping back after going through three or four years of working really hard, I think that there is a genuine sense of 'Wow! We have been pushing so hard and we are tired of that'."

After a peak of 115 human cases and 79 deaths in nine countries in 2006, human infections declined to 88 cases and 59 deaths in 2007. In 2008, only 40 human cases and 30 deaths were reported, from six countries.

Experts can only guess at why that is. "It could be just a cyclical thing," says Maria Zambon, head of the respiratory viruses unit of Britain's Health Protection Agency. "I would be cautious, I think about ... inferring long-term trends from actually reasonably limited data."

Dr. Fukuda says studies haven't shown that the virus has fundamentally changed, so the best guess is that the reason for the decline in cases probably rests with human behaviour. Efforts to eradicate infected poultry have improved, and countries that use poultry vaccine may be lowering the number of times people come in contact with the viruses as a result.

Dr. Uyeki suggests other possibilities. As the problem has seemed to wane, so has attention on it. That could be translating into more lax surveillance for new cases. Doctors could be less likely to suspect and test for H5N1 infection, attributing illness to myriad other potential causes.

It's clear the threat of a flu pandemic - caused by H5N1 or H9N2 or one of a multitude of other influenza viruses - remains. But it's also clear there are a vast number of other health problems competing for funding in highly challenging economic times.

It is a concern, Dr. Fukuda admits. "If we begin to withdraw our attention and move our attention to something else which is completely different, then we really stand to lose a lot of the work which has been built up over the past four years. To do this over and over again is truly ... it's like being Sisyphus," he says, referring to the Greek myth of a man condemned to a task that can never be completed.

OTS

Kein Vogelgrippefall in Wien

OTS, 11 Februaty 2009
https://www.ots.at/presseaussendung/OTS_20090211_OTS0073/kein-vogelgrippefall-in-wien

Wien (OTS) - Am vergangenen Montag wurden im Wiener Otto-Wagner-Spital 18 Mitarbeiterinnen eines externen Unternehmens ambulant behandelt, da vorerst nicht ausgeschlossen werden konnte, dass sie im Rahmen ihrer Arbeit mit einem Vogelgrippe-Erreger in Kontakt gekommen seien. Bei keinem der umfassenden Tests wurde eine Infektion festgestellt.****

Darüber hinaus wurden die PatientInnen umgehend mit einer Grippe-Vorsorge b71ehandelt. "Weder für die Patientinnen und Patienten noch für Personen, die mit ihnen in Kontakt waren, bestand eine Gefährdung. Selbstverständlich haben wir aber alle zuständigen Behörden informiert", erklärte Dr.in Susanne Drapalik von der Generaldirektion der Spitäler der Stadt Wien. (Schluss) cl

OTS-ORIGINALTEXT PRESSEAUSSENDUNG UNTER AUSSCHLIESSLICHER INHALTLICHER VERANTWORTUNG DES AUSSENDERS | NRK0009

Die Klinik Penzing
Bis 2020 Otto-Wagner-Spital

https://lh3.googleusercontent.com/p/AF1QipMS6nTAi9-8fiKVMFC7tgcUE-ND8q7oGjBufrhL=s1360-w1360-h1020

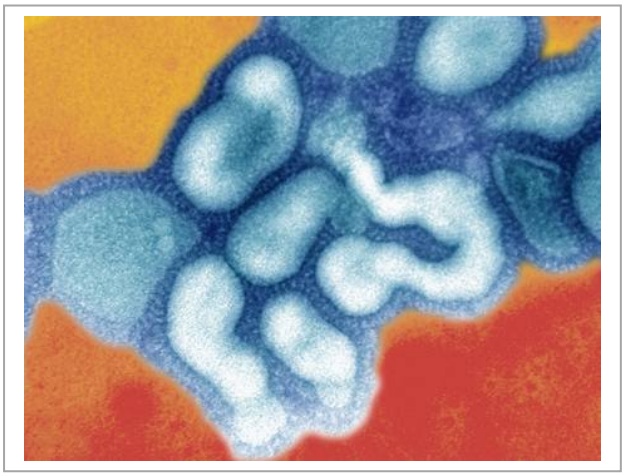
iDNES.cz / ZPRAVODAJSTVÍ Domácí Zahraničí Krimi Kraje Volby Ekonomika Kultura

Bohdana Jarošová, Lenka Petrášová

Do Česka se dostala vakcína nakažená smrtelným virem ptačí chřipky

iDNES.cz, 17 February 2009, 4:21, aktualizováno 9:43
https://www.idnes.cz/zpravy/domaci/do-ceska-se-dostala-vakcina-nakazena-smrtelnym-virem-ptaci-chripky.A090216_212758_domaci_abr

Smrtelná ptačí chřipka se ocitla v České republice a jen díky náhodě se jí nenakazili lidé. Společnost Biotest v Konárovicích na Kolínsku testovala vakcínu rakouské farmaceutické firmy Baxter, která ji vyvíjí. Jenže vakcína obsahovala i agresivní virus ptačí chřipky H5N1.



Státní veterinární správa odhalila, že zvířata byla nakažena smrtelným virem ptačí chřipky. Ilustrační foto. | foto: Profimedia.cz

Rakušané to zjistili několik týdnů po začátku testů. Ale to už bylo pozdě.

"Vakcínu v Biotestu testovali na fretkách od začátku ledna. Výzkum byl povolen ministerstvem průmyslu a obchodu. Najednou začaly fretky hynout a výzkum byl ukončen 6. února," říká hlavní hygienik Michael Vít. V bezprostřední blízkosti viru se výzkumníci pohybovali od 30. ledna.

Následně Státní veterinární správa odhalila, že zvířata byla nakažena smrtelným virem ptačí chřipky. "Všechny fretky jsme museli zlikvidovat a firmu zavřít," říká mluvčí veterinářů Josef Duben. K dezinfekčním opatřením nasadili sedmdesátiprocentní etanol, který podle Dubna "dokonale zabíjí vše živé".

Lék ihned dostalo třináct lidí

V nebezpečí se rázem ocitli všichni, kdo přišli s nakaženými fretkami do styku. "Třináct lidí okamžitě dostalo lék Tamiflu a všichni prošli testy. Naštěstí se ukázalo, že nikdo nebyl nakažen. I když už mají inkubační dobu za sebou, přesto je nadále testujeme na výskyt možných protilátek v krvi," dodává Vít.

Pokud by nějaký výzkumník byl nakažen, mohl před vyšetřením nakazit spoustu lidí. Že se vir nerozšířil na další obyvatele jen díky štěstí, připouštějí i sami odborníci.

Podobný případ v Česku veterináři ani hygienici nepamatují. "Je to vážné varování, žádná legrace to nebyla," říká Duben. Firma Baxter přiznává, že chyba se stala už v Rakousku a přes hranice posílala již "nakaženou zásilku".

"Stalo se to zřejmě při balení. Informovali jsme testující společnost," uvádí Richard Tischler z firmy Baxter. Podle něho dostalo lék Tamiflu dokonce devětadvacet lidí.

Kontrolní systém není příliš hloubkový

Při vývoji léků je pro testy na zvířatech zapotřebí jen povolení ministerstva průmyslu a obchodu, které však o lécích a jejich rizicích jinak nic neví. A schválení etické komise ministerstva zemědělství, že se se zvířaty bude zacházet dobře.

Potíž je také v tom, že při podobných testech v České republice zákony chrání víc zvířata než lidi. "Pečlivě se staráme o etickou stránku testů na zvířatech, ale že jsou tu vážná rizika pro lidi, to nikdo neřeší," říká ředitel Státního ústavu pro kontrolu léčiv Martin Beneš.

There is an introduction to the text above:

kurzyCZ

Markéta Höfferová

Do Česka se dostala vakcína nakažená smrtelným virem ptačí chřipky

Kurzy.cz, 17 February 2009, 11:09:30
https://www.kurzy.cz/zpravy/161785-do-ceska-se-dostala-vakcina-nakazena-smrtelnym-virem-ptaci-chripky/

Server iDnes uvádí, že ptačí chřipka se ocitla v České republice a jen díky náhodě se jí nenakazili lidé. Společnost Biotest v Konárovicích na Kolínsku testovala vakcínu rakouské farmaceutické firmy Baxter, která ji vyvíjí. Jenže vakcína obsahovala i agresivní virus ptačí chřipky H5N1. Rakušané to zjistili několik týdnů po začátku testů. Ale to už bylo pozdě.

"Vakcínu v Biotestu testovali na fretkách od začátku ledna. Výzkum byl povolen ministerstvem průmyslu a obchodu. Najednou začaly fretky hynout a výzkum byl ukončen 6. února," říká hlavní hygienik Michael Vít. V bezprostřední blízkosti viru se výzkumníci pohybovali od 30. ledna.

Celou zprávu si můžete přečíst na serveru iDnes, a to konkrétně ZDE.
https://www.idnes.cz/zpravy/domaci/do-ceska-se-dostala-vakcina-nakazena-smrtelnym-virem-ptaci-chripky.A090216_212758_domaci_abr

MEDICAL TRIBUNE

Lidem hrozila nákaza smrtící ptačí chřipkou

Medical Tribune, 17 February 2009
https://www.tribune.cz/zdravotnictvi/lidem-hrozila-nakaza-smrtici-ptaci-chripkou/

Smrtelná ptačí chřipka se ocitla v České republice a jen díky náhodě se jí nenakazili lidé.

Jak se sem vir dostal? Společnost Biotest v Konárovicích na Kolínsku testovala vakcínu rakouské farmaceutické firmy Baxter, která ji vyvíjí. Jenže vakcína navíc obsahovala i agresivní virus ptačí chřipky H5N1. Rakušané to zjistili týden po začátku testů. Ale to už bylo pozdě.

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"Na co čekáme? Na tragédii?" dodává.

Zdroj: Mladá Fronta DNES

Novinky.cz

Václav Pergl

Lidé ohrožení ptačí chřipkou z vadné vakcíny jsou v pořádku

Novinky.cz, 17 February 2009, 13:52
https://www.novinky.cz/domaci/clanek/lide-ohrozeni-ptaci-chripkou-z-vadne-vakciny-jsou-v-poradku-40219468

Hlavní hygienik ČR Michael Vít

Všechny osoby, jimž v souvislosti s testováním nové chřipkové vakcíny hrozilo, že se mohly nakazit virem ptačí chřipky, jsou v pořádku. Právu to v úterý potvrdil Hlavní hygienik ČR Michael Vít.

„Dnes už uplynula dvojnásobná doba inkubace pro eventuální nakažení virem ptačí chřipky a nic se nestalo. Lidé jsou v pořádku. Jim ani nikomu jinému žádné nebezpečí nehrozí," řekl Vít.

Reagoval tak na informaci, že agresivní ptačí virus chřipky H5N1 nedopatřením obsahovala vakcína rakouské farmaceutické firmy Baxeter, kterou testovala společnost Biotest v Konárovicích na Kolínsku.

„Testy se prováděly s chřipkovou vakcínou typu H3N2 od 30. ledna. Pokusné fretky začaly mít zdravotní potíže 6. února a některé uhynuly. Tentýž den jsme se o tom dověděli a učinili patřičná opatření," prohlásil Vít.

Zaměstnanci dostali protilátku

Informoval, že všichni, kdo se dostali do kontaktu s pokusnými zvířaty, nebo se jinak zapojili do pokusu, dostali okamžitě antivirový přípravek Tamiflu. Všichni byli také vyšetřeni nejmodernější molekulární metodou, aby se vyloučila možnost, že se nakazili agresivním virem ptačí chřipky H5N1.

„Nikdo nebyl nakažen," řekl Vít s tím, že hygienici spolupracovali s veterinární správou. Ta podle Víta skutečně odhalila, že zvířata byla nakažena smrtelným virem ptačí chřipky H5N1. „Všechny fretky byly zlikvidovány a farma prošla a prochází rozsáhlou dezinfekcí všech prostor," dodal Vít.

Podle mluvčího Státní veterinární správy Josefa Dubna to ale „žádná legrace nebyla". Firma Baxter přiznala, že chyba se stala už v Rakousku a přes hranice do Čech již putovala nakažená zásilka. Stalo se tak zřejmě při balení.

Avian Flu Diary

Austrian firm sent deadly vaccine for testing in Czech Republic

Avian Flu Diary, by DPA, 17 February 2009, 15:18:01 GMT
https://afludiary.blogspot.com/2009/02/ferreting-out-problem-in-laboratory.html

Prague – An Austrian pharmaceutical firm sent a flu vaccine, which it had accidentally contaminated with the deadly H5N1 bird flu virus, for testing in the Czech Republic, a report said Tuesday, DPA reported.

The Austrian firm Baxter said it contaminated the vaccine with the dangerous virus by accident, likely during packaging in Austria, the Mlada Fronta Dnes daily reported, citing Baxter's representative.

Baxter shipped the infected vaccine to the Czech biomedical firm Biotest for testing on ferrets in late January.

None of Biotest's 13 employees, who had been exposed to the highly pathogenic virus for a week, contracted the disease.

According to the World Health Organization figures, the bird flu has killed 254 people, mostly in Asia and Africa, including four deaths reported in Turkey.

The Czech Republic's chief epidemiologist Michael Vit said that it was unclear whether the Biotest workers had been under a high risk of infection as the Czech authorities did not know how much virus the vaccine contained.

Officials, however, hinted that the situation could have been serious. "Thank God it did not spread," Vit said.

The Czech company managed to prevent the virus from spreading outside the lab to poultry breeds, which would have had to be culled in such an event.

"If it were to spread to poultry farms it would have caused serious problems," said Josef Duben, a spokesman for the Czech State Veterinary Administration.

The exposed employees were given Tamiflu medicine and have been regularly tested, Vit said.

The infected ferrets had to be culled and the laboratory, which is located 70 kilometres east of the Czech capital Prague, was disinfected.

=> the same text

trend news agency

Austrian firm sent deadly vaccine for testing in Czech Republic

Trend News Agency, 17 February 2009, 20:17 (UTC +04:00)
https://en.trend.az/world/other/1426477.html

Bleak News of the Day

RSOE EDIS: Czech Republic – Biological Hazard.

Bleak News, 17 February 2009, 15:39;
https://bleaknews.wordpress.com/2009/02/17/rsoe-edis-czech-republic-biological-hazard-20090217/

EDIS CODE: BH-20090217-20552-CZE
Date & Time: 2009-02-17 15:39:03 [UTC]
Area: Czech Republic, The area wasn\'t defined!, About 70 kilometres east of Prague,
Event exciting: Laboratory error. (H5N1 vaccine)
The name of Hazard: H5N1
Damage level: Low (Level 1)
Not confirmed information!

Description:
An Austrian pharmaceutical firm sent a flu vaccine, which it had accidentally contaminated with the deadly H5N1 bird flu virus, for testing in the Czech Republic, a report said Tuesday. The Austrian firm Baxter said it contaminated the vaccine with the dangerous virus by accident, likely during packaging in Austria, the Mlada Fronta Dnes daily reported, citing Baxter's representative. Baxter shipped the infected vaccine to the Czech biomedical firm Biotest for testing on ferrets in late January. None of Biotest's 13 employees, who had been exposed to the highly pathogenic virus for a week, contracted the disease.

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The Czech Republic's chief epidemiologist Michael Vit said that it was unclear whether the Biotest workers had been under a high risk of infection as the Czech authorities did not know how much virus the vaccine contained. Officials, however, hinted that the situation could have been serious. "Thank God it did not spread," Vit said.

The Czech company managed to prevent the virus from spreading outside the lab to poultry breeds, which would have had to be culled in such an event. "If it were to spread to poultry farms it would have caused serious problems," said Josef Duben, a spokesman for the Czech State Veterinary Administration.

The exposed employees were given Tamiflu medicine and have been regularly tested, Vit said. The infected ferrets had to be culled and the laboratory, which is located 70 kilometres east of the Czech capital Prague, was disinfected.

BCM|News

Matthias Hämmerle

Laborsendung eines österreichischen Pharmaunternehmens versehentlich mit H5N1 infiziert

Hungary, BCM.News, 17 Februar 2009
https://www.bcm-news.de/2009/02/17/laborsendung-eines-oesterreichischen-pharmaunternehmens-versehentlich-mit-h5n1-infiziert/

Eine östereichisches Pharma-Unternehmen hat eine versehentlich mit dem tödlichen H5N1-Virus verseuchte Sendung an ein tschechisches Bio-Labor versandt. Die 13 Mitarbeiter des Bio-Labors wurden vorsorglich mit Tamiflu behandelt und regelmäßig getestet. Es traten bislang keine Infektionen auf.

Quelle: RSOE Emergency and Disaster Information Service, Budapest, Hungary

Originalmeldung:
An Austrian pharmaceutical firm sent a flu vaccine, which it had accidentally contaminated with the deadly H5N1 bird flu virus, for testing in the Czech Republic, a report said Tuesday. The Austrian firm Baxter said it contaminated the vaccine with the dangerous virus by accident, likely during packaging in Austria, the Mlada Fronta Dnes daily reported, citing Baxter's representative. Baxter shipped the infected vaccine to the Czech biomedical firm Biotest for testing on ferrets in late January. None of Biotest's 13 employees, who had been exposed to the highly pathogenic virus for a week, contracted the disease.

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Czech Republic: H5N1 lab exposure. Contaminated vaccine

PoultryMed, 17 February, 2009

https://web.archive.org/web/20090314011934/http://www.poultrymed.com/Poultry/Templates/showpage.asp?DBID=1&LNGID=1&TMID=178&FID=604&PID=0&IID=6629

An Austrian pharmaceutical firm sent a flu vaccine, which it had accidentally contaminated with the H5N1 avian influenza virus, for testing in the Czech Republic. The Austrian firm Baxter said it contaminated the vaccine by accident, likely during packaging in Austria. Baxter shipped the infected vaccine to the Czech biomedical firm Biotest for testing on ferrets in late January. The contaminated product, which Baxter calls "experimental virus material," was made at the Orth-Donau research facility. The contaminated product, a mix of H3N2 seasonal flu viruses and unlabelled H5N1 viruses, was supplied to an Austrian research company. The Austrian firm, Avir Green Hills Biotechnology, then sent portions of it to sub-contractors in the Czech Republic, Slovenia and Germany. The World Health Organization's European operation is closely monitoring the investigation into the events that took place at Baxter International's research facility in Orth-Donau, Austria.

Baxter's error is reminiscent of a 2005 incident where a U.S. manufacturer of kits used by laboratories to test their detection capabilities included vials of H2N2 virus in several thousand proficiency kits.

The US Food and Drug Administration (FDA) announced on 5th March 2008, they had found evidence that the heparin blood thinning product made by Baxter was contaminated. 19 people have died and 785 were reported to be gravely ill of severe allergic reactions after receiving injections of Baxter's heparin.

Avian Flu Diary

Ferreting Out A Problem In the Laboratory

Avian Flu Diary, by DPA, 17 February 2009

https://afludiary.blogspot.com/2009/02/ferreting-out-problem-in-laboratory.html

In what could have been a major incident, we are just now learning about a mix-up with experimental vaccines being tested at a laboratory in the Czech Republic.

According to early news reports an experimental (presumably seasonal flu) vaccine was contaminated at the factory with the H5N1 virus and sent off to a laboratory for testing on ferrets.

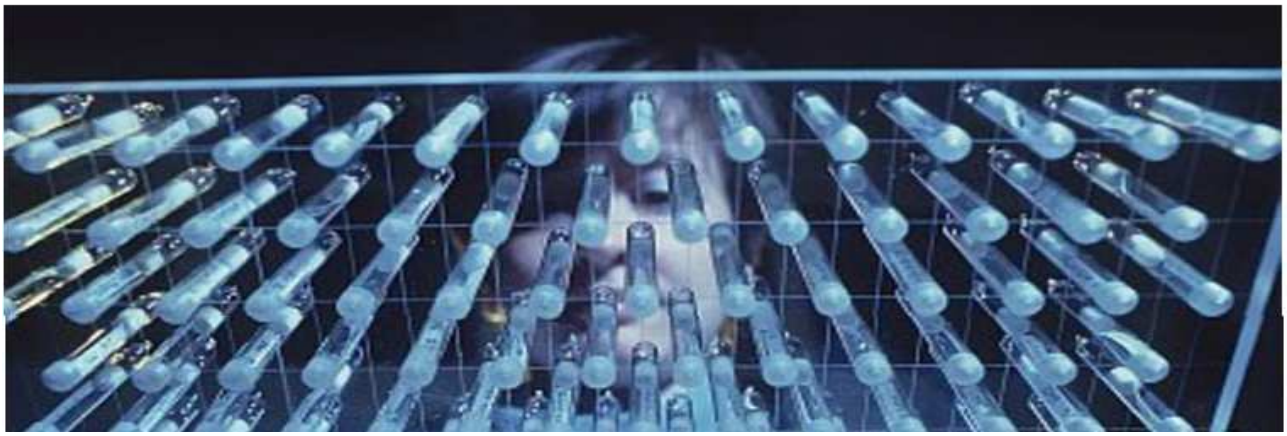
Some of the ferrets died, which set off alarm bells.

Surviving ferrets were culled and employees of the lab were immediately placed on Tamiflu. Luckily none were reported to have been infected by the virus.

This report from DPA.

Пресса

17.02.2009



Пресса

MLAD (радио-Прага), 17 февраля 2009

https://ruski.radio.cz/pressa-8587395

https://web.archive.org/web/20090314043654/http://www.eu-dom.cz/world-news-426642dd.html

Слабые места закона о тестировании выявила нелицеприятная история с продукцией австрийской фармацевтической фирмы Baxter, производящей вакцину.

С конца января вакцину тестировало на хорьках общество Biotest в Конаровицах Колинской области. Исследование было разрешено министерством промышленности и торговли.

Слабые места закона о тестировании выявила нелицеприятная история с продукцией австрийской фармацевтической фирмы Baxter, производящей вакцину. С конца января вакцину тестировало на хорьках общество Biotest в Конаровицах Колинской области. Исследование было разрешено министерством промышленности и торговли.

Препарат, однако, содержал и смертельно опасный вирус птичьего гриппа H5N1, который, видимо, попал в посылку во время упаковки. Австрийцы выяснили это спустя неделю после начала тестирования, уточняет ежедневник MLADÁ FRONTA DNES. Оказалось, поздно. Хорьки погибали один за другим.

Тестирование, по словам главного санврача Чехии Михаела Вита, 6 февраля остановили. Управление ветеринарного надзора констатировало: зверьки заразились вирусом птичьего гриппа. Тринадцать работников, тестировавших злополучную вакцину, немедленно начали принимать Tamiflu и прошли обследование.

К счастью, пока все в порядке. Инкубационный период завершился, оставив за собой вопрос, в достаточной ли мере охраняет законодательная норма тех, кто подвергается смертельному риску?

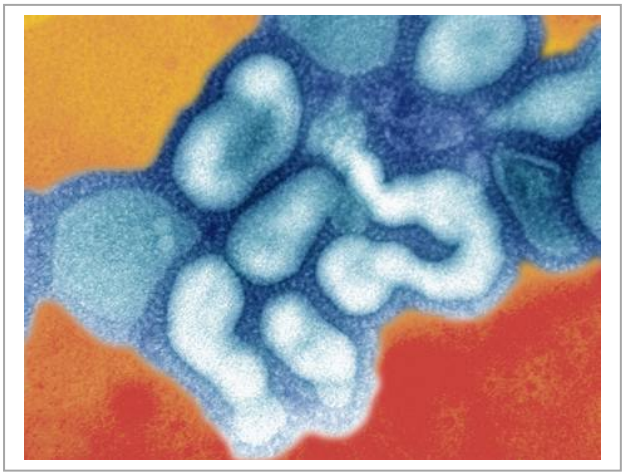
iDNES.cz / ZPRAVODAJSTVÍ Domácí Zahraničí Krimi Kraje Volby Ekonomika Kultura

Bohdana Jarošová, Jan Gazdík

Je to obchodní tajemství, odmítá firma komentovat únik smrtelné vakcíny

iDNES, 18 February 2009, 4:07
https://www.idnes.cz/zpravy/domaci/je-to-obchodni-tajemstvi-odmita-firma-komentovat-unik-smrtelne-vakciny.A090217_224441_domaci_anv

Rakouskou pobočku americké farmaceutické společnosti Baxter prověřuje Evropská agentura pro léčivé přípravky (EMEA). Stalo se tak poté, co farmaceuti z rakouského Ortha poslali do České republiky na testy vakcíny proti chřipce, které byly nakaženy smrtelným virem ptačí chřipky H5N1.



V rakouské laboratoři zkoumají, jak mohl uniknout virus ptačí chřipky do Česka. Kontroly téměř nebyly. | foto: Profimedia.cz

Kvůli případu, na který upozornila MF DNES, se budou zřejmě měnit zákony.

"Chceme docílit toho, aby každá vakcína nebo lék, které přicházejí do České republiky na testování, měly dokumentaci, vyšetření, že nejsou ničím kontaminovány. Nebo jsme si je mohli sami prošetřit v Národní referenční laboratoři. Dosud tomu tak nebylo," upozorňuje hlavní hygienik a náměstek ministryně zdravotnictví Michael Vít.

Výzkumná společnost Biotest z Konárovic na Kolínsku, jež vakcínu testovala na fretkách, musela po týdnu testy ukončit a nakažená zvířata usmrtit. Třináct lidí, kteří pracovali s vakcínou, dostalo okamžitě antivirový lék Tamiflu a stále jsou pod mimořádným dozorem hygieniků.

"Podle laboratorních testů naštěstí lidé nakažení nejsou," sdělil Vít. Dotčené laboratoře v Konárovicích se nyní čistí. "Připravujeme je opět ke zprovoznění," říká Jan Zábský ze společnosti Biotest.

Výzkum na fretkách řádně povolilo ministerstvo průmyslu a obchodu. Ročně jeho resortní komise dá souhlas více než stovce podobných výzkumů. Problém je, že nemá žádné kontrolní pravomoci.

Nově by všechny výzkumy mělo mít pod dozorem ministerstvo zdravotnictví společně se Státním ústavem pro kontrolu léčiv. Jeho pracovníkům teď Rakušané budou muset vysvětlit, kde se stala chyba a kdo je za ni zodpovědný.

"Byla to procesní chyba, která se odehrála v naší pobočce, nemohu vám však sdělit podrobnosti. Odhalil bych naše obchodní tajemství. Mohu vás však ujistit, že jsme okamžitě učinili opatření, aby se podobná chyba už nestala," řekl MF DNES mluvčí americké společnosti Baxter Richard Tischler.

Podle něj se chyba týkala pouze dodávky pro českou firmu Biotest. Baxter je jedna ze šesti mezinárodních firem, které mají oprávnění vyvíjet vakcíny proti chřipce. Ve svých laboratořích uchovává i smrtelný virus ptačí chřipky, protože vyrábí vakcíny i proti němu.

Díra v zákonech

V Konárovicích se testovala vakcína, která byla určena na chřipku pro Evropany v příští sezoně. O tom, jak se mohlo stát, že byl "nebezpečný virus" přibalen do české zásilky, teď odborníci jednají.

Něco podobného se v Česku ještě nestalo. "Je to mimořádná věc. Nepamatuji se, že by se v této oblasti něco stalo. Je to díra v legislativě, na kterou jsme nebyli připraveni," míní Roman Prymula, předseda České vakcinologické společnosti.

Podle něj se v Česku testuje obrovské množství látek, ale málo z nich náleží do nejnebezpečnější kategorie. Tyto pokusy pak podléhají zvláštním bezpečnostním opatřením.

"Nemá cenu si zastírat, že jde o obrovský průšvih. Na podobný omyl doplatily naposledy v USA před šedesáti lety děti, které dostaly obrnu. O něco později v Německu zaměnili vědci vakcíny proti tuberkulóze. Očkovaní lidé pak touto chorobou onemocněli," říká šéf Centra očkování a cestovní medicíny Jiří Beran.

the same

INFORMAČNÍ CENTRUM BEZPEČNOSTI POTRAVIN

BEZPEČNOST POTRAVIN

Alexandra Kvasničková

Únik smrtelného viru ptačí chřipky H5N1 při testech vakcíny

Informace serveru iDNES.cz ze dne 18.2.2009 o testování vakcíny proti ptačí chřipce v ČR.
Bezpecnosti potravin, 18 February 2009
https://www.bezpecnostpotravin.cz/unik-smrtelneho-viru-ptaci-chripky-h5n1-pri-testech-vakciny.aspx

www.news.cn 新华网 NEWS www.xinhuanet.com XINHUANET

Wang Hongjiang

Czech researchers exposed to bird flu virus

Xinhua.Net, 18 February 2009, 09:53
https://web.archive.org/web/20090219235701/http://news.xinhuanet.com/english/2009-02/18/content_10838633.htm

PRAGUE, Feb. 17 (Xinhua) -- Thirteen Czech researchers have been exposed to the H5N1 bird flu virus strain through a contaminated vaccine obtained from an Austrian company, a newspaper reported Tuesday.

The 13 people who had contact with the ferrets were in danger but were not infected with the lethal virus, said Josef Duben, a spokesman for the Czech veterinary authority.

Duben told the Mlada fronta Dnes (MfD) that the researchers were given an anti-viral vaccine and underwent tests.

"Fortunately, none of them got infected," Duben said.

The bird flu virus was being tested positive on ferrets by the Biotest company in Konarovice when the animals began to die.

"Suddenly the ferrets started dying, so the research stopped onFeb. 6," said Michael Vit, the Czech chief sanitary official.

Officials said the ferrets had become infected with the lethal bird flu virus and to be euthanized.

Baxter, the Austrian pharmaceutical company that developed the vaccine, admitted that it mistakenly sent infected material to the Czech Republic.

Česká televize
ČT 24

Smrtící virus ptačí chřipky dorazil do ČR ve vakcíně

CT24, 18 February 2009
https://ct24.ceskatelevize.cz/domaci/1420633-smrtici-virus-ptaci-chripky-dorazil-do-cr-ve-vakcine

Konárovice (Kolínsko) - Smrtelný virus ptačí chřipky H5N1 se dostal do Česka. Společnost Biotest testovala vakcínu rakouské firmy Baxter, látka však nedopatřením obsahovala zmíněný virus. Rakouská firma to odhalila až týden po zahájení testů. Po kontaktu s nakaženými pokusnými fretkami se do přímého ohrožení života dostalo 13 lidí. Nikdo z nich se ptačí chřipkou nenakazil.

Smrtící virus ptačí chřipky dorazil do ČR ve vakcíně
Autor: ČT24; Zdroj: ČT24

„Dnes už uplynula dvojnásobná doba inkubace pro eventuální nakažení virem ptačí chřipky a nic se nestalo. Lidé jsou v pořádku. Jim ani nikomu jinému žádné nebezpečí nehrozí," řekl hlavní hygienik ČR Michael Vít s tím, že všichni ihned dostali lék Tamiflu a prošli řadou testů novou molekulární metodou.

Testy s chřipkovou vakcínou se podle Víta prováděly v Konárovicích od konce ledna. Po týdnu ale začaly pokusné fretky hynout a Rakušané vzápětí informovali o přítomnosti smrtícího viru ve vakcíně. Firma Baxter přiznala svou chybu. „K té chybě došlo u nás. Došlo k záměně chřipkového virotika u jednotlivých druhů vakcín, po celou tu dobu nebylo riziko vyšší, než je u běžných vakcín," vyjádřil se pro ČT mediální zástupce firmy Baxter v ČR Václav Pavelka.

Veterináři a hygienici se shodují na alarmující povaze celé události. Hlavní hygienik se pod tíhou celé události nechal slyšet, že bude usilovat o změnu legislativy, aby testování vakcín při pokusech na zvířatech schvalovalo v budoucnu pouze ministerstvo zdravotnictví.

autor: ČT24,
zdroj: ČT24

PR-inside.com
News and Free PR

13 Mitarbeiter eines tschechischen Labors eine Woche lang unbemerkt H5N1-Viren ausgesetzt - Rätselhafte Verbindung zu ähnlichem Fall in Österreich

PR-Inside, 22 February 2009, 15:57
https://web.archive.org/web/20090310124253/http://www.pr-inside.com/de/mitarbeiter-eines-tschechisch-r1073187.htm

(PR-inside.com 22.02.2009 15:57:23) – Eine Lieferung von mit hoch pathogenen H5N1 Viren kontamierten Grippeimpfstoffs von Österreich nach Tschechien sorgt für Gefährdung von 13 Labormitarbeitern. Zeitgleich werden 18 Mitarbeiter eines österreichischen Pharmalabors im Wiener Otto-Wagner-Spital gegen "Vogelgrippe" behandelt.

Meldungen tschechischer Medien zufolge kam es in einem Labor der 70 km östlich der Hauptstadt Prag gelegenen Biotest Ltd. in Konarovice zu einem schwerwiegendem Zwischenfall durch mit hoch pathogenen H5N1 Viren kontaminiertem Impfstoff.

Nach dem Wissenschaftforum Aviäre Influenza (WAI) vorliegenden Informationen ereignete sich der Vorfall bereits am 06. Februar diesen Jahres. Der experimentelle Impfstoff war am 30.01.2009 von der Avir Green Hills Biotechnology GmbH im Auftrag des Wiener Pharma Herstellers Baxter an das Labor der Biotest Ltd. in Tschechien geliefert worden, wo dieser im Tierversuch an Frettchen getestet werden sollte.

Als im Rahmen der Tierversuche die Frettchen begannen Krankheitssymptome zu zeigen und einige der Tiere starben, wurde der aus Österreich gelieferte Impfstoff untersucht und eine Kontamination mit dem auch für Menschen gefährlichen Vogelgrippe-Erreger H5N1 festgestellt. 13 Labormitarbeitern der Biotest Ltd., welche über einen Zeitraum von annähernd einer Woche im Rahmen ihrer Arbeit Kontakt zu dem hoch pathogenen Erreger hatten, wurden präventiv antivirale Medikamente verabreicht. Zu einer Infektion des Laborpersonals kam es offenbar glücklicherweise nicht.

Bislang ungeklärt sind auch die Zusammenhänge des Laborzwischenfalls in Tschechien zu einer Meldung des Presse- und Informationsdienstes der Stadt Wien vom 11.02. in welchem es heißt, dass im Wiener Otto-Wagner-Spital, Zitat: 18 MitarbeiterInnen eines externen Unternehmens ambulant behandelt [wurden], da vorerst nicht ausgeschlossen werden konnte, dass sie im Rahmen ihrer Arbeit mit einem Vogelgrippe-Erreger in Kontakt gekommen seien'

Nach Auffassung des WAI ergibt sich indes möglicherweise ein Kausalzusammenhang mit einer zeitgleich in Wien stattfindenden Phase I Studie eines H5N1-Lebendimpfstoffs des österreichischem Pharmaherstellers Baxter, im Rahmen derer ein als Nasenspray konzipierter Vogelgrippeimpfstoff an Menschen getestet wird. Ob sich die Kontamination der Impfstoffe tatsächlich auf die an Menschen durchgeführte Phase I Studie in Wien ausgewirkte ist ungeklärt, würde aber plausibel zu erklären vermögen, warum am 11.02. - fünf Tage nach einem Laborzwischenfall durch kontaminierten Impfstoff in Tschechien - im österreichischem Wien 18 Menschen im Otto-Wagner-Spital präventiv gegen H5N1 behandelt werden müssen.

Obwohl der Laborzwischenfall mittlerweile als Biological Hazard vom EDIS 'Emergency and Desaster Service) unter der Kennung BH-20090217-20552-CZE gelistet ist, sah sich Baxter bislang zu keiner öffentlichen Stellungnahme genötigt.

Das Wissenschaftsforum Aviäre Influenza fordert daher mit Nachdruck eine vollständige und detaillierte Offenlegung der Umstände, welche zur Kontamination eines Impfstoffs mit hoch pathogenen Erregern geführt haben.

Bereits im Jahre 2004 kam es zu einer Kontamination von Impfstoffen. Der Pharmahersteller Chiron (heute Teil der Schweizer Novartis AG) hatte damals 46 Millionen Dosen des Grippeimpfstoffs Fluvirin auf Grund bakterieller Verseuchung vernichten müssen.

V.d.i.S.d.P.: Werner Hupperich
WAI - Wissenschaftsforum Aviäre Influenza
www.wai.netzwerk-phoenix.net
Kontaktinformation:
WAI - Wissenschaftsforum Aviäre Influenza

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Laborzwischenfall durch mit H5N1 verseuchten Grippeimpfstoff

OpenPR, 23 February 2009, 08:49
https://www.openpr.de/news/284532/Laborzwischenfall-durch-mit-H5N1-verseuchten-Grippeimpfstoff.html

Flu News Network ~ Flu news, Information, Prepardness

13 Employees of a Czech laboratory for a week unnoticed H5N1 viruses suspended

Cottontop, 25 February 2009
https://cottontopssandbox.wordpress.com/2009/02/25/13-employees-of-a-czech-laboratory-for-a-week-unnoticed-h5n1-viruses-suspended/

Puzzling connection to a similar case in Austria.(PR-inside.com 22.02.2009 15:57:23)

A supply of highly pathogenic H5N1 influenza virus vaccine contaminated of Austria to the Czech Republic provides for risks of 13 laboratory staff. At the same time, 18 employees of an Austrian pharmaceutical laboratories in Vienna Otto Wagner Spital against “bird flu” theme.

Czech media reports that it came in a laboratory of the 70 km east of Prague situated Biotest Ltd. in Konarovice in a serious incident by highly pathogenic H5N1 virus contaminated vaccine.

According to the Scientific Forum Avian Influenza (WAI) the information the incident took place already on 06 February this year. im The experimental vaccine was on 30.01.2009 by Avir Green Hills Biotechnology GmbH. Behalf of the pharmaceutical company Baxter Vienna to the laboratory of Biotest Ltd. has been delivered in the Czech Republic, where in this animal to be tested ferrets.

As part of the animal in the ferrets began to show symptoms and some of the animals died, was from Austria delivered vaccine investigated and any contamination with hazardous for human-pathogen avian flu H5N1 found. 13 laboratories of Biotest Ltd employees. which over a period of approximately one week as part of their work contact with the highly pathogenic agents were preventive antiviral drugs. For an infection of the laboratory staff did not seem fortunately.

So far unexplained is the relationship of the laboratory incident in the Czech Republic to a report of the Press and Information Service of the City of Vienna 11.02. in which it is stated that the Vienna Otto Wagner Hospital, Citation: 18 employees of an outside company out-patients [were], because the moment could not be excluded that in the context of their work with a bird flu pathogen had been in contact.

According to the WAI arises, however, may be a causal link with a simultaneously taking place in Vienna Phase I study of an H5N1 vaccine live in the Austrian pharmaceutical company Baxter, under which a designed as a nasal spray bird flu vaccine tested on humans. Whether the contamination of the vaccines actually in human phase I study in Vienna effect is unclear, but it would plausible to explain why at 11.02. – Five days after a laboratory accident by contaminated vaccine in the Czech Republic – Austria Vienna in 18 people in the Otto-Wagner-Spital preventively against H5N1 should be treated.

Although the laboratory incident is now the Biological Hazard from EDIS ‘Emergency and Disaster Services), under the name BH-20090217-20552-CZE is listed, Baxter had been no public opinion forced.

The Science Forum avian influenza, therefore, strongly urges a full and detailed disclosure of the circumstances for which a vaccine contamination with highly pathogenic agents have led.

Already in 2004 there was a contamination of vaccines. The pharmaceutical manufacturer Chiron (now part of Switzerland’s Novartis AG) had 46 million doses of Fluvirin flu vaccine due to bacterial contamination must be destroyed.

Bloomberg

Michelle Fay Cortez and Jason Gale

Baxter Sent Bird Flu Virus to European Labs by Error

Bloomberg, 24 February 2009, 16:20 EST
https://web.archive.org/web/20110715234330/http://www.bloomberg.com/apps/news?pid=newsarchive&sid=aTo3LbhcA75I

Feb. 24 (Bloomberg) - Baxter International Inc. in Austria unintentionally contaminated samples with the bird flu virus that were used in laboratories in three neighboring countries, raising concern about the potential spread of the deadly disease.

The contamination was discovered when ferrets at a laboratory in the Czech Republic died after being inoculated with vaccine made from the samples early this month. The material came from Deerfield, Illinois-based Baxter, which reported the incident to the Austrian Ministry of Health, Sigrid Rosenberger, a ministry spokeswoman, said today in a telephone interview.

“This was infected with a bird flu virus,” Rosenberger said. “There were some people from the company who handled it.”

The material was intended for use in laboratories, and none of the lab workers have fallen ill. The incident is drawing scrutiny over the safety of research using the H5N1 bird flu strain that’s killed more than three-fifths of the people known to have caught the bug worldwide. Some scientists say the 1977 Russian flu, the most recent global outbreak, began when a virus escaped from a laboratory.

The virus material was supposed to contain a seasonal flu virus and was contaminated after “human error,” said Christopher Bona, a spokesman for Baxter, in a telephone interview.

‘Sanitized’

Baxter “moved very quickly to sanitize and protect employees,” Bona said. “Labs have been sanitized, potentially contaminated materials have been destroyed and employees were tested and considered not to be at risk.”

Baxter gained 93 cents, or 1.6 percent, to $58.27 at 4 p.m. in New York Stock Exchange composite trading, and has lost 2.3 percent over the last 12 months.

The Austrian health ministry reported the incident to the European Union and is conducting its own audit, Rosenberger said. In response, Baxter said it has put in place “preventive and corrective” measures that the ministry found satisfactory. The vaccine has been destroyed, according to Rosenberger.

The World Health Organization “is aware of the situation and is consulting with the ministers of health of the countries involved to ensure that all public risks arising from this event have been identified and managed appropriately,” said Gregory Hartl, a spokesman in Geneva.

European Agencies

The European Medicines Agency has no immediate comment, said Monika Benstetter, an agency spokeswoman. The U.S. Centers for Disease Control and Prevention, which distributes seasonal flu viruses to companies for vaccine manufacturing, isn't investigating or providing consultation, said Tom Skinner, a spokesman for the Atlanta-based agency. The CDC is staying in touch with the European Centre for Disease Prevention and Control regarding the incident, Skinner said.

The H5N1 strain of avian flu has been monitored by health officials around the world for more than a decade for signs it could mutate into a form that is easily spread among humans. Currently, it passes mainly among infected poultry.

A flu pandemic of avian or other origin could kill more than 70 million people worldwide and lead to a "major global recession" costing more than $3 trillion, according to a worst- case scenario outlined by the World Bank in October.

H5N1 has infected at least 408 people in 15 countries since 2003, killing 63 percent of them, according to the Web site of the Geneva-based WHO.

Flu Pandemic

BioTest s.r.o, a Czech biotechnology company, was conducting research for a company called AVIR Green Hills Biotechnology using materials supplied by Baxter. The company was "supposed to get non-infected testing vaccine, which was by mistake of the supplier contaminated with the H5N1 virus," BioTest said in a statement last week.

AVIR Green Hills monitored its lab workers for signs of illness and got access to Roche Holding AG's Tamiflu antiviral in case of infections, said Birgit Kofler-Bettschart, a spokeswoman for the closely held, Vienna-based company. AVIR Green Hills sanitized its laboratories, destroyed potentially contaminated samples, and told health officials, she said in an e-mail today.

Three influenza pandemics, including the 1918 Spanish flu that killed more than 50 million people, have occurred since 1900.

Threats

Another three pandemic threats – situations where a global epidemic is close to occurring - have occurred. One was the Russian flu of 1977.

The H5N1 virus, "even if it were let out of the lab, would be only lethal for birds in its present state," said Ilaria Capua, a veterinary virologist, whose laboratory in Padova, Italy, handles some of the avian-flu screening for the World Organization for Animal Health. Capua said she has no knowledge of the situation. "In Europe, we can react fast" to outbreaks of the disease in animals, she said.

Baxter, the world's largest maker of blood-disease treatments, is one of the companies working on a vaccine to be used in case of a flu pandemic. The European Medicines Agency recommended approval of Baxter's Celvapan, the first cell culture-based vaccine for bird flu in Europe, in December.

THE CANADIAN PRESS

Medical Reporter (Helen Branswell)

Officials investigate how bird flu viruses were sent to unsuspecting labs

The Canadian Press, 25 February 2009, before 9:23 AM
https://afludiary.blogspot.com/2009/02/more-on-baxter-vaccine-story.html

Officials are trying to get to the bottom of how vaccine manufacturer Baxter International Inc. made "experimental virus material" based on a human flu strain but contaminated with the H5N1 avian flu virus and then distributed it to an Austrian company.

That company, Avir Green Hills Biotechnology, then disseminated the supposed H3N2 virus product to subcontractors in the Czech Republic, Slovenia and Germany. Authorities in the four European countries are looking into the incident, and their efforts are being closely watched by the World Health Organization and the European Centre for Disease Control.

Though it appears none of the 36 or 37 people who were exposed to the contaminated product became infected, the incident is being described as "a serious error" on the part of Baxter, which is on the brink of securing a European licence for an H5N1 vaccine. That vaccine is made at a different facility, in the Czech Republic.

"For this particular incident ... the horse did not get out (of the barn)," Dr. Angus Nicoll of the ECDC said from Stockholm.

"But that doesn't mean that we and WHO and the European Commission and the others aren't taking it as seriously as you would any laboratory accident with dangerous pathogens – which you have here."

Accidental release of a mixture of live H5N1 and H3N2 viruses – if that indeed happened – could have resulted in dire consequences. Nicoll said officials still aren't 100 per cent sure the mixture contained live H5N1 viruses. But given that ferrets exposed to the mixture died, it likely did.

H5N1 doesn't easily infect people, but H3N2 viruses do. They are one of two types of influenza A viruses that infect people each flu season.

If someone exposed to the mixture had been co-infected with H5N1 and H3N2, the person could have served as an incubator for a hybrid virus able to transmit easily to and among people. That mixing process, called reassortment, is one of two ways pandemic viruses are created.

Research published last summer by scientists at the U.S. Centers for Disease Control found that in the laboratory, H5N1 and H3N2 viruses mated readily. While less virulent than H5N1, a number of the offspring viruses appeared to retain at least a portion of the killing power of their dangerous parent.

Baxter International, which is based in Deerfield, Ill., said the contamination was the result of an error in its research facility in Orth-Donau, Austria.

The facility had been contracted by Avir Green Hills to make what Baxter refers to as "experimental virus material" based on human H3N2 viruses.

Christopher Bona, Baxter's director of global bioscience communications, said the liquid virus product was not a vaccine and was developed for testing purposes only. He deferred questions about

the purpose of the testing to Avir Green Hills, but said the batch was to be used in animals and was never intended for use in humans.

Avir Green Hills said in an email that it took possession of the material in late December. It later sent the product to the sub-contractors. The email said the material was stored and handled throughout under high biosafety conditions.

Alarm bells rang in early February when researchers at the Czech sub-contractor inoculated ferrets with the material and the animals promptly died. Baxter learned about the problem on Feb. 6, Bona said from Deerfield.

Ferrets are susceptible to human flu strains, but they don't die from those infections. Preliminary investigation found the material was contaminated with H5N1 flu virus, which is lethal to ferrets.

Nicoll said the fact the ferrets died supports the working assumption that there were live H5N1 viruses in the material Baxter produced.

Bona said Baxter has identified how the contamination happened and has taken steps to ensure it doesn't happen again. He said Austrian authorities audited Baxter's Orth-Donau research operations after the problem came to light and are satisfied with the steps taken.

Baxter is the only flu vaccine manufacturer to work with wild type flu viruses, felt to be more dangerous than the altered and attenuated (weakened) viruses other manufacturers use.

The company uses what is known as BSL3 level precautions in all its vaccine research facilities, Bona said. (Researchers at the U.S. CDC use BSL3-plus biocontainment when working with H5N1 viruses, a spokesperson for the agency said.)

People familiar with biosecurity rules are dismayed by evidence that human H3N2 and avian H5N1 viruses have somehow co-mingled in the Baxter research facility. That should not be allowed to happen, a number of experts insisted.

The company isn't shedding much light on how it did.

"It was a combination of just the process itself, (and) technical and human error in this procedure," Bona said. When asked to elaborate, he said to do so would give away proprietary information about Baxter's production process.

Bona said when Baxter realized its error, it helped the various companies destroy the contaminated material and clean up their facilities. And staff who had been exposed to the contaminated product were assessed and monitored by infectious diseases doctors. They were also offered the antiviral drug oseltamivir (Tamiflu).

Baxter's error is reminiscent of a 2005 incident where a U.S. manufacturer of kits used by laboratories to test their detection capabilities included vials of H2N2 virus in several thousand proficiency kits. H2N2, the virus that caused the 1957 pandemic, has not circulated since 1968 and is thought to be a prime candidate to cause the next pandemic.

That mistake, discovered by Canada's National Microbiology Laboratory, set authorities around the world scrambling to retrieve and destroy the vials of virus, which had been sent to labs in 18 countries.

the same text =>

(Helen Branswell) The Canadian Press

Officials investigate how bird flu viruses were sent to unsuspecting labs

The Free Press / Canadian Press, 25 February 2009, 5:20 PM CST
https://www.winnipegfreepress.com/arts-and-life/life/health/2009/02/25/officials-investigate-how-bird-flu-viruses-were-sent-to-unsuspecting-labs

(The Canadian Press)

How were bird flu viruses sent to unsuspecting labs? The Canadian Press

CTVNews, 26 February 2009, 7:45 AM EST
https://www.ctvnews.ca/how-were-bird-flu-viruses-sent-to-unsuspecting-labs-1.374153

shortened version of the same text =>

Helen Branswell – The Canadian Press

Officials investigate how bird flu contaminated vaccines in Europe

Toronto Star, 26 February 2009
https://www.thestar.com/life/health_wellness/2009/02/26/officials_investigate_how_bird_flu_contaminated_vaccines_in_europe.html

Archive Number 20090226.0801

Mary Marshall

A ProMED-mail post

ProMED.mail, 26 February 2009
https://www.indybay.org/newsitems/2009/11/18/18629109.php

Subject PRO/AH> Avian influenza, accidental distribution - Czech Rep. ex Austria (02)
Avian Influenza, Accidental Distribution - Czech Republic ex Austria (02)
****

A ProMED-mail post
ProMED-mail is a program of the
International Society for Infectious Diseases

[1] Date: Wed 25 Feb 2009
Source: CHealth, Canadian Press report [edited]

Officials are trying to get to the bottom of how vaccine manufacturer Baxter International Inc. made "experimental virus material" based on a human flu strain but contaminated with the H5N1 avian flu virus and then distributed it to an Austrian company <...>

... That mistake, discovered by Canada's National Microbiology Laboratory, set authorities around the world scrambling to retrieve and destroy the vials of virus, which had been sent to labs in 18 countries.

Communicated by:
ProMED-mail Rapporteur **Mary Marshall**

[The article above provides some of the information requested in the preceding ProMED-mail posting "Avian influenza, accidental distribution - Czech Rep. ex Austria: RFI," archived as no. 20090225.0776, namely that the countries receiving the contaminated material were the Czech Republic, Slovenia and Germany. The contaminated virus was a strain of H3N2 seasonal influenza virus. - Mod.CP]

[2] Date: Thu 26 Feb 2009
From: Christopher Bona

A statement on behalf of Baxter

I would like to provide the following update to a posting on ProMED dated 25 Feb 2009 (Avian influenza, accidental distribution – Czech Rep. ex Austria: RFI).

The H5N1 strain was the A/Vietnam/1203/2004 strain, received from a WHO reference centre. All information concerning this incident has been provided to the involved national authorities and appropriate international bodies such as ECDC and WHO. –

Christopher Bona
Director, Global BioScience Communications
Corporate Communications
Baxter International Inc.
One Baxter Parkway
Deerfield, IL 60015

[ProMED-mail thanks Christopher Bona for providing this precise description of the strain of avian A/H5N1 influenza virus involved in the incident. - Mod.CP]

THE CANADIAN PRESS

[Hellen Branswell]

Baxter admits contaminated seasonal flu product contained live bird flu virus

The Canadian Press, 26 February 2009
https://web.archive.org/web/20090304160508/http://www.google.com/hostednews/canadianpress/article/ALeqM5iV_RT6oBK3tOhtsWf5pnu5OIby9w

The company that released contaminated flu virus material from a plant in Austria confirmed Friday that the experimental product contained live H5N1 avian flu viruses.

And an official of the World Health Organization's European operation said the body is closely monitoring the investigation into the events that took place at Baxter International's research facility in Orth-Donau, Austria.

"At this juncture we are confident in saying that public health and occupational risk is minimal at present," medical officer Roberta Andraghetti said from Copenhagen, Denmark.

"But what remains unanswered are the circumstances surrounding the incident in the Baxter facility in Orth-Donau."

The contaminated product, a mix of H3N2 seasonal flu viruses and unlabelled H5N1 viruses, was supplied to an Austrian research company. The Austrian firm, Avir Green Hills Biotechnology, then sent portions of it to sub-contractors in the Czech Republic, Slovenia and Germany.

The contamination incident, which is being investigated by the four European countries, came to light when the subcontractor in the Czech Republic inoculated ferrets with the product and they died. Ferrets shouldn't die from exposure to human H3N2 flu viruses.

Public health authorities concerned about what has been described as a "serious error" on Baxter's part have assumed the death of the ferrets meant the H5N1 virus in the product was live. But the company, Baxter International Inc., has been parsimonious about the amount of information it has released about the event.

On Friday, the company's director of global bioscience communications confirmed what scientists have suspected.

"It was live," Christopher Bona said in an email.

The contaminated product, which Baxter calls "experimental virus material," was made at the Orth-Donau research facility. Baxter makes its flu vaccine -- including a human H5N1 vaccine for which a licence is expected shortly – at a facility in the Czech Republic.

People familiar with biosecurity rules are dismayed by evidence that human H3N2 and avian H5N1 viruses somehow co-mingled in the Orth-Donau facility. That is a dangerous practice that should not be allowed to happen, a number of experts insisted.

Accidental release of a mixture of live H5N1 and H3N2 viruses could have resulted in dire consequences.

While H5N1 doesn't easily infect people, H3N2 viruses do. If someone exposed to a mixture of the two had been simultaneously infected with both strains, he or she could have served as an incubator for a hybrid virus able to transmit easily to and among people.

That mixing process, called reassortment, is one of two ways pandemic viruses are created.

There is no suggestion that happened because of this accident, however.

"We have no evidence of any reassortment, that any reassortment may have occurred," said Andraghetti.

"And we have no evidence of any increased transmissibility of the viruses that were involved in the experiment with the ferrets in the Czech Republic."

Baxter hasn't shed much light – at least not publicly – on how the accident happened. Earlier this week Bona called the mistake the result of a combination of "just the process itself, (and) technical and human error in this procedure."

He said he couldn't reveal more information because it would give away proprietary information about Baxter's production process.

Andraghetti said Friday the four investigating governments are co-operating closely with the WHO and the European Centre for Disease Control in Stockholm, Sweden.

"We are in very close contact with Austrian authorities to understand what the circumstances of the incident in their laboratory were," she said.

"And the reason for us wishing to know what has happened is to prevent similar events in the future and to share lessons that can be learned from this event with others to prevent similar events. ... This is very important."

=> the same text

Helen Branswell, Medical Reporter
THE CANADIAN PRESS

Baxter admits contaminated seasonal flu product contained live bird flu virus

The Free Press, 27 February 2009, 2:40 PM CST
https://www.winnipegfreepress.com/arts-and-life/life/health/2009/02/27/baxter-admits-contaminated-seasonal-flu-product-contained-live-bird-flu-virus

Baxter admits flu product contained live bird flu virus

THE CANADIAN PRESS
CTV News, 27 February 2009, 2:56 PM EST
https://www.ctvnews.ca/baxter-admits-flu-product-contained-live-bird-flu-virus-1.374503

Baxter admits flu product contained live bird flu virus

THE CANADIAN PRESS
Citizens for Legitimate Government, The Canadian Press, 27 February 2009
https://web.archive.org/web/20090430114350/http://www.legitgov.org/baxter_sends_live_avian_flu_viruses_270209.html

Baxter International "Unintentionally" Sent Flu Samples to Companies that Contained H5N1 Avian Flu

Cryptogon, 26 February 2009
https://www.cryptogon.com/?p=7187

That's the headline, but the reality of what happened might indicate a far more serious situation.

In U.S. Researchers Trying to Create Pandemic Avian Flu, pay very close attention to the part about the ferrets:

> Nabel believes what they have found thus far is just a subset of the changes the virus will need to make in order to cause a pandemic - so their search continues. And as they identify promising mutations, the team plans to make these changes to the real H5N1 virus.
>
> This is where ferrets enter the picture, or rather, they will enter a Biosafety Level 4 containment facility (the highest level of security), where they will be infected with the altered H5N1 virus. If the ferrets start sneezing, and if healthy ferrets in the next cage get sick, then the virus has become more transmissible. Vaccines based on these altered viruses will then be made. "We wouldn't make millions of doses but we could make small stockpiles;' says Nabel.
>
> [Now that Gary Nabel, Director of the Vaccine Research Center at the National Institute of Allergy and Infectious Diseases, admits that his team is trying to engineer a pandemic strain of the H5N1 virus]

Now, flash forward to today.

What happened to the ferrets that received Baxter's H5N1 virus material?

The animals died "promptly" according to the story below.

The sixty-four-thousand-dollar question is: Did any ferrets in neighboring cages – that didn't receive the Baxter H5N1 virus – also get sick and die? The answer to that question is conveniently missing from every story that I have found about this incident.

If the answer is 'yes' it means that Baxter didn't supply standard H5N1 virus, but rather a weaponized/pandemic version that is the same as or similar to the one that the National Institute of Allergy and Infectious Diseases was developing.

Via: The Canadian Press:

See: Medical Reporter (Branswell H). **The Canadian Press. Officials investigate how bird flu viruses were sent to unsuspecting labs**. – The Free Press/Canadian Press; 25 February 2009; https://www.winnipegfreepress.com/arts-and-life/life/health/2009/02/25/officials-investigate-how-bird-flu-viruses-were-sent-to-unsuspecting-labs

More: Baxter: Product Contained Live Bird Flu Virus

See: **Baxter admits flu product contained live bird flu virus**. The Canadian Press. – CTVNews, (26 February) 27 February 2009; https://www.ctvnews.ca/baxter-admits-flu-product-contained-live-bird-flu-virus-1.374503

Effect Measure

Questions about bird flu contaminated vaccine – or something

Effect Measure, 26 February 2009
https://web.archive.org/web/20090228193303/http://scienceblogs.com/effectmeasure/2009/02/questions_about_bird_flu_conta.php

As I write this story it is still hazy ...

This time it's a vaccine maker and the cock-up sounds pretty horrendous, although it is hard to figure out exactly what has happened given the incomplete descriptions and lack of information from the parties involved:

Baxter International Inc. in Austria unintentionally contaminated samples with the bird flu virus that were used in laboratories in three neighboring countries, raising concern about the potential spread of the deadly disease.

The contamination was discovered when ferrets at a laboratory in the Czech Republic died after being inoculated with vaccine made from the samples early this month. The material came from Deerfield, Illinois-based Baxter, which reported the incident to the Austrian Ministry of Health, Sigrid Rosenberger, a ministry spokeswoman, said today in a telephone interview.

"This was infected with a bird flu virus," Rosenberger said. "There were some people from the company who handled it."

The material was intended for use in laboratories, and none of the lab workers have fallen ill. The incident is drawing scrutiny over the safety of research using the H5N1 bird flu strain that's killed more than three-fifths of the people known to have caught the bug worldwide. Some scientists say the 1977 Russian flu, the most recent global outbreak, began when a virus escaped from a laboratory.

The virus material was supposed to contain a seasonal flu virus and was contaminated after "human error," said Christopher Bona, a spokesman for Baxter, in a telephone interview. (Michelle Fay Cortez and Jason Gale, Bloomberg)

On first reading this took my breath away because it sounded like a seasonal flu vaccine had become contaminated with H5N1. On second (and third) reading I am not sure what actually *did* happen and to whom. Here's what I am unsure about:

- What was contaminated? The Bloomberg story refers to "samples," but samples of what?
- Ferrets succumbed after failing ill after being "inoculated" with vaccine made from the samples. Does this mean it was a live virus vaccine? (inoculation usually means something living; if it were a vaccine without live materials you would ordinarily say "vaccinated" but people don't always use words precisely).
- The contaminated material was "for use in laboratories." What does this mean? It was raw material in a lab that was then made into something else for use outside the lab (like a vaccine)?
- The contaminated material was supposed to have seasonal flu virus in it, not bird flu virus. It sounds like it had both. ("The company was "supposed to get non-infected testing vaccine, which was by mistake of the supplier contaminated with the H5N1 virus"). That's a recipe for reassortment between a human and a bird virus. Not the dish I'd like to see served up.
- Did this happen with a vaccine in clinical trials?
- We are told that no lab worker has fallen ill. How were they exposed?
- Labs have been "sanitized." What exactly does this mean? How was the lab contaminated?

Maybe this isn't the mess it sounds like. It would be nice to have more information from European health authorities. US CDC is apparently not playing any role, which suggests no US seasonal vaccines are involved. But the source of the contaminated sample was a US company, so inquiry from some US authorities seems appropriate.

That's not happening as far as we are told. Why not? Lots of questions. Few answers.

PRESSEPORTAL

27.02.2009 – 16:05
LifeGen.de LTD

Vlad Georgescu

H5N1 Labor-Kontamination in Europa: LifeGen.de verdoppelt Leserzahlen

PressePortal, 27 February 2009
http://www.presseportal.de/pm/31336/1360895/lifegen_de_ltd
https://web.archive.org/web/20090302080330/http://www.presseportal.de/pm/31336/1360895/lifegen_de_ltd

Osterode am Harz (ots)

Die analytische und kritische Berichterstattung von LifeGen.de kommt bei den globalen Nutzern an: Über 22.000 Unique User besuchten allein im Februar die Site (Stand 27.2.2009), ein Monat zuvor waren es noch rund 10.000 gewesen. Auch das Alexa-Ranking zeigt weiter nach oben: Global stehen wir nun auf Platz 217.926, in den USA avancierten wir auf Rang 837.055 nach 1,4 Mio. noch vor zwei Wochen. "Der Ansturm stellt uns vor neue Herausforderungen", kommentiert CEO Vlad Georgescu den Trend, und: "Wir suchen intensiv nach Investoren und Teilhabern, denen eine solide, unabhängige und analytische Berichterstattung wichtiger ist als die schnelle Rendite". Die in Fachkreisen als Viren-Tschernobyl bezeichnete Labor-Kontamination mit pathogenen Vogelgrippe-Viren der Stämme H5N1 und H3N2 durch den Pharmakonzern Baxter in gleich vier Ländern der EU zeige die Notwendigkeit eines Watch-Dienstes wie LifeGen.de: "Die großen Medien hierzulande haben den Fall praktisch verschlafen - Deutschland ist aber davon betroffen", erklärt Georgescu. Die Berichterstattung von LifeGen.de habe indes auch der Newsservice GOOGLE FINANCE in den USA aufgegriffen - was schon am gestrigen Donnerstag anhand des Baxter-Aktiencharts deutlich zu erkennen war.

Tatsächlich setzt LifeGen.de im Vergleich zu vielen anderen Medien seit Jahren auf ein eigenes Konzept: Unliebsame Entwicklungen werden rechtzeitig und direkt aufgezeigt, gleichzeitig Alternativen führender Wissenschaftsinstitute und Organisationen beleuchtet. "Da eine Abhängigkeit zu Werbeetats nicht besteht und auch sonst keine verdeckten Finanzierer die Site stützen, können wir uns einen harten, investigativen Journalismus leisten", erklärt Marita Vollborn, Chefredakteurin des Magazins.

Als Wunschpartner oder Einstiegskandidaten bei LifeGen.de wünsche man sich technologisch starke und fiananziell unabhängige Unternehmen wie Google, Microsoft, oder die Bill and Melinda Gates Stiftung, heißt es weiter aus Osterode am Harz. "Google in Mountain View und LifeGen.de in den Harz Mountains ließe sich wunderbar vermarkten", scherzt Georgescu, und fügt hinzu: "Aber im Grunde sehen wir genau in solchen Konstellationen eine Chance auf journalistische Sites der Zukunft die, so wie wir, Katastrophen á la Finanzkrise und Jobabbau schon vor Jahren vorhersagten". Zwar habe man intern überlegt, das Portal für fünf Millionen USD zu verkaufen, um mit dem Geld neue Projekte anzugehen, heißt es dazu aus Osterode. Doch die enorme globale Nachfrage und Akzeptanz ließen diesen Schritt derzeit als nicht mehr sinnvoll erscheinen. "Wir wollen uns vergrößern, und es gibt viel zu tun", sagt Vollborn.

Zu den aktuellen Nutzern von Lifegen.de gehören Bundesbehörden, Regierungen, US-amerikanische Sicherheitsinstitutionen und zahlreiche Konzerne, Unternehmen und Universitäten weltweit. Politik und Medien zählen ebenfalls zu den regelmäßigen Lesern des special interest Dienstes.

Mehr Infos unter www.lifegen.de
Pressekontakt: LIFEGEN.DE LTD,
Schwimmbadstr. 29, 37520 Osterode am Harz

LifeGen.de

Baxter's H5N1 as global flu pandemic threat

(Editorial)

LifeGen.de, 27 Februiary 2009
https://web.archive.org/web/20090308012022/http://www.lifegen.de/newsip/shownews.php4?getnews=2009-02-26-5323&pc=s01

There is no excuse. According to the scientific network PROMED, Baxter International Inc. in Austria "unintentionally contaminated samples with the bird flu virus that were used in laboratories in 3 neighbouring countries, raising concern about the potential spread of the deadly disease". Austria, Germany, Slowenia and the Czech Republic - these are the countries in which labs were hit with dangerous viruses. Not by bioterrorist commandos, but by Baxter. In other words: One of the major global pharmaceutical players seems to have lost control over a virus which is considered by many virologists to be one of the components leading some day to a new pandemic. Was it H5N1, or the even more risky H3N2? And what about the BSL3-Standards Baxter is operating when handling the viruses? What happened? And who failed? *by Vlad Georgescu*

These questions have to be answered not only by Baxter itself. It looks difficult to believe that viral and potentially lethal samples can cross the US border, pass the Atlantic, arrive the European Union and get into three countries without any or adequate control. While every tourist has to present his fingerprints and electronic registered passports entering the United States, institutions like the US Homeland Security should stay alert: Lacks in pharmaceutical companies may be the deadly door to future bioterrorist attacks.

The anthrax mailings from 2001 still are in mind of the FBI – Baxter shows that 8 years after that disaster there is no efficient control, at no level. To pronounce it this way is legitimated by the facts. H5N1 never should get on unknown travel routes with unwanted destinations. And H3N2 is no "sorry, it's an error" substance. It can be deadly for birds and humans, as virologists know.

The subprime crisis and the fate of many broken banks are an example for poor regulations. For the financial markets, for the entire economy this may have resulted in global recession. meanwhile, failure of control and regulations for labs operating with viruses like H5N1 will have another outcome: the risk of a new global pandemic, bioterrorist attacks or millions of deaths. This is the only message, and lesson, for President Barack Obama and his team: Get things in biohazard labs under control – at home.

Effect Measure

Baxter bird flu botch

Effect Measure, 28 February 2009;
https://web.archive.org/web/20090303193444/http://scienceblogs.com/effectmeasure/2009/02/baxter_bird_flu_botch.php

In a post the other day on some kind of flu vaccine mishap in Austria we called it a colossal screw-up. It turns out we may have understated the case. Maybe. Because while more details are leaking out, the company responsible for it, Baxter International, isn't saying exactly what happened on the grounds that it is confidential business information. You almost have to admire that kind of arrogance. Almost. Meanwhile Helen Branswell brings us more details:

The company that released contaminated flu virus material from a plant in Austria confirmed Friday that the experimental product contained live H5N1 avian flu viruses.

And an official of the World Health Organization's European operation said the body is closely monitoring the investigation into the events that took place at Baxter International's research facility in Orth-Donau, Austria.

The contaminated product, a mix of H3N2 seasonal flu viruses and unlabelled H5N1 viruses, was supplied to an Austrian research company. The Austrian firm, Avir Green Hills Biotechnology, then sent portions of it to sub-contractors in the Czech Republic, Slovenia and Germany. (Helen Branswell, Canadian Press, via The Sun)

One of the big fears is that people or animals co-infected with a seasonal flu virus of humans and a virulent avian flu virus like H5N1 will act as a mixing vessel. Flu viruses each have eight genetic packages within them and when co-infecting a cell they can mix and match (reassortment), thus producing new hybrid bird-human viruses. Baxter put both viruses in the same vial, presumably for use as a vaccine. Baxter is calling the mixture an "experimental virus material," whatever that is. All we know is that a nasty live virus cocktail of human and bird influenza virus was made (Baxter says accidentally). Exactly to whom it was given, if anyone, is not being publicly divulged. We have a news report from an Austrian paper dated February 11, a Wednesday, that tells of 19 people being seen as outpatients at a Vienna hospital the previous Monday (February 9) because of exposure to "bird flu virus." The article said no one was sick, there was no evidence of infection, and the females were prophylaxed with antivirals (presumably Tamiflu).

WHO's European regional office in Copenhagen is saying they are confident there is no public or occupational health risk "at present," but they also acknowledge they don't know exactly what happened. They also say they do not any evidence that any reassortment occurred. I'm not sure exactly what evidence they looked at or have available, so I don't know how to interpret this absence of evidence. I'm certainly not reassured that unlabeled live H5N1 virus was released, even if just to another lab. There are people and animals in laboratories that were exposed and could have resulted in the virus getting into the general community in a major city with many international links.

Baxter's not saying much. Branswell quotes a company spokesperson as saying the incident happened through a combination of "just the process itself, (and) technical and human error in this procedure." This doesn't sound very reassuring, either, because it sounds like there is a process that is error prone ("technical" and human). If Baxter's name sounds familiar it may be because almost exactly a year ago they were in the news over a series of fatal allergic reactions among dialysis patients who used the blood thinner heparin they manufactured. It turned out their heparin came from China and contained an adulterant, oversulfated chondroitin sulfate. Patients in six countries and over a dozen states in the US had serious adverse reactions and more than 80 deaths. At the time, Baxter said on their website that they "will not sell another vial of heparin until the company has helped to create a system in which the quality and safety of heparin is secured." (Medpage Today)

They weren't saying anything about the safety of their bird flu products, then. And not much now, either.

THE SUN TIMES
FOUNDED 1853 SATURDAY, FEBRUARY 28, 2009 99 CENTS

Live Avian Flu Virus Contained in Vaccine

The Sun Times (Canada), 28 Feb 2009, Sat, p. A10
https://www.newspapers.com/image/726344004/

The company that released con laminated flu virus material from a plant in Austria confirmed Friday that the experimental product con-tamed five H5NI avian flu viruses. And an official of the World Health Organization's European operation said the body is closely monitoring the investigation into the events that took place at Baxter International's research facility in Ort ft Donau. Austria.

"At this juncture we are confident in saying that public health and occupational risk is minimal at present," medical officer Roberta Andraghetti said from Copenhagen, Denmark.

"But what remains unanswered are the circumstances surrounding the incident in the Baxter facility in Orth-Donau."

CIDRAP

Baxter samples combined live H5N1 with H3N2

News Scan: Avian flu, tainted Baxter samples,
HHS secretary nomination, H5N1 vaccines, polio warning

CIDAR, 2 March 2009
https://www.cidrap.umn.edu/avian-influenza-bird-flu/news-scan-avian-flu-tainted-baxter-samples-hhs-secretary-nomination-h5n1

The H5N1-contaminated virus samples that were sent from a Baxter facility in Orth-Donau, Austria, contained a live version of the H5N1 avian influenza virus mixed with human H3N2 seasonal influenza virus, according to a Feb 27 report from the Canadian Press (CP) that cited an official from Baxter. The company said it supplied the "experimental virus material" to an Austrian research company, which then shipped it to subcontractors in the Czech Republic, Germany, and Slovenia, the CP report said. A WHO official in Europe told the CP that authorities are trying to determine what went wrong at Baxter's facility and that the public health risks from the incident are currently minimal.

Ref.:
Baxter admits flu product contained live bird flu virus. – CTV.ca, 27 February 2009;
https://web.archive.org/web/20090312034332/https://www.ctv.ca/servlet/ArticleNews/story/CTVNews/20090227/Bird_Flu_090227

LifeGen.de

Baxter H5N1 Contamination:
Causes were a unique combination of process, technical and human errors

LifeGen.de, 3 March 2009
https://web.archive.org/web/20091114231656/http://www.lifegen.de/newsip/shownews.php4?getnews=2009-03-02-2412&pc=s02

Since we started our coverage of the Baxter-Contamination Story in Europe shares of the big pharmaceutical company in Deerfield, IL have lost more more than 8 percent in two days, as a look at Google Finance reveals. Baxter's Chief of Communications in the US, Christopher Bona, supported our idea for an exclusive interview, so Jutta Brenn-Vogt, Manager Communications at Baxter Deutschland GmbH explained LifeGen.de what really happened with H5N1, and how security measures - not only at Baxter - should work on a global scale.

LifeGen.de: How and when did Baxter find out about the contamination?

Brenn-Vogt: A suspicion concerning a potential contamination arose at AVIR Greenhills' contracted lab in the Czech Republic during the late afternoon of Friday, February 6. Baxter was then notified by AVIR Greenhills about this situation in three locations (Slovenia, Czech Republic, Austria) during the early evening of Friday, February 6. The last notification was on February 17 from AVIR Greenhills regarding a laboratory in Germany.

LifeGen.de: Promed mentions H5N1 and/or H3N2 as contaminants. Could you describe us what exactly happened to the charges?

Brenn-Vogt: Firstly, the material that was contaminated with H5N1 was not a vaccine, but was an experimental virus material. The impacted material was made at Baxter's facility in Orth, Austria. It was produced exclusively for laboratory testing for AVIR Greenhills. It was not used for product production or for use in humans.

The root cause of the incident has been identified. It was due to a unique combination of process, technical and human error in a procedure used for this specific research project in our facility in Austria (Orth). The chances of such a confluence of events repeating itself are virtually impossible. Cross-contamination of commercial product, clinical material or other experimental material has been absolutely excluded. The public health authorities in Austria performed an audit at Baxter's research facility in Austria and Baxter's corrective and preventative actions were found appropriate by the auditors. The contamination occurred only during the process for this specific research project for AVIR Greenhills in Baxter's facility.

The employees who may have been exposed to this material have gone through a specific examination by infectious disease specialists. These people were tested or considered by disease specialists not to be at risk. The results of all performed tests were negative.

LifeGen.de: Baxter is handling H5N1 in BSL3 labs. Where is the security lack of the system? In other words: How could the charges get in European 4 countries without intention?

Brenn-Vogt: As this material was not produced for human use, testing for potential contamination is not routinely carried out. Baxter sent this material to AVIR Greenhills in Austria, they, in turn, reported to us later that they sent it to four labs with whom they contract. As explained above, this was not the result of a lack of security but it was due to a unique combination of process, technical and human error in a procedure used for this specific research project.

LifeGen.de: Do you think smaller companies like Avir Green Hills Biotechnology should handle Baxter's charges?

Brenn-Vogt: Baxter is contracted to provide influenza virus material to AVIR Greenhills for that company's use in developing their influenza vaccine. In this case, Baxter produced one component of the influenza vaccine. The individuals working with the experimental material were operating in laboratory containment conditions specifically designed to prevent exposure. We see no need to speculate on how the size of a lab had bearing on this incident.

LifeGen.de: After the Antrhrax mailings in 2001, which is no Baxter related case, but not less risky, this is the second virological contamination starting directly from the US. How will Baxter prevent future accidents like the one in Europe for the future?

Brenn-Vogt: Exposure was highly unlikely -- the individuals working with the experimental material were operating in laboratory containment conditions specifically designed to prevent exposure. All H5N1 infections that have been reported to date have been associated with direct exposure to infected poultry/birds.

As mentioned above, this incident originated in Austria, not the US. The circumstances of the contamination were a unique combination of process, technical and human errors. Cross-contamination of commercial product, clinical material or other experimental material has been absolutely excluded. The public health authorities in Austria performed an audit at Baxter’s research facility in Austria (Feb. 16) and Baxter’s corrective and preventative actions were found appropriate by the auditors. The contamination occurred only during the process for this specific research project for AVIR Greenhills in Baxter’s facility. Further details about the process will not be discussed as it is proprietary information.

LifeGen.de: Will the contamination in Europe lead to management changes in your company?

Brenn-Vogt: No.

LifeGen.de

Viral Pandemic H5N1 flu threat: Baxter contaminates European labs by error

LifeGen.de, 3 March 2009;
https://web.archive.org/web/20090320230546/http://www.lifegen.de/newsip/shownews.php4?getnews=2009-02-25-5123&pc=s02

It could be a Hollywood Worst Case Thriller, but it is real: According to the scientific network PROMED, Baxter International Inc. in Austria "unintentionally contaminated samples with the bird flu virus that were used in laboratories in 3 neighboring countries, raising concern about the potential spread of the deadly disease". As PROMED reports, the contamination has been discovered when ferrets at a laboratory in the Czech Republic died after being inoculated with vaccine made from the samples early this month. "The material came from Deerfield, Illinois-based Baxter, which reported the incident to the Austrian Ministry of Health, Sigrid Rosenberger, a ministry spokeswoman, said today in a telephone interview", the network-alert-system is quoting. "This was infected with a bird flu virus," Rosenberger said. "There were some people from the company who handled it." There are severe signs that the long expected pandemic avian influenza could be on its way to conquer the world - even without Baxter's error driven help. *by Vlad Dan Georgescu and Marita Vollborn*

First deaths in Asia concern little children, which from virological point of view is a rather new aspect, and could be the evidence for a new spread. While scientists expect this pandemic to happen in the near future, the new President should also stay alert: A coming influenza pandemic would deteriorate the global economy even without financial crisis, recession - or Baxter.

Evidence for the global threat comes from China, where a 2 year old girl has been confirmed to be infected with bird flu in the northern Shanxi Province, as government officials said last Saturday. The child was found ill on 7th of January in the central Hunan province - the little patient still is in critical condition. According to the test result of the Chinese Center for Disease Control and Prevention, the girl had been tested positive for the H5N1 strain of avian influenza.

On the other site of the globe, the Ministry of Health and Population of Egypt announced a new human case of avian influenza A(H5N1) virus infection last week, the case being a 21 month old girl Kerdasa District.

“Infection with the H5N1 avian influenza virus was diagnosed by PCR at the Egyptian Central Public Health Laboratory and subsequently confirmed by the U. S. Naval Medical Research Unit No. 3 (NAMRU-3) laboratories”, reports the special wire PROMED. According to PROMED, investigations into the source of her infection indicate a recent history of contact with sick and dead poultry - 23 similar cases in Egypt have been fatal up to date.

Old Europe as leading research power?

Given such facts, Mr. Obama should follow European research policy: European research on vaccine development for pandemic influenza has been financed since 2001 by the European Union. Early projects worked to develop an egg-free vaccine, which is faster and safer to produce, along with innovative application techniques. Research is now underway with the objectives of fighting the disease at the source (infected birds) and protecting human populations through pandemic

influenza vaccines. Future EU research will improve vaccine efficiency by adding adjuvants, substances that boost the body's immune response to vaccine antigen. Additionally, research teams are currently focused on developing a universal flu vaccine that could provide a lifetime of protection from influenza.

Latest surveillance data coming through the European Centre for Disease Prevention and Control (ECDC) from virologists and clinicians indicates that the influenza A(H3N2) virus is the predominant strain in Europe so far this season (2008/2009). Based on the data published by ECDC the pharmaceutical company Roche confirms that the oral antiviral Tamiflu (oseltamivir) is fully active against influenza A(H3N2) and influenza B, which currently comprise 94 percent of circulating viruses in Europe this year. Tamiflu resistance reported in the 2008-2009 influenza seasons is confined to H1N1. No resistance has been seen with other circulating seasonal viruses - H3N2 and influenza B.

"Recent media reporting has elevated awareness of the H1N1 seasonal resistance seen this year in the United States and the Far East. However, in Europe the picture is different with H3N2 being the dominant strain so far. The circulating H3N2 viruses, which often cause a more severe illness than H1N1, are sensitive to oseltamivir, which means that oseltamivir will be active against the vast majority of influenza infections in Europe this season, if current trends continue," comments Prof Albert Osterhaus, Head of Virology, Erasmus Medical Centre, Rotterdam. "It is important that doctors understand that oseltamivir remains an effective treatment for patients across Europe."

Flu alert for the new President

However, the situation in the United States is more alerting, according to the Centers for Disease Control and Prevention (CDC). A new University of Colorado at Boulder study showed the resistance of the avian flu virus to a major class of antiviral drugs "is increasing through positive evolutionary selection, with researchers documenting the trend in more than 30 percent of the samples tested", as the scientists report. Even if the expected influenza pandemic did not start yet, there is no doubt about the comeback of the lethal virus: The first Pandemic Influenza occurred in three waves in the United States - exactly 90 years ago, between 1918 and 1919.

Natural News.com
Natural Health, Natural Living, Natural News

Mike Adams

Vaccines as Biological Weapons?
Live Avian Flu Virus Placed in Baxter Vaccine Materials Sent to 18 Countries

Natural News, 3 March 2009
https://web.archive.org/web/20090304191735/http://www.naturalnews.com/025760.html

There's a popular medical thriller novel in which a global pandemic is intentionally set off by an evil plot designed to reduce the human population. In the book, a nefarious drug company inserts live avian flu viruses into vaccine materials that are distributed to countries around the world to be injected into patients as "flu shots." Those patients then become carriers for these highly-virulent strains of avian flu which go on to infect the world population and cause widespread death.

There's only one problem with this story: **It's not fiction.** Or, at least, the part about live avian flu viruses being inserted into vaccine materials isn't fiction. It's happening right now.

Deerfield, Illinois-based pharmaceutical company **Baxter International Inc.** has just been caught shipping *live avian flu viruses* mixed with vaccine material to medical distributors in **18 countries**. The "mistake" (if you can call it that, see below...) was discovered by the National Microbiology Laboratory in Canada. The World Health Organization was alerted and panic spread throughout the vaccine community as health experts asked the obvious question: How could this have happened?

As published on LifeGen.de (http://www.lifegen.de/newsip/showne...), serious questions like this are being raised:

> *"Baxter International Inc. in Austria 'unintentionally contaminated samples with the bird flu virus that were used in laboratories in 3 neighbouring countries, raising concern about the potential spread of the deadly disease'. Austria, Germany, Slowenia and the Czech Republic - these are the countries in which labs were hit with dangerous viruses. Not by bioterrorist commandos, but by Baxter. In other words: One of the major global pharmaceutical players seems to have lost control over a virus which is considered by many virologists to be one of the components leading some day to a new pandemic."*

Or, put another way, **Baxter is acting a whole lot like a biological terrorism organization these days**, sending deadly viral samples around the world. If you mail an envelope full of anthrax to your Senator, you get arrested as a terrorist. So why is Baxter -- which mailed samples of a far more deadly viral strain to labs around the world -- getting away with saying, essentially, "Oops?"

But there's a bigger question in all this: How could this company have *accidentally* mixed LIVE avian flu viruses (both H5N1 and H3N2, the human form) in this vaccine material?

Was the viral contamination intentional?

The shocking answer is that *this couldn't have been an accident*. Why? Because Baxter International adheres to something called **BSL3** (Biosafety Level 3) - a set of laboratory safety protocols that prevent the cross-contamination of materials.

As explained on Wikipedia (http://en.wikipedia.org/wiki/Biosaf...):

"Laboratory personnel have specific training in handling pathogenic and potentially lethal agents, and are supervised by competent scientists who are experienced in working with these agents. This is considered a neutral or warm zone. All procedures involving the manipulation of infectious materials are conducted within biological safety cabinets or other physical containment devices, or by personnel wearing appropriate personal protective clothing and equipment. The laboratory has special engineering and design features."

iDNES.cz / ZPRAVODAJSTVÍ Domácí Zahraničí Krimi Kraje Volby Ekonomika Kultura Finance Revue

Bohdana Jarošová

Rakouská ptačí chřipka šla do Česka i Německa

iDNEZ.cz, 4. března 2009, 4:54
https://www.idnes.cz/zpravy/domaci/rakouska-ptaci-chripka-sla-do-ceska-i-nemecka.A090303_214331_domaci_abr

Smrtící virus ptačí chřipky se nekontrolovaně ocitl najednou na několika místech v Evropě. Podle zjištění MF DNES testovali lidé z rakouské pobočky mezinárodní farmaceutické společnosti Baxter "kontaminovanou vakcínu" nejen v české laboratoři v Konárovicích na Kolínsku, ale i ve dvou sousedních zemích.

"Vakcína nakažená ptačí chřipkou se testovala v samotném Rakousku, České republice, Německu a ve Slovinsku. A všude se tento problém vyskytl," říká hlavní hygienik a náměstek ministryně zdravotnictví Michael Vít.

V žádné z laboratoří o tom neměli ani tušení. Poslední lednový den poslali farmaceuti z Rakouska nedopatřením do čtyř laboratoří na výzkum virus, který je pro svoji nebezpečnost zapsán do seznamu možných biologických zbraní. - čtěte Do Česka se dostala vakcína nakažená smrtelným virem ptačí chřipky

Teď už českou laboratoř stíhá první instituce – Státní úřad pro jadernou bezpečnost.

Úřad, který má na starosti biologickou bezpečnost, totiž nikdo z rakouské ani české strany neinformoval. Sama farmaceutická společnost Baxter se o nakažené zásilce dozvěděla až o šest dní později, kdy se fretky, na kterých se látka testovala, začaly chovat nenormálně.

"Máme za to, že došlo k porušení oznamovací povinnosti. Přitom virus ptačí chřipky H5N1 patří na seznam nebezpečných látek," míní Dana Drábová, předsedkyně Státního úřadu pro jadernou bezpečnost.

S konárovickou firmou Biotest, která kontaminovanou zásilku testovala, proto v nejbližších dnech zahájí správní řízení. "Jestli se vina prokáže, hrozí pokuta, která může v extrémním případě dosáhnout až pěti milionů korun," dodává Drábová.

Už týdny jsou kvůli nakažené zásilce na nohou hygienici, veterináři i státní ústav pro kontrolu léčiv. V rakouské pobočce začali pracovat také kontroloři Evropské agentury pro léčivé přípravky.

I když se společnost dušuje, že nic podobného se stát už nemůže, lze očekávat další sankce. "Případ ještě není uzavřen," upozorňuje Josef Duben ze Státní veterinární správy.

"Už to nikdy neuděláme"

Společnost Baxter však vyvrací, že by šlo o testování chřipkové vakcíny pro lidi. "Naše firma poslala do české společnosti Biotest na výzkum čistý virus běžné chřipky a záměnou se stalo, že poslala virus ptačí chřipky. Šlo o záměnu testovacího materiálu," říká zástupce rakouské pobočky společnosti Baxter Richard Tischler.

Podle něj bylo riziko, že se ptačí chřipka dostane z laboratoří ven, velmi nízké. "Postup, který byl použit k výrobě výzkumného materiálu, se už nikdy opakovat nebude," podotýká Tischler.

Všechny čtyři testovací laboratoře byly vyčištěny, pracovníci, kteří s virem pracovali, dostali lék tamiflu a jsou nadále pod lékařským dohledem. "Žádný z českých pracovníků nakažený nebyl," říká Vít.

ČESKÉ noviny.cz
ZPRAVODAJSKÝ SERVER ČTK

Kontaminovaná vakcína se testovala nejen v ČR

České Noviny, 4 March 2009

https://web.archive.org/web/20100118072654/http://www.ceskenoviny.cz/zpravy/kontaminovana-vakcina-se-testovala-nejen-v-cr/363674

Praha - Testovací materiál, který zkoumala společnost BioTest a který byl kontaminován virem ptačí chřipky H5N1, údajně testovali lidé z rakouské pobočky farmaceutické firmy Baxter nejen v Česku, ale i v jiných evropských zemích. Uvádí to dnešní Mladá fronta Dnes (MfD). Již dříve napsala, že virus H5N1 nedopatřením obsahoval výzkumný materiál firmy Baxter, kterou BioTest testoval v Konárovicích na Kolínsku.

"Vakcína nakažená ptačí chřipkou se testovala v samotném Rakousku, České republice, Německu a ve Slovinsku. A všude se tento problém vyskytl," řekl MfD hlavní hygienik ČR Michael Vít. V žádné z laboratoří o tom podle deníku neměli tušení.

Zástupce firmy Baxter Richard Tischler v prohlášení pro ČTK zdůraznil, že materiál byl vyroben výhradně pro výzkum, nikoli pro výrobu produktů nebo pro jakékoli použití u lidí. Testovací látku podle Tischlera neposílala do BioTestu ale firma Baxter, nýbrž rakouská společnost AVIR Greenhills, která si laboratoř BioTestu najala.

"Ke kontaminaci došlo jen během procesu pro tento konkrétní výzkumný projekt pro AVIR Greenhills v laboratoři firmy Baxter. A tento konkrétní proces se již nebude opakovat," uvedl Tischler s tím, že rakouské orgány pro ochranu veřejného zdraví vyhodnotili nápravná a preventivní opatření firmy Baxter jako odpovídající.

Lidé podle Tischlera pracovali s experimentálním materiálem v izolovaných laboratorních podmínkách. Také zástupci firmy BioTest před časem ČTK sdělili, že "projekt standardně probíhal v zabezpečených laboratorních prostorách s použitím příslušných ochranných pomůcek pracovníků a za standardního dodržení bezpečnostních podmínek". Při tomto výzkumu nebyl nikdo z jejích pracovníků nakažen.

Podle MfD farmaceuti z Rakouska poslali koncem ledna nedopatřením do čtyř laboratoří na výzkum virus, který je pro svou nebezpečnost zaznamenán do seznamu možných biologických zbraní. "Máme za to, že došlo k porušení oznamovací povinnosti. Přitom virus ptačí chřipky H5N1 patří na seznam nebezpečných látek," řekla MfD předsedkyně Státního úřadu pro jadernou bezpečnost Dana Drábová. S firmou Biotest proto v nejbližších dnech podle MfD zahájí správní řízení.

"Jestli se vina prokáže, hrozí pokuta, která může v extrémním případě dosáhnout až pěti milionů korun," uvedla Drábová.

V rakouské pobočce začali podle MfD pracovat kontroloři Evropské agentury pro léčivé přípravky.

WORLD HEALTH .NET

Gary Clark

Experimental virus material contained live bird flu virus, flu vaccine maker confirms

World Health.Net, 4 March 2009, 9 a.m.
https://worldhealth.net/news/experimental_virus_material_contained_li/

Baxter International released a contaminated “experimental virus material” from a plant in Austria, which was based on a human flu strain, but contaminated with live H5N1 avian flu virus, then distributed it to an Austrian research firm. While the combination can have dire consequences, there has been no evidence to date of any public health issues.

Baxter International, a major manufacturer of flu vaccines, admitted this past week that it released a contaminated product containing a combination of H3N2 seasonal flu viruses and unlabelled H5N1 viruses from a plant in Austria. Portions of that product were supplied to the Austrian research firm, Avir Green Hills Biotechnology. Avir then sent portions of it to its subcontractors in the Czech Republic, Slovenia and Germany. When the firm in the Czech Republic inoculated ferrets with the product, they died, alerting scientists to the possibility that the product contained live H5N1 avian flu virus. Baxter's Director of Global Bioscience Communications Christopher Bona confirmed in an email that it was live. The incident is being described as a "serious error" on the part of Baxter, which is trying to secure a European license for an H5N1 vaccine.

The fact that human H3N2 and avian H5N1 viruses co-mingled causes great concern to public health experts, which describe the co-mingling as a "dangerous practice that should not be allowed to happen." In fact, the release of the virus combination could have had dire consequences. Although H5N1 doesn't easily infect humans, H3N2 viruses do. Should a person be vaccinated with a mixture of the H5N1 and H3N2 viruses, that individual could "serve as an incubator for a hybrid virus able to transmit easily to and among people," say experts. And that process, called re-assortment, can result in the creation of a pandemic virus.

Fortunately, it appears that none of the 36 or 37 people exposed to the contaminated product became infected. Says Medical Officer Roberta Andraghetti from Copenhagen, Denmark, "At this juncture we are confident in saying that public health and occupational risk is minimal at present. We have no evidence of any reassortment having occurred. And we have no evidence of any increased transmissibility of the viruses that were involved in the experiment with the ferrets in the Czech Republic." To date, Baxter has not publicly released information on how the incident occurred. Christopher Bona said that concerns about revealing proprietary information about Baxter's production process precludes the company from making additional information available to the general public.

The incident is under investigation by the four European countries involved. Those investigating governments are working in close collaboration with the WHO and the European Centre for Disease Control in Stockholm, Sweden. Says Andraghetti, "We are in very close contact with Austrian authorities to understand what the circumstances of the incident in their laboratory were. And the reason for us wishing to know what has happened is to prevent similar events in the future and to share lessons that can be learned from this event with others."

911 Blogger.com

An American pharma Baxter vaccine against flu found contaminated by H5N1 virus in several European countries.

911 Blogger.com, 4 March 2009, 10:03
https://web.archive.org/web/20100602183012/http://www.911blogger.com/node/19517

The Czech company Biotest near from Prague got from Austria a testing batch of the new flu vaccine for 2009 from the american company Baxter. In february they have found that the vaccine was contaminated by the H5N1 - Avian flu virus, which is on the list of the possible biological weapons and is one of the most dangerous biological agents on the Earth - with more than 60% death rate. All the testing animals in Biotest were subsequently destroyed and all the workers in the company were put in quarantine. Luckily nobody contracted the disease. Subsequently the same problem of the Baxter vaccines contamination with H5N1 was found in the laboratories in Slovenia, Austria and Germany, which confirms that the source of the contagion was in fact the Baxter vaccine, which could be very probable, because Baxter is one of the companies, which are developing the vaccines against H5N1.

First the company Baxter was evoking the 'trade secret" and refused to comment how the H5N1 virus got into the vaccines, but then, when it was already clear that the source of the contagion is in fact the Baxter vaccine, their representative then confirmed, that the contaminated vaccine was produced by Baxter laboratories for the company AVIR Greenhills and distributed by Austrian company Ortha. And on the end he even said that the material sent to the Czech republic, Austria, Slovenia and Germany was in fact a pure H5N1 sent by accident - maybe to mask the previous assumption, that it was in fact an ordinary flu vaccine, which was contaminated. If it was in fact the pure H5N1 or contaminated vaccine is still not clear.

Already weeks all the sanitation officials kick around in all the countries where the contaminated vaccine was found. Czech authorities now will hopefully proceed with the prosecution against all companies involved and of course the suit for criminal negligence and public menace against Baxter is still on the table.

But was this just a criminal negligence or it was an attempt to provoke pandemia using vaccination against flu to spread the disease - as happened with the anti-B hepatitis vaccination with vaccines containing the HIV virus in US? - and then cash for the vaccines against H5N1 which Baxter develops? How could on Earth a virus as H5N1 come to the ordinary flu vaccines? Don't they follow even basic precautions in the american pharma companies? - As they didn't in this case here and even after they learned their medicals are contaminated with HIV, they sold them to Europe and East. Am I just a paranoid or is David Rivera right?

NewScientist

Bird flu mix-up could have spelled disaster

New Scientist, 4 March 2009
https://web.archive.org/web/20160413045834/https://www.newscientist.com/article/mg20126983-400-bird-flu-mix-up-could-have-spelled-disaster/

IT'S emerged that virulent H5N1 bird flu was sent out by accident from an Austrian lab last year and given to ferrets in the Czech Republic before anyone realised. As well as the risk of it escaping into the wild, the H5N1 got mixed with a human strain, which might have spawned a hybrid that could unleash a pandemic.

Last December, the Austrian branch of US vaccine company Baxter sent a batch of ordinary human H3N2 flu, altered so it couldn't replicate, to Avir Green Hills Biotechnology, also in Austria. In February, a lab in the Czech Republic working for Avir alerted Baxter that, unexpectedly, ferrets inoculated with the sample had died. It turned out the sample contained live H5N1, which Baxter uses to make vaccine. The two seem to have been mixed in error.

Markus Reinhard of Baxter says no one was infected because the H3N2 was handled at a high level of containment. But Ab Osterhaus of Erasmus University in the Netherlands says: "We need to go to great lengths to make sure this kind of thing doesn't happen."

INFORMAČNÍ CENTRUM BEZPEČNOSTI POTRAVIN
BEZPEČNOST POTRAVIN

Rakouská ptačí chřipka šla do Česka, Německa a Slovinska

Bezpecnosti potravin, 4 March 2009
https://bezpecnostpotravin.cz/rakouska-ptaci-chripka-sla-do-ceska-nemecka-a-slovinska/

Podle serveru iDNES.cz rakouská pobočka firmy Baxter testovala “kontaminovanou vakcínu” nejen v Česku.

Smrtící virus ptačí chřipky se nekontrolovaně ocitl najednou na několika místech v Evropě. Podle zjištění MF DNES testovali lidé z rakouské pobočky mezinárodní farmaceutické společnosti Baxter "kontaminovanou vakcínu" nejen v české laboratoři v Konárovicích na Kolínsku, ale i ve dvou sousedních zemích.

"Vakcína nakažená ptačí chřipkou se testovala v samotném Rakousku, České republice, Německu a ve Slovinsku. A všude se tento problém vyskytl," říká hlavní hygienik a náměstek ministryně zdravotnictví Michael Vít.

V žádné z laboratoří o tom neměli ani tušení. Poslední lednový den poslali farmaceuti z Rakouska nedopatřením do čtyř laboratoří na výzkum virus, který je pro svoji nebezpečnost zapsán do seznamu možných biologických zbraní (čtěte Do Česka se dostala vakcína nakažená smrtelným virem ptačí chřipky).

Teď už českou laboratoř stíhá první instituce – Státní úřad pro jadernou bezpečnost.

Úřad, který má na starosti biologickou bezpečnost, totiž nikdo z rakouské ani české strany neinformoval. Sama farmaceutická společnost Baxter se o nakažené zásilce dozvěděla až o šest dní později, kdy se fretky, na kterých se látka testovala, začaly chovat nenormálně.

"Máme za to, že došlo k porušení oznamovací povinnosti. Přitom virus ptačí chřipky H5N1 patří na seznam nebezpečných látek," míní Dana Drábová, předsedkyně Státního úřadu pro jadernou bezpečnost.

S konárovickou firmou Biotest, která kontaminovanou zásilku testovala, proto v nejbližších dnech zahájí správní řízení. "Jestli se vina prokáže, hrozí pokuta, která může v extrémním případě dosáhnout až pěti milionů korun," dodává Drábová.

Už týdny jsou kvůli nakažené zásilce na nohou hygienici, veterináři i Státní ústav pro kontrolu léčiv. V rakouské pobočce začali pracovat také kontroloři Evropské agentury pro léčivé přípravky.

I když se společnost dušuje, že nic podobného se stát už nemůže, lze očekávat další sankce. "Případ ještě není uzavřen," upozorňuje Josef Duben ze Státní veterinární správy.

"Už to nikdy neuděláme"

Společnost Baxter však vyvrací, že by šlo o testování chřipkové vakcíny pro lidi. "Naše firma poslala do české společnosti Biotest na výzkum čistý virus běžné chřipky a záměnou se stalo, že poslala virus ptačí chřipky. Šlo o záměnu testovacího materiálu," říká zástupce rakouské pobočky společnosti Baxter Richard Tischler.

Podle něj bylo riziko, že se ptačí chřipka dostane z laboratoří ven, velmi nízké. "Postup, který byl použit k výrobě výzkumného materiálu, se už nikdy opakovat nebude," podotýká Tischler.

Všechny čtyři testovací laboratoře byly vyčištěny, pracovníci, kteří s virem pracovali, dostali lék tamiflu a jsou nadále pod lékařským dohledem. "Žádný z českých pracovníků nakažený nebyl," říká Vít

Zdroj: iDNES.cz

Vitalia.cz

Ludmila Hamplová

MfD: Vakcína kontaminovaná ptačí chřipkou se testovala v Evropě

Vitalia.CZ, 4 March 2009
https://www.vitalia.cz/clanky/mfd-vakcina-kontaminovana-ptaci-chripkou-se-testovala-v-evrope/

Testovací vakcínu, kterou zkoumala společnost BioTest a která byla podle firmy BioTest chybou dodavatele kontaminovaná virem ptačí chřipky H5N1, údajně lidé z rakouské pobočky farmaceutické firmy Baxter netestovali jen v Česku, ale i v jiných evropských zemích.

Informovala o tom Mladá fronta Dnes (MfD). Již dříve list uvedl, že virus H5N1 nedopatřením obsahovala vakcína firmy Baxter, kterou BioTest testoval v Konárovicích na Kolínsku. Při výzkumu této vakcíny nebyl nikdo z jejích pracovníků nakažen.

"Vakcína nakažená ptačí chřipkou se testovala v samotném Rakousku, České republice, Německu a ve Slovinsku. A všude se tento problém vyskytl," řekl MfD hlavní hygienik ČR Michael Vít. V žádné z laboratoří o tom neměli tušení, píše list.

Podle deníku poslali na konci ledna farmaceuti z Rakouska nedopatřením do čtyř laboratoří na výzkum virus, který je pro svou nebezpečnost zaznamenán do seznamu možných biologických zbraní.

Českou laboratoř teď už stíhá Státní úřad pro jadernou bezpečnost, píše list. Úřad podle deníku nikdo z rakouské ani české strany neinformoval. "Máme za to, že došlo k porušení oznamovací povinnosti. Přitom virus ptačí chřipky H5N1 patří na seznam nebezpečných látek," řekla MfD předsedkyně Státního úřadu pro jadernou bezpečnost Dana Drábová. S konárovickou firmou Biotest proto v nejbližších dnech podle MfD zahájí správní řízení. "Jestli se vina prokáže, hrozí pokuta, která může v extrémním případě dosáhnout až pěti milionů korun," uvedla Drábová.

MfD píše, že v rakouské pobočce začali pracovat kontroloři Evropské agentury pro léčivé přípravky. "Případ ještě není uzavřen," řekl listu Josef Duben ze Státní veterinární správy.

Zástupce rakouské pobočky společnosti Baxter Richard Tischler uvedl, že šlo o záměnu testovacího materiálu.

Pracovníci, kteří se na výzkumu podíleli, jsou stále pod lékařských dohledem.

=> the same text

VOLNY.CZ

Kontaminovaná vakcína se údajně testovala i jinde v Evropě

Volny.CZ, 4 March 2009
https://web.archive.org/web/20090313085507/http://web.volny.cz/noviny/zdomova/clanek/~volny/IDC/104883/mfd-kontaminovana-vakcina-se-udajne-testovala-i-jinde-v-evrope.html

www.zdrav.cz Zdraví a Zdravotnictví
CENTRAL EUROPEAN JOURNAL OF PUBLIC HEALTH

Jarošová Bohdana

Firma poslala smrtící virus do Česka i dalších zemí. Rakouská ptačí chřipka šla do Česka a Německa

Central European Journal of Public Health, SZÚ 22863, 4 March 2009
http://www.zdrav.cz/modules.php?op=modload&name=News&file=article&sid=8913

Infekce Virová. Laboratorní Zvířata. Bezpečnost Práce. Hlavní Hygienik.

Poslední lednový den poslali farmaceuti společnosti Baxter z Rakouska nedopatřením do čtyř laboratoří na výzkum virus ptačí chřipky, který je pro svoji nebezpečnost zapsán na seznamu možných biologických zbraní. "Vakcína nakažená ptačí chřipkou se testovala v samotném Rakousku, České republice, Německu a ve Slovinsku. A všude se tento problém vyskytl," říká hlavní hygienik a náměstek ministryně zdravotnictví Michael Vít. V žádné laboratoři o tom neměli ani tušení. Teď už českou laboratoř stíhá první instituce - Státní úřad pro jadernou bezpečnost. Úřad, který má na starosti biologickou bezpečnost, totiž nikdo z rakouské ani české strany neinformoval.

Зарубежное эпидобозрение – утечка высоко-патогенного вируса H5N1 – Австрия

ProMED.mail, 4 March 2009
https://web.archive.org/web/20090311091312/http://www.promedmail.org/pls/otn/f?p=2400:1001:3228174415363067::NO::F2400_P1001_BACK_PAGE,F2400_P1001_PUB_MAIL_ID:1090,76407
http://chealth.canoe.ca/channel_health_news_details.asp?news_id=27436&news;_channel_id=1020&channel;_id=1020

Перевод с англ. Промед - Оригинал – см:

Mary Marshall, A ProMED-mail post; ProMED.mail, 26 February 2009
https://www.indybay.org/newsitems/2009/11/18/18629109.php

Официальные лица пытаются добраться до сути вопроса, а именно как производитель вакцин Baxter International Inc разработал "экспериментальный вирусный материал", основанный на штамме человеческого гриппа, но загрязненный вирусом птичьего гриппа, и в последующем, распространенного через Австрийскую компанию. Эта компания, Avir Green Hills Biotechnology, в свою очередь распространила предполагаемый вирус H3N2 субконтрактерам в Чехии, Словении и Германии. В настоящее время, этот вопрос исследуется 4-мя Европейскими странами под наблюдением ВОЗ и Европейским Центром по контролю заболеваний (ЕЦКЗ).

Хотя никто из 36 или 37 человек, которые имели контакт с биоматериалом не инфицировались, инцидент рассматривается как серьезная ошибка компании Baxter, которая является одной из ключевых сторон по гарантии Европейской лицензии по вакцине H5N1. Эта вакцина производится в другой компании в Чехии.

Согласно Др. Ангус Николь, ЕЦКЗ: "Случайное освобождение комбинации живых вирусов H5N1 и H3N2 - если бы это действительно произошло, могло бы привести к страшным последствиям. Хотя официальные лица не до конца уверены, что эта смесь содержала живые вирусы H5N1, но учитывая смерть хорьков, можно предположить, что они были живые.

В отличие от вируса H3N2, вирус H5N1 не способен легко инфицировать человека. Оба вируса относятся к вирусам типа А, которые ежегодно поражают людей в сезон гриппа. Если кто-то заразится этой комбинацией вирусов, то этот человек будет служить инкубатором для гибридного вируса, которым можно будет легко заразить других людей. Эта рекомбинация может привести к пандемическому вирусу.

Согласно исследованиям ученых из Центра по контролю заболеваний США, в лабораторных условиях эти 2 вируса легко сцепляются. Хотя и менее вирулентные чем H5N1, часть вирусов, появившихся в результате сцепления могут быть достаточно опасными.

Baxter International, компания находящаяся в Иллинойсе, утверждает, что это произошло в результате ошибки ее научного отдела, который находится в Австрии. Этот отдел по контракту от компании Avir Green Hills должен был произвести "экспериментальный вирусный материал" на основе человеческого вируса H3N2. Со слов Кристофера Бона, директора Baxter по глобаль-

ным коммуникациям, жидкий вирусный продукт не является вакциной, а лишь экспериментальным материалом для использования на животных.

Сигнал тревоги впервые был получен в феврале 2009, когда суб-контракторы в Чехии сделали прививку этим биоматериалом хорькам, которые очень быстро скончались, хотя они не должны умирать от вируса человеческого гриппа. Предварительное исследование показало, что биоматериал был загрязнен вирусом H5N1, который летален для хорьков. Согласно Бону, Baxter определил, что произошла контаминация и принял соответствующие меры.

Baxter единственный производитель вакцин, который работает с "дикими" видами вируса гриппа и придерживается стандартов уровня биобезопасности BSL3. Те кто знаком с этим уровнем биобезопасности в ужасе от факта, что в научной лаборатории Baxter могло произойти смешивание этих двух вирусов по какой-то случайности. Компания не объясняет ясно как могла произойти такая ошибка. Baxter помог всем вовлеченным компаниям уничтожить загрязненный биоматериал, а людям, которые имели контакт с биоматериалом, был назначен Тамифлю и они находятся под наблюдением.

******

[2] Дата: 26 февраля 2009
От: Кристофера Бона <christopher_bona@baxter.com>

От имени Baxter

Я хочу предоставить следующую информацию в ответ на публикацию в Промед от 25 февраля 2009 года (Avian
influenza, accidental distribution - Czech Rep. ex Austria: RFI).
Штамм вируса H5N1 strain был штаммом типа A/Vietnam/1203/2004, полученного из референс-центра ВОЗ. Вся информация, касающаяся этого инцидента была передана местным официальным лица и таким международным организациям как ВОЗ и Европейский ЦКЗ.

Кристофер Бона,
Директор по Глобальным био-научным коммуникациям
Baxter International Inc.
< christopher_bona@baxter.com>

[ProMED выражает благодарность за предоставление уточнения штамма вируса. - Mod.CP]

[Модератор HP. Команда Промед приносит извинения читателям, так как вчера в рассылке была отправлена непроверенная информация, переданная российским агентством ИТАР-ТАСС и переданная по ТВ телеканалом "Вести". В этой информации допущена неточность и биоматериал назван вакциной. Комментарий, данный к сообщению не отражает точку зрения команды Промед, а отражает точку зрения отдельного специалиста]

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Paul Joseph Watson

'Accidental' Contamination Of Vaccine With Live Avian Flu Virus Virtually Impossible

Info Wars, 5 March 2009
https://web.archive.org/web/20090307100116/http://www.infowars.com/%E2%80%98accidental%E2%80%99-contamination-of-vaccine-with-live-avian-flu-virus-virtually-impossible/

Czech newspapers are questioning if the shocking discovery of vaccines contaminated with the deadly avian flu virus which were distributed to 18 countries by the American company Baxter were part of a conspiracy to provoke a pandemic.

The claim holds weight because, according to the very laboratory protocols that are routine for vaccine makers, mixing a live virus biological weapon with vaccine material by accident is *virtually impossible*.

"The company that released contaminated flu virus material from a plant in Austria confirmed Friday that the experimental product contained live H5N1 avian flu viruses," reports the Canadian Press.

Baxter flu vaccines contaminated with H5N1 - otherwise known as the human form of avian flu, one of the most deadly biological weapons on earth with a 60% kill rate - were received by labs in the Czech Republic, Germany, and Slovenia.

Initially, Baxter attempted to stonewall questions by invoking "trade secrets" and refused to reveal how the vaccines were contaminated with H5N1. After increased pressure they then claimed that pure H5N1 batches were sent by accident. This was seemingly an attempt to quickly change the story and hide the fact that the accidental contamination of a vaccine with a deadly biological agent like avian flu is virtually impossible and the only way it could have happened was by wilful gross criminal negligence.

According to a compiled translation from Czech newspaper stories, the media over there is asking tough questions about whether the contamination was part of a deliberate attempt to start a pandemic.

"Was this just a criminal negligence or it was an attempt to provoke pandemia using vaccination against flu to spread the disease - as happened with the anti-B hepatitis vaccination with vaccines containing the HIV virus in US? - and then cash for the vaccines against H5N1 which Baxter develops? How could on Earth a virus as H5N1 come to the ordinary flu vaccines? Don't they follow even basic precautions in the american pharma companies?" states the translation.

The fact that Baxter mixed the deadly H5N1 virus with a mix of H3N2 seasonal flu viruses is the smoking gun. The H5N1 virus on its own has killed hundreds of people, but it is less airborne and more restricted in the ease with which it can spread. However, when combined with seasonal flu viruses, which as everyone knows are super-airborne and easily spread, the effect is a potent, super-airbone, super deadly biological weapon.

As the Canadian Press article explains, "While H5N1 doesn't easily infect people, H3N2 viruses do. If someone exposed to a mixture of the two had been simultaneously infected with both strains, he or she could have served as an incubator for a hybrid virus able to transmit easily to and among people."

There can be little doubt therefore that this was a deliberate attempt to weaponize the H5N1 virus to its most potent extreme and distribute it via conventional flu vaccines to the population who would then infect others to a devastating degree as the disease went airborne.

The Canadian Press article states, "That mixing process, called reassortment, is one of two ways pandemic viruses are created," but then claims that there is no evidence that this is what Baxter were doing, despite there being no clear explanation as to why Baxter has samples of the live avian flu virus on its premises in the first place.

However, to reiterate, the key aspect of this story is that it is *virtually impossible* for live avian flu virus to find its way into a vaccine by "accident".

As health expert Mike Adams points out, "The shocking answer is that *this couldn't have been an accident*. Why? Because Baxter International adheres to something called BSL3 (Biosafety Level 3) - a set of laboratory safety protocols that prevent the cross-contamination of materials."

As explained on Wikipedia (http://en.wikipedia.org/wiki/Biosaf…):
"Laboratory personnel have specific training in handling pathogenic and potentially lethal agents, and are supervised by competent scientists who are experienced in working with these agents. This is considered a neutral or warm zone. All procedures involving the manipulation of infectious materials are conducted within biological safety cabinets or other physical containment devices, or by personnel wearing appropriate personal protective clothing and equipment. The laboratory has special engineering and design features."

Under the BSL3 code of conduct, it is impossible for live avian flu viruses to contaminate production vaccine materials that are shipped out to vendors around the world. This leaves only two possibilities that explain these events:

Possibility #1: Baxter isn't following BSL3 safety guidelines or is so sloppy in following them that it can make monumental mistakes that threaten the safety of the entire human race. And if that's the case, then why are we injecting our children with vaccines made from Baxter's materials?

Possibility #2: A rogue employee (or an evil plot from the top management) is present at Baxter, whereby live avian flu viruses were *intentionally* placed into the vaccine materials in the hope that such materials might be injected into humans and set off a global bird flu pandemic.

Spreading bird flu would create an instantaneous surge of demand for bird flu vaccines. The profits that vaccine companies such as Baxter International could reap out of such a panic are astronomical. <...>

This is not the first time that vaccine companies have been caught distributing vaccines contaminated with deadly viruses.

In 2006 it was revealed that Bayer Corporation had discovered that their injection drug, which was used by hemophiliacs, was contaminated with the HIV virus. Internal documents prove that after they positively knew that the drug was contaminated, they took it off the U.S. market only to dump it on the European, Asian and Latin American markets, knowingly exposing thousands, most of them children, to the live HIV virus. Government officials in France went to prison for allowing the drug to be distributed. The documents show that the FDA colluded with Bayer to cover-up the scandal and allowed the deadly drug to be distributed globally. No Bayer executives ever faced arrest or prosecution in the United States.

the same text =>

Paul Joseph Watson
'Accidental' Contamination of Vaccine with Live Avian Flu Virus Virtually Impossible
News of Interest TV, 5 March 2009
https://newsofinterest.tv/politics/pharma/baxter_avian_2009_03_05.php

Paul Joseph Watson
'Accidental' Contamination of Vaccine with Live Avian Flu Virus Virtually Impossible
Prison Planet, 5 March 2009;
https://web.archive.org/web/20090309232626/http://www.prisonplanet.com/accidental-contamination-of-vaccine-with-live-avian-flu-virus-virtually-impossible.html

Physicians for Life
Live Avian Flu Virus Placed in Baxter Vaccine Materials Sent to 18 Countries (2009)
by APFLI | May 2, 2009 | Vaccines

Live Avian Flu Virus Placed in Baxter Vaccine Materials Sent to 18 Countries (2009)
Physicians for Life, 2 May 2009, by APFLI;
https://www.physiciansforlife.org/live-avian-flu-virus-placed-in-baxter-vaccine-materials-sent-to-18-countries-2009/

NEWWORLDLIBERTY

Bioterrorism Attack Plotted by New World Order

New World Liberty, 5 March 2009.
https://web.archive.org/web/20090501192037/http://newworldliberty.wordpress.com/2009/03/05/bioterrorism-attack-plotted-by-new-world-order

Alex Jones and Bill Cooper predicted the 9/11 terrorist attacks, staged by the U.S. government, 2-3 months before 9/11. They also predicted the government would blame the 9/11 terrorist attacks on Osama bin Laden.

Alex Jones is now predicting a bioterrorism attack being plotted by the New World Order, possibly for 2009, by connecting dots. Some of these dots are connected in this InfoWars.com article: U.S. Air Force Study Proposed 2009 Influenza Pandemic in 1996.

More dots here in this InfoWars.com article: 'Accidental' Contamination Of Vaccine With Live Avian Flu Virus Virtually Impossible.

Do you understand? Baxter shipped a deadly combination of weaponized Avian bird flu. This is on purpose. A subcontractor tested and caught the shipment. This is mainstream news.

Bioweapon scientists are getting murdered. Avian bird flu crisis are always in the news. They are hyping the Avian bird flu even though in normal form, it isn't that deadly. In weaponized, bioengineered forms, it is very deadly. Avian bird flu research is the center of it.

9/11 and the economic crisis was all to set the stage for martial law when they bring in the bioterrorism, with bioengineered Avian bird flu the weapon of choice by the New World Order against the people of the world. While HIV was bioengineered to attack Africa and gay men slowly, Avian bird flu is targetted at killing everyone, quickly.

Evelyn Rothschild, David Rockefeller, the ruling elite, their numerous shadow government organizations, and their numerous agents of death, such as Henry Kissinger and Zbigniew Brzezinski, really are trying to depopulate and enslave the world. This is the real axis of evil. These trillionaires and owners of the central banks, media, other key industres, and governments are the real terrorists.

LIVEJOURNAL FIND MORE SHOP HELP

Случайное загрязнение вакцины живым птичьим вирусом гриппа - невозможно
Птичий грипп был в вакцинах против птичьего гриппа

Перевод на руксския язык статьи - Russian Translation of the Article:

Paul Joseph Watson
'Accidental' Contamination Of Vaccine With Live Avian Flu Virus Virtually Impossible
Prison Planet.com, 5 March 2009

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https://web.archive.org/web/20090307100116/http://www.infowars.com/%E2%80%98accidental%E2%80%99-contamination-of-vaccine-with-live-avian-flu-virus-virtually-impossible/

Чешские газеты подвергают сомнению, что обнаружение вакцин загрязненных смертельным птичьим вирусом гриппа, которые предназначались 18 странам, изготовленные американской компанией, Baxter International не был частью заговора, с целью вызвать пандемию.

Предположение не лишено основания, потому что, согласно лабораторным требованиям безопасности, которые являются обычными для изготовителей вакцины, смешать живое вирусное биологическое средство с материалом вакцины случайно, фактически невозможно.

"Компания, которая выпускала загрязненный материал вируса гриппа с завода в Австрии, подтверждала в пятницу, что экспериментальный продукт содержал живой H5N1 - вирус птичьего гриппа", сообщает канадская Press.

Бакстер загрязнил вакцины вирусом гриппа H5N1 иначе известным как человеческая форма птичьего гриппа, одно из самых смертельных биологических средств на земле - средняя смертность в 60%. "Вакцины" были получены лабораториями в Чешской республике, Германии, и Словении.

Первоначально, Бакстер попытался не отвечал на вопросы, взывая к "торговым секретам" и отказался признать, что вакцины были загрязнены H5N1. Под давлением Бакстер признал, что в чистые партии вакцины вирус H5N1 посылали случайно. Это было по-видимому попыткой быстро изменить историю произошедшего и скрыть факт, что случайное загрязнение вакцины со смертельным биологическим агентом как птичий грипп является фактически невозможным, и единственный путь, как это могло случиться, был преднамеренный и преступный.

"Было это просто преступной небрежностью или попытка состояла в том, чтобы вызвать эпидемию, используя прививки против гриппа, чтобы распространить болезнь - как случилось с anti-B прививкой гепатита с вакцинами, содержащими ВИЧ вирус в США? - а уже затем продать за деньги вакцины против H5N1, который развивает Бакстер? Как мог оказаться вирус, H5N1 в обычных вакцинах от гриппа? Разве они не следуют за даже основными предосторожностями в американских фармакологических компаниях?".

То что Бакстер смешал смертельный вирус H5N1 с соединением сезонных вирусов гриппа H3N2, является уликой. Вирус H5N1 сам по себе уже убил сотни людей, но трудно распространяется. Однако, если его объединить с сезонными вирусами гриппа, которые, поскольку каждый знает, передаются воздушным путем и также легко распространяются, полученный эффект равен созданию мощного, распространяемого по воздуху, смертоносного биологическое оружие высшего качества.

Bajan Global Report

Live Avian Flu Virus Placed in Baxter Vaccine Materials Sent to 18 Countries

Bajan Global Report, 5 March 2009, time
http://bimchat.wordpress.com/2009/03/05/live-avian-flu-virus-placed-in-baxter-vaccine-materials-sent-to-18-countries/
https://web.archive.org/web/20090321065029/http://bimchat.wordpress.com/2009/03/05/live-avian-flu-virus-placed-in-baxter-vaccine-materials-sent-to-18-countries/

Deerfield, Illinois-based pharmaceutical company Baxter International Inc. has just been caught shipping live avian flu viruses mixed with vaccine material to medical distributors in 18 countries.

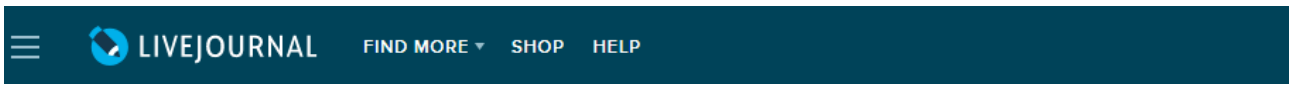
The "mistake" (if you can call it that, see below…) was discovered by the National Microbiology Laboratory in Canada. The World Health Organization was alerted and panic spread throughout the vaccine community as health experts asked the obvious question: How could this have happened?

> "Baxter International Inc. in Austria 'unintentionally contaminated samples with the bird flu virus that were used in laboratories in 3 neighbouring countries, raising concern about the potential spread of the deadly disease'. Austria, Germany, Slowenia and the Czech Republic – these are the countries in which labs were hit with dangerous viruses. Not by bioterrorist commandos, but by Baxter. In other words: One of the major global pharmaceutical players seems to have lost control over a virus which is considered by many virologists to be one of the components leading some day to a new pandemic. (http://www.lifegen.de/newsip/showne)

But there's a bigger question in all this: How could this company have accidentally mixed LIVE avian flu viruses (both H5N1 and H3N2, the human form) in this vaccine material?

The shocking answer is that this couldn't have been an accident. Why? Because Baxter International adheres to something called BSL3 (Biosafety Level 3) – a set of laboratory safety protocols that prevent the cross-contamination of materials.

"Laboratory personnel have specific training in handling pathogenic and potentially lethal agents, and are supervised by competent scientists who are experienced in working with these agents. This is considered a neutral or warm zone. All procedures involving the manipulation of infectious materials are conducted within biological safety cabinets or other physical containment devices, or by personnel wearing appropriate personal protective clothing and equipment. The laboratory has special engineering and design features."



Сергій Дібров

Хроника "Бакстериологической диверсии"

Livejournal, 5 марта 2009
https://galimsky.livejournal.com/275312.html?
https://web.archive.org/web/20090310022920/http://infoporn.org.ua/2009/03/05/hronyka_baksteryologycheskoyi_dyversyy

Все началось с того, что месяц назад в лаборатории Biotest неподалеку от Праги сдохли подопытные хомячки, а в австрийской «Avir Green Hills» – хорьки. Следом поступили сигналы из Германии и Словении: в разных частях Европы лабораторные животные, которым вводили присланный обычной почтовой бандеролью экспериментальный биопрепарат, очень быстро и дружно умирали. Казалось бы, ничего особенного. Подопытные животные отдают свои жизни для того, чтобы двигать вперед науку и спасать жизнь людей. Но в данном случае явно что-то не заладилось: все сотрудники лабораторий, контактировавшие со зверьками, были немедленно изолированы, помещены в карантин и пролечены самыми современными препаратами. Всего под пристальным наблюдением медиков оказалось около сорока человек по всей Европе. И что самое страшное: в организмах умерших животных был обнаружен смертельно опасный для людей штамм вируса птичьего гриппа H5N1.

Представители американской фармацевтической фирмы «Бакстер» (Baxter International Inc.), которая рассылала смертоносное вещество своим европейским партнерам, сначала отвергали все претензии. По их словам, в препаратах, которые вводились животным в лабораториях из европейских партнеров, вирус птичьего гриппа не содержался.

После того, как в дело вмешались австрийские власти, выяснилось, что на самом деле все гораздо хуже. В присланном из-за океана обычной почтовой бандеролью препарате содержалась смесь вирусов птичьего гриппа H5N1 и обычного, «человеческого» H3N2.

Соединение вируса H5N1 с «человеческим» – этот ночной кошмар вот уже несколько лет преследует эпидемиологов всего мира. Если вдруг в результате мутаций появится такой гибрид, то он будет распространяться со скоростью обычной эпидемии гриппа, и при этом большинство заболевших ожидает смерть. Животные, которым ввели смесь вирусов двух типов, по сути превращаются в «инкубатор» для выведения гибридов. Действенного лечения птичьего гриппа не существует, поэтому эксперты в таком случае предсказывают конец цивилизации: в считанные дни обезлюдеют целые континенты, а немногие оставшиеся в живых вернутся в каменный век.

Только после этого представители фирмы «Бакстер» признали тот факт, что в рассылаемом ими веществе находились возбудители «обычного» гриппа, якобы случайно загрязненного вирусом гриппа птичьего при упаковке. При этом они до сих пор пытаются доказать, что препарат не содержал живых вирусов, хотя независимые эксперты не сомневаются в обратном.

К сожалению, пояснения Baxter International вызывают все новые и новые вопросы. В своих запоздалых «отмазках» представители фирмы особо настаивают на двух обстоятельствах.

Во-первых, они утверждают, что присланный препарат является не вакциной, а «экспериментальным вирусным материалом». Увы: это заявление выглядит весьма и весьма сомнительным.

Как сообщает «Радио Прага», исследования в лаборатории Biotest проводились по согласованию с чешскими властями. Естественно, в государственные инстанции подавалась информация о проводимых исследованиях. И «Радио Прага», и главный санитарный врач Чехии недвусмысленно говорят, что животным вводилась именно вакцина. Отсюда можно сделать вывод: даже если это и был «экспериментальный вирусный материал», то в Чехию он ввозился под видом вакцины, то есть подлог налицо.

Во-вторых, в такой ситуации трудно объяснить реакцию работников лабораторий. Смерть животных явно была для них полной неожиданностью, то есть «экспериментальный вирусный материал» не должен был вызывать настолько тяжелого ухудшения их здоровья. Даже если предположить, что хомячков заражали относительно безопасным для них «человеческим» штаммом H3N2, все равно должны были соблюдаться меры предосторожности: именно этот штамм сейчас «гуляет» по Европе, вызывая сезонную вспышку гриппа. В сложившейся ситуации очевидно: предполагалось, что «экспериментальный вирусный препарат» абсолютно безопасен для людей и несмертелен для животных. Напомню, что классические «живые» вакцины содержат возбудителей, ослабленных до такой степени, что не могут передаваться от привитого к непривитым.

Наконец, возникает закономерный вопрос: а какие именно эксперименты пришлось проводить одновременно в лабораториях подрядчиков нескольких стран мира? Напомню: в прошлом году фирма «Бакстер» начала испытывать вакцину от птичьего гриппа. Ею были привиты студенты в Каунасе и добровольцы в Австрии и Индонезии, результаты позитивные. Самое время начать процесс регистрации вакцины в тех странах, где запланированы продажи. Кстати, чешский Biotest как раз специализируется на доклинических испытаниях и исследованиях. Кроме того, в Чехии не сомневаются, что и в других странах также происходили испытания вакцины.

Ответ на этот вопрос могли бы дать представители Всемирной организации здравоохранения (ВОЗ), которые находятся в тесном контакте с «Баксером» по этой проблеме. К сожалению, за две недели нарастающего скандала самая авторитетная медицинская организация не сочла нужным опубликовать хоть какой-то комментарий по данному вопросу. Из уст ВОЗовских экспертов звучит невнятное бормотание о том, что расследование этого вопроса может создать угрозу интересам компании «Бакстер». И это при том, что смертельно опасный штамм вируса был передан американской компании из архива ВОЗ, и, по заявлению фирмы, этой организации была передана полная информация о данном инциденте.

Нет никаких сомнений, что коммерческие интересы американской фармацевтической компании для Всемирной организации здравоохранения гораздо важнее, чем жизнь и здоровье сотрудников лабораторий, не предупрежденных об опасности, работников почты, обрабатывающих немаркированные посылки со смертельно опасным возбудителем, и даже чем угроза пандемии, способной в считанные дни уничтожить человечество.

Также представители «Бакстер» настаивают, что смешение двух штаммов произошло случайно, как разовое трагическое стечение обстоятельств. Опрошенные мною эксперты разошлись во мнениях. Одни утверждают, что в вирусологии возможны и не такие случайные события, и придерживаются мнения, что произошедшее – действительно случайность. Другие говорят, что возможность заражения биопрепарата особо опасным возбудителем исключается в принципе, еще на этапе проектирования лаборатории и планирования процессов. Они в принципе допускают загрязнение «человеческим» вирусом, например, от больного сотрудника. Но неумышленное загрязнение высокопатогенным штаммом, находящимся в пробирке под строгим контролем, они исключают полностью.

По словам представителей фирмы, загрязнение произошло при отгрузке. К сожалению, такое заявление не вызывает доверия. Да, я могу представить, что грузчики Мухосранского мясокомбината перепутали этикетки и запачкали сосиски грязными сапогами. Но австрийская

лаборатория, где якобы произошло то событие, сертифицирована по самому высокому уроню безопасности BSL3. И чем выше этот уровень, тем меньше шансов остается версии о «случайности», тем больше возникает подозрений в преднамеренности таких действий.

Скандал, который за два последних дня вызвал падение акций компании Baxter Intnational на 8%, продолжается. Немецкая пресса анонсировало расследование по вопросам биологической безопасности при проведении лабораторных исследований, итоги которого будут опубликованы в понедельник, 9 марта. Кроме того, по всей видимости, нас ждут новые шокирующие обстоятельства. Напомню: первоначально сообщалось о том, что «экспериментальные вирусные материалы» отправлялись в лаборатории трех стран: Чехии, Австрии и Словении. Позже к им добавилась Германия. Канадская пресса заявляет, что образцы отправлялись в лаборатории 18 государств, список которых пока неизвестен. Это полностью соответствует версии о том, что проводились доклинические испытания вакцины для ее последующей регистрации в различны странах. Так, Компания «Бакстер» анонсировала свои намерения зарегистрировать вакцину от птичьего гриппа в Российской Федерации. Если в числе этих 18 стран есть и российские лаборатории, это может объяснить ту «молчанку», которую объявили данной теме российские СМИ. Один только телеканал «Вести» уделил скандалу несколько десятков секунд в сводке новостей.

…

THE TIMES OF INDIA

Virus mix-up by lab could have resulted in pandemic

The Times of India, 6 March 2009
http://timesofindia.indiatimes.com/Health--Science/Science/Virus-mix-up-by-lab-could-have-resulted-in-pandemic/articleshow/4230882.cms

It's emerged that virulent HSN1 bird flu was sent out by accident from an Austrian lab last year and given to ferrets in the Czech Republic before anyone realised. As well as the risk of it escaping into the wild, the HSN1 got mixed with a human strain, which might have spawned a hybrid that could unleash a pandemic.

Last December, the Austrian branch of US vaccine company Baxter sent a batch of ordinary human H3N2 flu, altered so it couldn't replicate, to Avir Green Hills Biotechnology, also in Austria. In February, a lab in the Czech Republic working for Avir alerted Baxter that, unexpectedly, ferrets inoculated with the sample had died. It turned out the sample contained live HSN1, which Baxter uses to make vaccine. The two seem to have been mixed in error.

Markus Reinhard of Baxter says no one was infected because the H3N2 was handled at a high level of containment. But Ab Osterhaus of Erasmus University in the Netherlands says: "We need to go to great lengths to make sure this kind of thing doesn't happen!'

Accidental release of a mixture of live HSN1 and H3N2 viruses could have resulted in dire consequences. While HSN1 doesn't easily infect people, H3N2 viruses do. If someone exposed to a mixture of the two had been simultaneously infected with both strains, he or she could have served as an incubator for a hybrid virus able to transmit easily to and among people.

=> the same text

MapCruzin.com
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Virus mix-up by lab could have resulted in pandemic swine flu

MapCruzin, 27 April 2009
Source: Times of India, 6 March 2009
https://web.archive.org/web/20221002232137/https://mapcruzin.com/news/swine-flu042709e.htm

SWINE FLU

Swine Flu Epidemic/ H1N1 Vaccine Deaths and Injuries

Swine Flu, 6 March 2009
http://vaccineriskawareness.com/swine-flu/

Now in April we are hearing of dozens of cases of people in Mexico, dying of 'swine flu'. I think the Baxter accident and the swine flu are related.

It's emerged that virulent H5N1 bird flu was sent out by accident from an Austrian lab last year and given to ferrets in the Czech Republic before anyone realised. As well as the risk of it escaping into the wild, the H5N1 got mixed with a human strain, which might have spawned a hybrid that could unleash a pandemic.

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Source: The Times of India, 6th March 2009.

The Right Perspective

Bird Flu Accidentally Sent As Vaccine

The Right Perspective, March 6, 2009
https://web.archive.org/web/20090430210159/http://www.therightperspective.org/bird-flu-accidentally-sent-as-vaccine/

Officials at the World Health Organization and and the European Centre for Disease Control have launched an investigation into how live Avian Bird Flu virus (both H5N1 and H3N2) was accidentally shipped to 18 countries as Bird Flu vaccine.
https://web.archive.org/web/20090309034450/http://www.prisonplanet.com/vaccines-as-biological-weapons-live-avian-flu-virus-placed-in-baxter-vaccine-materials-sent-to-18-countries.html

Deerfield, Illinois-based pharmaceutical company Baxter International Inc. accidentally sent an "experimental virus material," which mixed H3N2 seasonal flu viruses and unlabelled H5N1 viruses, to an Austrian research firm, Avir Green Hills Biotechnology in late December. That company then shipped portions of the mixture to sub-contractors in the Czech Republic, Slovenia and Germany.

Subcontractors in the Czech Republic caught the error in early February when testing the shipment on ferrets. The animals died from the inoculation, indicating a live Bird Flu virus.

Officials say the 37 people who were exposed to the virus have so far not shown any signs of infection. However, an Austrian news article from February 11 reports a Vienna hospital treated 19 outpatients on February 9 because of exposure to "bird flu virus." The article said no one was sick, there was no evidence of infection, and the females were prophylaxed with antivirals (presumably Tamiflu).

People infected with a mixture of H5N1 and H3N2 viruses could become incubators for a hybrid virus able to transmit easily to and among people.

Baxter International Inc. follows a BSL3 (Biosafety Level 3) protocol which prevents the cross-contamination of materials. "It was a combination of just the process itself, (and) technical and human error in this procedure," said Christopher Bona, Baxter's director of global bioscience communications. Bona would not give any more information due to "trade secrets".

The mishap comes at an unfortunate time for Baxter International Inc., which was just about to secure a European-wide license for the Avian Bird Flu vaccine.

=> the same text

The One Click Group

Live Bird Flu Virus Shipped To 18 Countries As Vaccine

The One Click Group, 6 March 2009
https://web.archive.org/web/20090803084132/http://www.theoneclickgroup.co.uk/news.php?start=2660&end=2680&view=yes&id=3363#newspost

infocorn

Сергій Дібров

Америка заметает следы!

Infocorn, 9 марта 2009;
https://web.archive.org/web/20090312080439/http://infocorn.org.ua/2009/03/09/ameryka_zametaet_sledy

Новости из-под электронного микроскопа.

На международной конференции вирусов гриппа было принято решение об окончательной элиминации человечества на Европейском континенте. «Мы признательны американской компании «Бакстер Интернешнл» за неоценимый вклад в развитие межвидового сотрудничества. Только объединившись, мы сможем решить все проблемы с людьми», – заявил Авиан Флю, представитель штамма H5N1, австрийский специалист по хорькам и хомячкам.

Суетливые телодвижения вокруг скандала с американской компанией «Бакстер Интернешнл» (Baxter International, Inc, NYSE:BAX), о котором я писал в своей предыдущей статье, равно как и очевидные попытки замять ситуацию, приводят к противоположным результатам. Все больше специалистов пытаются выяснить, что же на самом деле происходило в австрийской лаборатории этой компании, все больше журналистов обращаются к этой теме.

Скандал вокруг рассылки по почте потенциальных компонентов биологического оружия, широко освещается в немецких и чешских СМИ, лаборатории которых получали смертоносные бандероли с возбудителями птичьего гриппа. Очень серьезное внимание уделяет этой теме канадская пресса. В то же время в СМИ самых демократических стран мира, в частности, Соединенных Штатов и Российской Федерации, по-прежнему царит гробовая тишина: здесь можно найти разве что единичные публикации на эту тему. Также мертвое молчание по поводу данного инцидента продолжает хранить и Всемирная организация здравоохранения (ВОЗ). Отдельные выступления её представителей лишь дублируют официальные заявления представителей «Бакстер» и напускают всё больше тумана в эту, и без того двусмысленную, ситуацию.

Восемь лет назад рассылка по почте конвертов с «белым порошком» (который на поверку оказывался тальком или гипсом) привела к военному вторжению в Афганистан. Одно только подозрение о том, что Садам Хуссейн разрабатывает биологическое оружие, стало поводом для войны в Ираке. Зато недавно выявленная рассылка по почте немаркированных бандеролей со смертельно опасным вирусом американской компанией в другие страны, то есть – бесспорное подтверждение как минимум факта проведения экспериментов с нарушением правил и норм безопасности, не рассматривается как повод для каких-либо санкций и вообще не считается событием, достойным внимания. Особую пикантность ситуации придает очевидная «зачистка» информационного пространства: в англоязычном сегменте Интернета наиболее острые публикации исчезают буквально на глазах, и от них остаются лишь «пустые» ссылки в других сообщениях и в поисковых системах.

Заявления официальных представителей Baxter International напоминают фразу из рекламы о том, что «иногда лучше жевать, чем говорить». Так, они настаивают, что заражение рассылаемого вещества опасным вирусом произошло вследствие ошибки, а в целом австрийская

лаборатория этой компании соответствует высочайшим критериям безопасности BSL-3. Если внимательно изучить эти критерии, можно придти к неутешительным выводам: в данной лаборатории, по всей видимости, осуществлялись незаконные эксперименты со смертоносными штаммами, которые проводились в «нейтральной», то есть безопасной, зоне, видимо, чтобы не привлекать излишнего внимания австрийских властей. Какие это были эксперименты, нам сейчас остается только догадываться. А тот факт, что во главе совета директоров фармацевтической кампании Baxter International стоит бывший первый заместитель командующего Корпуса морской пехоты США, четырехзвездный генерал Уолтер Бумер (Walter E. Boomer), дает широкий простор для фантазии.

Еще одна «линия защиты» компании Baxter International заключается в упорном и многократном отрицании того, что разосланные образцы являются вакциной. Компания называет их «экспериментальным вирусным материалом» на основе «человеческого» штамма H3N2. Однако, как сообщило недавно авторитетное издание Bloomberg News со ссылкой на представителей австрийских властей, в чешской лаборатории присланный материала в начале месяца была использован для приготовления вакцины, которую и вводили подопытным животным. Маловероятно, чтобы это производилось самовольно, без прямого на то указания заказчика – фирмы «Бакстер». Что характерно, американское ведомство CDC, которое не только следит за соблюдением требований безопасности в американских компаниях, но и регулярно рассылает фармацевтическим кампаниям образцы вирусов гриппа для производства вакцин, не видит повода для беспокойства, не проводит расследований и консультаций по данному инциденту.

По информации ВОЗ, на данный момент разработку вакцин против птичьего гриппа ведут более двадцати фармацевтических компаний. Это значит, что более двадцати компаний в сотнях лабораторий по всему миру проводят эксперименты с опаснейшими живыми возбудителями. Как показали события в Австрии, ни высочайший авторитет разработчиков, ни соблюдение самых строгих требований безопасности, ни жесткий контроль со стороны государственных органов не гарантируют, что смертоносный вирус не выйдет за пределы лаборатории.

Во многих публикациях события, произошедшие месяц назад в Европе, сравнивают со сценарием американского блокбастера. И в лучших традициях Голливуда, как только была обнаружена утечка, прошла спецоперация «зачистка». Как рассказал в телефонном интервью Bloomberg News официальный представитель «Бакстера» Кристофер Бона (Christopher Bona), сотрудники этой компании очень быстро уничтожили все разосланные образцы во всех странах, провели двукратную дезинфекцию лабораторий. Все сотрудники, контактировавшие с подозрительным веществом, были немедленно изолированы, помещены в карантин и пролечены мощнейшим антивирусным препаратом. Это, конечно, замечательно, но по правилам ВОЗ в таких случаях обязательно должны отбираться образцы материалов для обеспечения возможности дальнейшего расследования. В нынешней ситуации, когда правду установить уже невозможно, нам остается только верить скудным официальным заявлениям. Или – строить собственные предположения.

На сегодняшний день я знаю две фармацевтические компании, которые занимались разработкой вакцины против птичьего гриппа по договоренности с ВОЗ. Одна из них – американская, Baxter International Inc. Вторая – Serum Institute of India, Ltd. Как сейчас стало известно, работы в этом направлении были начаты в Индии еще в 2006 году. Два месяца назад было объявлено об успешном завершении исследований и начале клинических испытаний индийской вакцины.

Serum Institute – это та самая индийская фирма, которая изготовила печально известную вакцину против кори и краснухи, более известную как «КаКа». После того, как весной прош-

лого года была предпринята попытка провести незаконную и необоснованную кампанию, в ходе которой предполагалось ввести незарегистрированный препарат восьми миллионам молодых украинцев, осталось множество неясностей и вопросов, ответов на которые нет и по сей день. Например, до сих пор неизвестно, что находится в прилагаемом к вакцине растворителе. Это странное вещество, заявленное как «вода для инъекций», при ввозе в Украину не проверялось. При этом оно вызывает странное изменение цвета раствора, а температурный режим хранения его в точности соответствует режиму хранения вакцины против гриппа. Что характерно, инструкция к вакцине гласит, что прилагаемая к вакцине «вода для инъекций» якобы «специально разработана» для этой вакцины. Изготовитель категорически запрещает применение любого другого растворителя, а также обычной воды для инъекций, равно как и использование прилагаемого к препарату растворителя в любых других целях.

Напомню, что та внеплановая вакцинация планировалась и проводилась с полным игнорированием украинского законодательства и медицинских соображений, под жестким прессингом ВОЗ, который можно было наблюдать до самого недавнего времени. Также стоит вспомнить, что после приостановки этой весьма сомнительной акции все усилия украинского Минздрава и представителей международных организаций были направлены на обеспечение неприкосновенности «застрявшей» в Украине вакцины с растворителем и недопущения независимого исследования их содержимого.

Надеюсь, ответы хотя бы на некоторые вопросы, касающиеся «КаКи», мы сможем получить в ходе судебного разбирательства по иску Александра Славского, которое начнется 12 марта 2009 года в 11 часов 40 минут в Окружном административном суде г. Киева.

Многие задаются вопросом: не была ли Украина в списке тех 18 стран, куда были направлены «загрязненные образцы»? Не поступали ли в последние месяцы в украинские лаборатории биоматериалы от американской компании Baxter International?

Печальная судьба польских бездомных, которых за гроши привлекали к незаконным испытаниям вакцины против птичьего гриппа, заставляет задуматься и о судьбе наших сограждан.

LifeGen.de

H5N1 out of control: Labs under bioterrorist and pandemic threat

LifeGen.de, 10 March 2009

https://web.archive.org/web/20090325091653/http://www.lifegen.de/newsip/shownews.php4?getnews=2009-03-07-3117&pc=s01

The book is scheduled for April 2009, but the Baxter-Contamination-Case in Europe may justify how necessary the reading really will be. “Detection of Highly Dangerous Pathogens: Microarray Methods for BSL 3 and BSL 4 Agents” (WILEY, ISBN: 978-3-527-32275-6) is written by leading experts in the field as part of an interdisciplinary pan-European research program funded by the EU. According to Wiley, “this book provides a unique and comprehensive overview of how microarray technology can be used in safely tracking the most highly dangerous pathogens”, and: “A must-have for public health agencies focused on bioterrorism as well as all laboratories working with BSL3 and/or BSL 4 agents”.

The publishing house is right, as a U.S. Government Accountability Office (GAO) preliminary Report revealed already in 2007: “No single federal agency, according to 12 agencies' responses to our survey, has the mission to track the overall number of BSL-3 and BSL-4 labs in the United States”. Another Report to the Chairman, Committee on Homeland Security, House of Representatives, issued on February 26th this year resumes the worst case: “Although certain performance measures have been established in the National Pandemic Implementation Plan to prepare for an influenza pandemic, these measures are not always linked to results”. The Baxter H5N1 Contamination in Europe was not the first global viral accident in BSL labs, as governmental documents from 2007 reveal. *by Vlad Georgescu*

Highly pathogenic virus-samples are sen t around the globe by many pharmaceutical and biotech companies. They work with lethal viruses, and many of these labs have subcontractors which can't secure the deadly stuff in an appropriate way. And, worst of all, security lacks could initiate a new bioterrorist threat coming from inside western countries – not because of Baxter, but because it became evident that samples can be out of routine control even if belonging to pharmaceutical giants working very professional - usually.

But as our coverage of the Baxter-Contamination Story in Europe on February 26th 2009 revealed, there are massive security lacks among the routines, even if Baxter is denying that fact. Jutta Brenn-Vogt, Manager Communications at Baxter Deutschland GmbH explained LifeGen.de what happened with H5N1: "Causes were a unique combination of process, technical and human errors". US and European officials should be worried about another statement made by Baxter in Germany: “As this material was not produced for human use, testing for potential contamination is not routinely carried out”.

This may lead to the question why one of the biggest pharmaceutical companies doesn’t consider routine testing for all samples as a crucial security measure – and how samples declared as for non-human use are controlled at all.Financial investors did understand the risk of such details. Shares of the big pharmaceutical company in Deerfield, IL, lost more than 8 percent in only two days after LifeGen.de started to report about the H5N1 Contamination in Europe. Before, PROMED and Bloomberg mentioned the story, but obviously with far less response on a global scale, as a look at the charts from February 26th at Google Finance reveals.

No wonder Baxter's Chief of Communications in the US, Christopher Bona, supported our idea for an exclusive interview, and so we got the information explaining what happened in Europe.

But after the Baxter H5N1 disaster in Europe (read our exclusive Interview [see: Baxter H5N1 Contamination – 3 march 2009]) there was another alarming news arising on the horizon. New research from the CDC, reported in JAMA, found that one strain of the influenza is becoming increasingly resistant to the frequently prescribed medicine oseltamivir. During the 2007-2008 flu season, the CDC found that 12.6% of the influenza A H1N1 viruses tested were resistant to oseltamivir. During the current season, approximately 98.5%, of influenza A (H1N1) viruses tested (to date) were resistant to oseltamivir. Such statistics are considered important as pandemic avian influenza could be on its way to conquer the world - and a mixture between avian and human strains would result in the long expected virological disaster. Under such circumstances, every uncontrolled sample reaching unknown laboratory places could be the igniting factor. Cross contaminations between different influenza strain seem to be possible, even if carried out by error. Or by bioterrorist attack.

USA: Deadly viruses out of control

U.S. Government Accountability Office (GAO) chief technologist Keith Rhodes from the Center for Technology and Engineering, Applied Research and Methods, GAO noted in late 2007 in his written testimony before the U.S. House of Representatives Subcommittee on Oversight and Investigations, Committee on Energy and Commerce that high-containment biosafety laboratories, specifically biosafety levels 3 and 4 (BSL-3 and BSL-4), have been "proliferating" since the September 11, 2001 terrorist attacks. The report is alarming, as the following excerpt demonstrates:

"A major proliferation of high-containment BSL-3 and BSL-4 labs is taking place in the United States, according to the literature, federal agency officials, and experts. The expansion is taking place across many sectors--federal, academic, state, and private--and all over the United States. Concerning BSL-4 labs, which handle the most dangerous agents, the number of these labs has increased from 5--before the terrorist attacks of 2001--to 15, including at least 1 in planning stage. Information on expansion is available about high-containment labs that are registered with the Centers for Disease Control and Prevention (CDC) and the U.S. Department of Agriculture's (USDA) Select Agent Program, and that are federally funded. However, much less is known about the expansion of labs outside the Select Agent Program, as well as the nonfederally funded labs, including location, activities, and ownership. No single federal agency, according to 12 agencies' responses to our survey, has the mission to track the overall number of BSL-3 and BSL-4 labs in the United States".

BSL-3 and BSL-4 mostly contain very hazardous biological agents, potentially to be used as bioweapons, as bacteria, viruses, fungi, and other microorganisms. The labs also can contain infectious substance which have been bioengineered or synthesized from special component of microorganism. For example, BSL-4 laboratories are working with small pox viruses (Variola major) or the plague virus (Yersinia pestis).

Labs as unknown puzzle

What Rhodes is describing exceeds the worst imagination: "Though several agencies have a need to know, no one agency knows the number and location of these labs in the United States. Consequently, no agency is responsible for determining the risks associated with the proliferation of these labs"

Rhodes and his team identified "six lessons from three recent incidents: failure to report to CDC exposures to select agents by Texas A&M; University (TAMU); power outage at the CDC's new BSL-4 lab in Atlanta, Georgia; and release of foot-and-mouth disease virus at Pirbright in the United Kingdom". The Baxter case in Europe this year seems to be only one part of the big, unknown virological puzzle.

According to Rhodes such "lessons highlight the importance of identifying and overcoming barriers to reporting in order to enhance biosafety through shared learning from mistakes and to

assure the public that accidents are examined and contained; training lab staff in general biosafety, as well as in specific agents being used in the labs to ensure maximum protection".

Rhodes suggested in 2007 to develop "mechanisms for informing medical providers about all the agents that lab staff work with to ensure quick diagnosis and effective treatment". However, before 1990, all BSL-4 labs were federal labs, as the report explains, either at USAMRIID or at the CDC. These were the good times. Today many of the BSL-4 labs are at universities and in the private sector. 143 BSL3 labs belong to the private sector, 487 are academic and 458 are said to be federal owned. The huge number is alarming, because even military labs could be under terrorist threat, as the anthrax mailings from 2001 show.

The 2001 anthrax attacks known as Amerithrax from its Federal Bureau of Investigation (FBI) case name, started on September 18, 2001. Media offices and two Democratic U.S. Senators,received letters containing anthrax spores, five people died, 17 were infected. Last year the FBI narrowed its focus to Bruce Edwards Ivins, a scientist who worked at the government's biodefense labs at Fort Detrick in Frederick, Maryland. But Ivins, who had had been told about the impending prosecution, died from an overdose of "Tylenol with Codeine," which was reported as a suicide on August 1, 2008. On August 6, 2008, federal prosecutors declared Ivins to be the sole culprit of the crime. The British magazine New Scientist published last week an article explaining from a microbiological point of view why Ivins may not be the sole culprit – security lacks and information gaps in one of Americas best protected biodefense labs seem to be part of this puzzle.

Not fully prepared for the worst case

Finally, the Baxter H5N1 Contamination Case in Europe sheds light on all these aspects. Unknown labs, unknown research, unknown attacks and accidents happen since years, and compared with the past baxter was only one more statistic among the unknown data. But why should we worried? A new GAO report titled "Influenza Pandemic: Sustaining Focus on the Nation's Planning and Preparedness Efforts" and released on February 26th this year explains what the real problem – not only for the US – may be: "Although certain performance measures have been established in the National Pandemic Implementation Plan to prepare for an influenza pandemic, these measures are not always linked to results", and: "Nevertheless, an influenza pandemic remains a real threat to our nation and the world". Even if the expected influenza pandemic did not start yet, there is no doubt about the comeback of the lethal virus: The first Pandemic Influenza occurred in three waves in the United States - exactly 90 years ago, between 1918 and 1919.

Barbados Free Press

Seasonal Flu Samples Shipped to Vaccine Manufacturer were Contaminated with Live Avian Flu Virus (Bird Flu Virus). Baxter: Product contained live bird flu virus.

Barbados Free Press, 11 March 2009
https://barbadosfreepress.wordpress.com/tag/avian-flu/

By Helen Branswell, The Canadian Press

The company that released contaminated flu virus material from a plant in Austria confirmed Friday that the experimental product contained live H5N1 avian flu viruses.

And an official of the World Health Organization's European operation said the body is closely monitoring the investigation into the events that took place at Baxter International's research facility in Orth-Donau, Austria.

"At this juncture we are confident in saying that public health and occupational risk is minimal at present," medical officer Roberta Andraghetti said from Copenhagen, Denmark.

"But what remains unanswered are the circumstances surrounding the incident in the Baxter facility in Orth-Donau."

The contaminated product, a mix of H3N2 seasonal flu viruses and unlabelled H5N1 viruses, was supplied to an Austrian research company. The Austrian firm, Avir Green Hills Biotechnology, then sent portions of it to sub-contractors in the Czech Republic, Slovenia and Germany.

The contamination incident, which is being investigated by the four European countries, came to light when the subcontractor in the Czech Republic inoculated ferrets with the product and they died. Ferrets shouldn't die from exposure to human H3N2 flu viruses…

... read the full article at the Sun Newspaper (Link Here) => [https://web.archive.org/web/20090302095805/http://www.torontosun.com/news/canada/2009/02/27/8560781.html]

FIERCE Biotech

Calisha Myers

Baxter: Vax products contained bird flu virus

Fierce Pharma, 11 Mar 2009;
https://www.fiercepharma.com/vaccines/baxter-vax-products-contained-bird-flu-virus

Deerfield, IL-based Baxter International has confirmed that vaccine shipments sent to subcontractors in Czech Republic, Slovenia and Germany were contaminated with live H5N1 avian flu viruses. The contaminated product, which Baxter calls "experimental virus material," was a mix of H3N2 seasonal flu viruses and H5N1 viruses produced at the company's research facility in Orth-Donau. The problem was discovered when ferrets inoculated with the experimental mix died. Baxter was notified on February 6, but has kept quiet about the details surrounding the mix-up, the Canadian Press reports.

JUSTGETTHERE.US THE JOURNEY TO FREEDOM STARTS IN THE MIND

Alex Jones on Coast to Coast AM
Baxter's Flu Vaccine Contaminated with Avian Flu Virus Could Have Started Pandemic

JustGetThere.us, 11 March 2009

https://web.archive.org/web/20110414081149/http://www.justgetthere.us/blog/archives/Alex-Jones-on-Coast-to-Coast-AM-Baxters-Flu-Vaccine-Contaminated-With-Avian-Flu-Virus-Could-Have-Started-Pandemic.html

Czech newspapers are questioning if the shocking discovery of vaccines contaminated with the deadly avian flu virus which were distributed to 18 countries by the American company Baxter were part of a conspiracy to provoke a pandemic.

The claim holds weight because, according to the very laboratory protocols that are routine for vaccine makers, mixing a live virus biological weapon with vaccine material by accident is virtually impossible.

The company that released contaminated flu virus material from a plant in Austria confirmed Friday that the experimental product contained live H5N1 avian flu viruses, reports the Canadian Press.

Baxter flu vaccines contaminated with H5N1 - otherwise known as the human form of avian flu, one of the most deadly biological weapons on earth with a 60% kill rate - were received by labs in the Czech Republic, Germany, and Slovenia.

PreventDISEASE.com
Aiming Towards Better Health

Baxter Caught Shipping Vaccines with Live Avian Flu Virus to 18 Countries Worldwide

Prevent Disease, 11 March 2009
https://web.archive.org/web/20090329061003/http://preventdisease.com/news/09/031109_baxter.shtml

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Initially, Baxter attempted to stonewall questions by invoking "trade secrets" and refused to reveal how the vaccines were contaminated with H5N1. After increased pressure they then claimed that pure H5N1 batches were sent by accident. This was seemingly an attempt to quickly change the story and hide the fact that the accidental contamination of a vaccine with a deadly biological agent like avian flu is virtually impossible and the only way it could have happened was by wilful gross criminal negligence.

"Was this just a criminal negligence or it was an attempt to provoke pandemia using vaccination against flu to spread the disease - as happened with the anti-B hepatitis vaccination with vaccines containing the HIV virus in US? - and then cash for the vaccines against H5N1 which Baxter develops? How could on Earth a virus as H5N1 come to the ordinary flu vaccines? Don't they follow even basic precautions in the american pharma companies?" states the translation.

The fact that Baxter mixed the deadly H5N1 virus with a mix of H3N2 seasonal flu viruses is the smoking gun. The H5N1 virus on its own has killed hundreds of people, but it is less airborne and more restricted in the ease with which it can spread. However, when combined with seasonal flu viruses, which as everyone knows are super-airborne and easily spread, the effect is a potent, super-airbone, super deadly biological weapon.

As the Canadian Press article explains, "While H5N1 doesn't easily infect people, H3N2 viruses do. If someone exposed to a mixture of the two had been simultaneously infected with both strains,

he or she could have served as an incubator for a hybrid virus able to transmit easily to and among people."

There can be little doubt therefore that this was a deliberate attempt to weaponize the H5N1 virus to its most potent extreme and distribute it via conventional flu vaccines to the population who would then infect others to a devastating degree as the disease went airborne.

The Canadian Press article states, "That mixing process, called reassortment, is one of two ways pandemic viruses are created," but then claims that there is no evidence that this is what Baxter were doing, despite there being no clear explanation as to why Baxter has samples of the live avian flu virus on its premises in the first place.

However, to reiterate, the key aspect of this story is that it is virtually impossible for live avian flu virus to find its way into a vaccine by "accident".

As health expert Mike Adams points out, "The shocking answer is that this couldn't have been an accident. Why? Because Baxter International adheres to something called BSL3 (Biosafety Level 3) - a set of laboratory safety protocols that prevent the cross-contamination of materials."

"Laboratory personnel have specific training in handling pathogenic and potentially lethal agents, and are supervised by competent scientists who are experienced in working with these agents. This is considered a neutral or warm zone. All procedures involving the manipulation of infectious materials are conducted within biological safety cabinets or other physical containment devices, or by personnel wearing appropriate personal protective clothing and equipment. The laboratory has special engineering and design features."

Under the BSL3 code of conduct, it is impossible for live avian flu viruses to contaminate production vaccine materials that are shipped out to vendors around the world.

This leaves only two possibilities that explain these events:

Possibility #1: Baxter isn't following BSL3 safety guidelines or is so sloppy in following them that it can make monumental mistakes that threaten the safety of the entire human race. And if that's the case, then why are we injecting our children with vaccines made from Baxter's materials?

Possibility #2: A rogue employee (or an evil plot from the top management) is present at Baxter, whereby live avian flu viruses were intentionally placed into the vaccine materials in the hope that such materials might be injected into humans and set off a global bird flu pandemic.

Experimentation of human beings is becoming the norm throughout the world by Pharmaceuticals companies who hold profits over safety. A recent report in the Telegraph covered the trials in Poland which killed 21 people. The medical staff, from the northern town of Grudziadz, are being investigated over medical trials on as many as 350 homeless and poor people last year, which prosecutors say involved an untried vaccine to the highly-contagious virus.

Authorities claim that the alleged victims received £1-2 to be tested with what they thought was a conventional flu vaccine but, according to investigators, was actually an anti bird-flu drug.

The director of a Grudziadz homeless centre, Mieczyslaw Waclawski, told a Polish newspaper that last year, 21 people from his centre died, a figure well above the average of about eight.

Spreading bird flu would create an instantaneous surge of demand for bird flu vaccines. The profits that vaccine companies such as Baxter International could reap out of such a panic are astronomical.

In addition, as we have previously reported, those that have a stake in the Tamiflu vaccine include top globalists and BIlderberg members like George Shultz, Lodewijk J.R. de Vink and former Secretary of Defense Donald Rumsfeld.

Authorities in both Europe and the U.S. have openly detailed plans for martial law, quarantine and internment should a bird flu pandemic occur.

The other motivation, as we have exhaustively documented on this website for years, is the fact that elites throughout history have openly stated that they want to see a world population reduction of around 80 per cent. Shocking stories like this take the plausibility of that narrative out of the realms of conspiracy theory and into the dangerous reality of conspiracy fact.

"Baxter is acting a whole lot like a biological terrorism organization these days, sending deadly viral samples around the world. If you mail an envelope full of anthrax to your Senator, you get arrested as a terrorist. So why is Baxter – which mailed samples of a far more deadly viral strain to labs around the world – getting away with saying, essentially, "Oops?", Adams concludes.

This is not the first time that vaccine companies have been caught distributing vaccines contaminated with deadly viruses.

In 2006 it was revealed that Bayer Corporation had discovered that their injection drug, which was used by hemophiliacs, was contaminated with the HIV virus. Internal documents prove that after they positively knew that the drug was contaminated, they took it off the U.S. market only to dump it on the European, Asian and Latin American markets, knowingly exposing thousands, most of them children, to the live HIV virus. Government officials in France went to prison for allowing the drug to be distributed. The documents show that the FDA colluded with Bayer to cover-up the scandal and allowed the deadly drug to be distributed globally. No Bayer executives ever faced arrest or prosecution in the United States.

Initial part of the text given above is quite similar to the text of
P. J. Watson, 'Accidental' Contamination of Vaccine with Live Avian Flu Virus Virtually Impossible. – Info Wars, 5 March 2009.

Лаборатория разослала вместо вакцины птичий грипп. По ошибке?

Diesel Forum, 11 марта 2009
https://diesel.elcat.kg/index.php?showtopic=1770950

Одна из австрийских лабораторий, поддерживающая тесное сотрудничество с фармакологическим концерном "Бакстер", оказалась в центре крупного международного скандала, расследованием обстоятельств которого сейчас занимаются правоохранительные органы четырех европейских государств, а также Всемирная организация здравоохранения и Европейского центра по контролю за массовыми заболеваниями. Об этом сообщили австрийские газеты.

Как выяснилось, по поручению концерна "Бакстер" лаборатория разослала в исследовательские центры Германии, Словении и Чехии препараты, содержащие чрезвычайно опасный вирус птичьего гриппа H5N1. В этих центрах предполагалось, в частности, испытать новую вакцину против птичьего гриппа, однако препарат оказался отнюдь не лекарственным, а совсем наоборот - крайне болезнетворным. Подвох вскрылся в одной из чешских лабораторий, которая расположена в городе Конаровице. Там от прививки погибли все подопытные животные, а персонал пришлось срочно госпитализировать и сажать на строжайший карантин.

По данным австрийского Министерства здравоохранения, непосредственной угрозе заразиться птичьим гриппом оказались подвергнуты в общей сложности порядка 40 медицинских работников в Австрии, Германии, Словении и Чехии. Более того, крайне опасный груз был разослан по почте в виде обычных бандеролей, а это значит, что персонал почтовых отделений тоже рисковал своим здоровьем при обработке и доставке посылок.

WDDTY
WHAT DOCTORS DON'T TELL YOU

Vaccines infected with deadly avian flu virus

WDDTY, 12 March 2009

https://web.archive.org/web/20090316004403/http://www.wddty.com/03363800370588615118/vaccines-infected-with-deadly-avian-flu-virus.html

A large consignment of seasonal flu vaccine, which was due to be circulated to 18 European countries, has been infected with deadly live avian flu virus. Had the contamination not been detected, the vaccines may have started an avian flu pandemic, killing hundreds of thousands of people.

The World Health Organization is carrying out investigations at the Austrian research facility of Baxter International, the pharmaceutical company, where the contamination happened. Baxter has confirmed that the consignment contained live H5N1 virus, which causes avian flu.

A researcher in the Czech Republic discovered the lethal contamination when laboratory ferrets that he had injected with the H3N2 flu vaccine suddenly died. The H5N1 virus becomes lethal as an injection only when it is mixed with H3N2, a process known as reassortment.

The WHO investigation team says it doesn't have evidence to suggest that Baxter had deliberately reassorted the two viruses, but "what remains unanswered are the circumstances surrounding the incident in the Baxter facility," a WHO official said.

Despite dire warnings from health officials, no avian flu pandemic has occurred as human-to-human infection hasn't happened. So far, several hundred people have died after catching the virus from poultry, although governments have warned that millions would die if people could infect each other.

Baxter is currently working on a new type of avian flu vaccine, called Celvapan, which is based on cell culture technology.

The technology, which is being developed at Baxter's research facility in the Czech Republic, by-passes the conventional process where a virus is incubated in chicken eggs. Instead, Baxter is working with the 'native' virus that does not need to be modified.

Last year the vaccine passed the first two phases of safety trials, and Baxter announced that "Celvapan combines innovative science and breakthrough production technology with the aim of protecting people against an H5N1 pandemic flu infection."

(Sources: Toronto Sun, February 27, 2009; New England Journal of Medicine, 2008; 358: 2573-84).

Helen Branswell

Se investigan las causas de la contaminación de vacunas de la gripe humana con el virus de la gripe aviar en Europa

Rebelion, 3 March 2009; Fuentes: The Star
Traducido por Manuel Talens
https://rebelion.org/se-investigan-las-causas-de-la-contaminacion-de-vacunas-de-la-gripe-humana-con-el-virus-de-la-gripe-aviar-en-europa/

Está en marcha una investigación para tratar de descubrir por qué el fabricante de vacunas Baxter International Inc. puso a punto «material vírico experimental» a partir de una cepa del virus de la gripe humana contaminada con el virus de la gripe aviar H5N1 y luego lo distribuyó a una compañía austríaca.

Dicha compañía, Avir Green Hills Biotechnology, diseminó luego el supuesto producto vírico H3N2 a subcontratistas en la República Checa, Eslovenia y Alemania. Funcionarios de esos cuatro países europeos están ahora investigando el incidente, mientras que la Organización Mundial de la Salud (OMS) y el Centro Europeo para la Prevención y el Control de las Enfermedades (CEPCE) supervisan de cerca dicha investigación.

Incluso si no parece que ninguna de las 36 o 37 personas expuestas al producto contaminado fuese infectada, el incidente ha sido descrito como un «grave error» por parte de Baxter, que está a punto de obtener la licencia para desarrollar una vacuna contra el H5N1. Dicha vacuna se fabrica en dependencias diferentes en la República Checa.

«En este caso particular… el caballo no se escapó del establo», dijo en Estocolmo el doctor Angus Nicoll, del CEPCE.

«Pero eso no significa que la OMS, la Comisión Europea y otros organismos no se lo tomen en serio como cualquiera lo haría en el caso de accidentes de laboratorio con patógenos peligrosos».

La distribución accidental de una combinación de los virus H5N1 y H3N2 vivos -si de verdad tuvo lugar- podría haber tenido consecuencias funestas. Nicoll dijo que los investigadores todavía no están seguros al 100 % de que la combinación contuviese virus H5N1 vivos. Pero dado que los hurones expuestos experimentalmente a la combinación murieron, probablemente fuese así.

El virus H5N1 no infecta a los seres humanos con facilidad, pero los virus H3N2 sí lo hacen. Son uno de los dos tipos de virus de la gripe A que cada año suelen infectar a los seres humanos.

Si una persona expuesta a la combinación hubiese sido infectada simultáneamente con el H5N1 y el H3N2, podría haber servido como incubadora de un virus híbrido capaz de transmitirse fácilmente entre los seres humanos. Este proceso combinatorio, denominado reagrupamiento [1], es una de las dos maneras con las que se crean los virus pandémicos.

Las investigaciones publicadas el verano pasado por científicos en centros usamericanos para el control de enfermedades encontraron que, en el laboratorio, los virus H5N1 y H3N2 se apareaban con facilidad. Aunque menos virulentos que el H5N1, varios de los virus resultantes parecían retener al menos una parte del poder letal de su peligroso progenitor.

La compañía Baxter International, cuya sede se encuentra en Deerfield (Illinois), ha admitido que la contaminación se debió a un error acaecido en sus dependencias de investigación en Orth-Donau (Austria).

Dichas dependencias habían sido contratadas por Avir Green Hills para fabricar lo que Baxter denomina «material vírico experimental», basado en virus H3N2 humanos.

Christopher Bona, director de comunicaciones biocientíficas globales en la compañía Baxter, declaró que el producto líquido vírico no era una vacuna y fue desarrollado únicamente para hacer pruebas. Desvió hacia Avir Green Hills cualquier pregunta sobre el objetivo de las pruebas, pero afirmó que el lote vírico se utilizó en animales de laboratorio y no estaba previsto para su uso en seres humanos.

Avir Green Hills comunicó por correo electrónico que recibió el material a finales de diciembre. Luego lo envió a los subcontratistas. El mensaje electrónico afirmaba que en todo momento el material fue almacenado y manipulado bajo excelentes condiciones de bioseguridad.

Las alarmas empezaron a sonar a principios de febrero cuando investigadores del subcontratista checo inocularon hurones con el material y los animales no tardaron en morir. Baxter supo del problema el 6 de febrero, dijo Bona desde Deerfield.

Los hurones son susceptibles a las cepas de la gripe humana, pero no mueren de tales infecciones. Una investigación preliminar encontró que el material estaba contaminado con el virus de la gripe H5N1, que es mortal para los hurones.

Nicoll dijo que la muerte de los hurones respalda la hipótesis de que el material producido por Baxter contenía virus H5N1 vivos.

Bona dijo que Baxter ha dilucidado la manera en que la contaminación tuvo lugar y ha tomado las medidas necesarias para asegurarse de que no vuelve a suceder. Añadió que las autoridades austriacas auditaron la labor investigativa de Baxter en Orth-Donau cuando surgió el problema y están satisfechas de las medidas que se han tomado.

Baxter es el único fabricante de vacunas de la gripe que trabaja con cepas naturales de dicho virus [2], considerado como más peligroso que los virus alterados y atenuados que utilizan otros fabricantes.

La compañía utiliza las denominadas «precauciones de grado BSL3» en todas sus dependencias de investigación sobre vacunas, afirmó Bona. Investigadores del Centro Usamericano para el Control de las Enfermedades (U.S. CDC) utilizan el grado BSL3 con biocontención cuando trabajan con virus H5N1, afirmó un portavoz de la agencia.

Expertos en reglamentos de bioseguridad están consternados ante los indicios de que en las dependencias de investigación de Baxter hayan podido mezclarse virus H3N2 humanos y H5N1 aviares, algo que bajo ningún concepto debería suceder, han afirmado algunos.

Por su parte, la compañía no está colaborando en el esclarecimiento de este caso.

«Lo sucedido en este procedimiento fue una combinación del proceso en sí mismo (y) de un error técnico y humano», afirmó Bona. Cuando le pidieron que diese más detalles respondió que, si lo hiciera, revelaría información confidencial sobre el proceso de producción de Baxter.

Añadió que cuando Baxter se dio cuenta de su error, colaboró con varias compañías en la destrucción del material contaminado y en la limpieza de sus dependencias. Y el personal expuesto al producto contaminado fue evaluado y supervisado por especialistas en enfermedades infecciosas. Asimismo, se les prescribió el fármaco antivírico oseltamivir (Tamiflu).

El error de Baxter recuerda un incidente de 2005 en el que un fabricante usamericano de equipos utilizados por los laboratorios para verificar sus capacidades de detección incluyó viales del virus H2N2 en varios miles de tales estuches de experto. El virus H2N2, que causó la pandemia de 1957, no ha circulado desde 1968 y se lo considera como un candidato de primer orden para la próxima pandemia.

Este error, descubierto en el Laboratorio Nacional de Microbiología de Canadá, puso en estado de alerta a las autoridades de todo el mundo para recuperar y destruir los viales del virus, que habían sido enviados a laboratorios de 18 países.

[1] Nota del traductor: en inglés, *reassortment*, reordenación de los genes de dos cepas víricas distintas para producir una nueva cepa vírica (véase Fernando Navarro, *Diccionario crítico de dudas inglés-español de medicina*, McGraw-Hill-International-Interamericana, Madrid 2005).

[2] Nota del traductor: en inglés, *wild-type virus*, cepa natural. *Cf*. cita anterior.
Fuente: *The Star* – Officials investigate how bird flu contaminated vaccines in Europe

Frequency Foundation

Jeff Sutherland

Vaccine contamined with Avian Flu virus

Frequency Foundation, 17 March 2009.
https://www.frequencyfoundation.com/2009/03/17/vaccine-contamined-with-avian-flu-virus/

Deerfield, IL-based Baxter International has confirmed that vaccine shipments sent to subcontractors in Czech Republic, Slovenia and Germany were contaminated with live H5N1 avian flu viruses. The contaminated product, which Baxter calls "experimental virus material," was a mix of H3N2 seasonal flu viruses and H5N1 viruses produced at the company's research facility in Orth-Donau. The problem was discovered when ferrets inoculated with the experimental mix died. Baxter was notified on February 6, but has kept quiet about the details surrounding the mix-up, the Canadian Press reports.

"At this juncture we are confident in saying that public health and occupational risk is minimal at present," medical officer Roberta Andraghetti said. "But what remains unanswered are the circumstances surrounding the incident in the Baxter facility in Orth-Donau."

According to the Sun, Christopher Bona, said in an email that the release of the product was a result of a combination of "just the process itself, (and) technical and human error in this procedure" and the company has taken steps to make sure it doesn't happen again. The Canadian Press reports that Bona has said that the contaminated product was not a vaccine and was developed for testing in animals only. Austrian authorities have audited operations at the facility and are satisfied with the corrective actions taken. Baxter has also worked with the subcontractors to help them destroy the contaminated products and clean up their facilities. Staff exposed to the products were offered Tamiflu and assessed by infectious disease doctors, the company tells the Canadian Press.

While H5N1 doesn't easily infect humans, the H3N2 vaccine can. As the Sun points out, someone infected with both strains could serve as an incubator for reassortment, producing a hybrid virus able to transmit easily among people. But according to Andraghetti, there is no evidence reassortment occurred. "And we have no evidence of any increased transmissibility of the viruses that were involved in the experiment with the ferrets in the Czech Republic," she added.

REUTERS

Laura MacInnis, Debra Sherman

European lab accidents raise biosecurity concerns

Reuters, 20 March 2009
https://www.reuters.com/article/idUSLJ556939

Geneva/Chicago, March 19 (Reuters) - Lab accidents involving bird flu and Ebola viruses have increased biosecurity fears in Europe, where public health experts say research on dangerous pathogens needs to be more strictly monitored.

A scientist in Germany last week pricked herself with a needle that was believed to be contaminated with a strain of the Ebola haemorrhagic virus with a mortality rate of around 90 percent. She is still under observation in hospital.

That accident added to public health concerns following the recent disclosure that deadly H5N1 bird flu virus samples were mixed with seasonal flu samples at a Baxter International

BAX.N
Contracted laboratory in Austria.

Health authorities and industry groups reviewing European lab safety standards concluded in a new report that scientists and managers needed to be better trained in ways to prevent, handle and report such incidents.

While stressing that research on viruses and pathogens is important for vaccine, drug and diagnostic development, the group Biosafety Europe said "it also represents a risk to the population in case those organisms may spread in the environment due to a laboratory accident, poor laboratory practices or intentional removal and subsequent release (terrorist attack)."

"Adequate technical and physical containment measures and best biosafety and biosecurity practices must be implemented in those facilities to prevent accidental or intentional release of dangerous pathogens," it said in the recommendations, published on www.biosafety-europe.eu/FinalConsiderations_PDFs.html

Security experts say viruses and other biological agents could be used as weapons, as occurred in 2001 in the United States when envelopes containing anthrax were sent to media outlets and U.S. lawmakers, kiling five people.

HUMAN ERROR

Baxter spokesman Chris Bona said the Illinois-based company learned in February about the H5N1 contamination, which was due to "a combination of process, technical and human error."

The flu virus samples were meant only for testing and not vaccine or product development, according to the spokesman, who said Baxter has "put corrective measures in place" after the accident but declined to give details "for proprietary reasons."

All 37 people exposed to the mixture at subcontractor sites in Germany, the Czech Republic and Slovenia, and at AVIR Greenhills Biotechnology, an Austrian company that bought the samples, tested negative for H5N1 bird flu, Bona said.

The World Health Organisation (WHO) fears that virus, which has killed 256 people since 2003, could trigger a deadly flu pandemic if it mutates and starts to spread more easily.

Biosafety Europe's project coordinator Kathrin Summermatter said that better training and more collaboration on safety standards could help reduce pathogen risks in European labs.

"We found that even though there are European guidelines concerning biosafety, the awareness, the implementation and the control was not the same in the different European countries," she told Reuters by email.

The group's report, compiled before the recent bird flu and Ebola accidents, said that Northern European countries disclosed more laboratory-acquired infections than other parts of Europe, "which in part may reflect reporting differences."

Summermatter said greater transparency about incidents that do occur was essential to help identify and reduce risks: "It is important to learn from the experience of other laboratories."

1437/J (XXIV. GP)
Verschweigen eines schweren Laborzwischenfalls durch mit H5N1 verseuchten Grippeimpfstoff

Dr. Dagmar Belakowitsch-Jenewein

Verschweigen eines schweren Laborzwischenfalls durch mit H5N1 verseuchten Grippeimpfstoff

Schriftliche Anfrage der Abgeordneten Dr. Dagmar Belakowitsch-Jenewein, Kolleginnen und Kollegen an den Bundesminister für Gesundheit betreffend Verschweigen eines schweren Laborzwischenfalls durch mit H5N1 verseuchten Grippeimpfstoff

ANFRAGE - 1437/J (XXIV. GP) – 20 March 2009

https://web.archive.org/web/20090715074246/http://www.parlament.gv.at/PG/DE/XXIV/J/J_01437/pmh.shtml
https://web.archive.org/web/20091211110049/http://www.parlament.gv.at/PG/DE/XXIV/J/J_01437/fname_153739.pdf

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ANFRAGE

der Abgeordneten Dr. Belakowitsch-Jenewein
und weiterer Abgeordneter
an den Bundesminister für Gesundheit
betreffend Verschweigen eines schweren Laborzwischenfalls durch mit H5N1 verseuchten Grippeimpfstoff

Laut einem Bericht des Wissenschaftsforum Aviäre Influenza kam es *Meldungen tschechischer Medien zufolge in einem Labor der 70 km östlich der Hauptstadt Prag gelegenen Biotest Ltd. in Konarovice zu einem schwerwiegendem Zwischenfall durch mit hoch pathogenen H5N1 Viren kontaminiertem Impfstoff.*

Nach dem Wissenschaftsforum Aviäre Influenza (WAI) vorliegenden Informationen ereignete sich der Vorfall bereits am 6. Februar diesen Jahres. Der experimentelle Impfstoff war am 30.01.2009 von der Avir Green Hills Biotechnology GmbH im Auftrag des Wiener Pharma Herstellers Baxter an das Labor der Biotest Ltd. in Tschechien geliefert worden, wo dieser im Tierversuch an Frettchen getestet werden sollte.

Als im Rahmen der Tierversuche die Frettchen begannen Krankheitssymptome zu zeigen und einige der Tiere starben, wurde der aus Österreich gelieferte Impfstoff untersucht und eine Kontamination mit dem auch für Menschen gefährlichen Vogelgrippe-Erreger H5N1 festgestellt. 13 Labormitarbeitern der Biotest Ltd., welche über einen Zeitraum von annähernd einer Woche im Rahmen ihrer Arbeit Kontakt zu dem hoch pathogenen Erreger hatten, wurden präventiv antivirale Medikamente verabreicht. Zu einer Infektion des Laborpersonals kam es offenbar glücklicherweise nicht.

Bislang ungeklärt sind auch die Zusammenhänge des Laborzwischenfalls in Tschechien zu einer Meldung des Presse- und Informationsdienstes der Stadt Wien vom 11.2.2009 in welchem es heißt, dass im Wiener Otto-Wagner-Spital, Zitat: „18 MitarbeiterInnen eines externen Unternehmens ambulant behandelt [wurden], da vorerst nicht ausgeschlossen werden konnte, dass sie im Rahmen ihrer Arbeit mit einem Vogelgrippe-Erreger in Kontakt gekommen seien.

Nach Auffassung des WAI ergibt sich indes möglicherweise ein Kausalzusammenhang mit einer zeitgleich in Wien stattfindenden Phase I Studie eines H5N1-Lebendimpfstoffs des österreichischem

Pharmaherstellers Baxter, im Rahmen derer ein als „Nasenspray" konzipierter Vogelgrippeimpfstoff an Menschen getestet wird. Ob sich die Kontamination der Impfstoffe tatsächlich auf die an Menschen durchgeführte Phase I Studie in Wien ausgewirkte ist ungeklärt, würde aber plausibel zu erklären vermögen, warum am 11.02. – fünf Tage nach einem Laborzwischenfall durch kontaminierten Impfstoff in Tschechien – im österreichischem Wien 18 Menschen im Otto-Wagner-Spital präventiv gegen H5N1 behandelt werden müssen.

Obwohl der Laborzwischenfall mittlerweile als „Biological Hazard" vom EDIS („Emergency and Desaster Service") unter der Kennung BH-20090217-20552-CZE gelistet ist, sah sich Baxter bislang zu keiner öffentlichen Stellungnahme genötigt.

Das Wissenschaftsforum Aviäre Influenza fordert daher mit Nachdruck eine vollständige und detaillierte Offenlegung der Umstände, welche zur Kontamination eines Impfstoffs mit hoch pathogenen Erregern geführt haben.

Bereits im Jahre 2004 kam es zu einer Kontamination von Impfstoffen. Der Pharmahersteller Chiron (heute Teil der Schweizer Novartis AG) hatte damals 46 Millionen Dosen des Grippeimpfstoffs „Fluvirin" auf Grund bakterieller Verseuchung vernichten müssen.

Die unterfertigen Abgeordneten stellen daher an den Bundesminister für Gesundheit folgende

ANFRAGE

1. Seit wann sind Ihnen die oben angeführten Fakten bekannt?
2. Von wem wurden Ihnen die Informationen zu diesem Vorfall übermittelt?
3. Wurde dieser Vorfall im Ministerrat besprochen und wenn ja, wann, in welchem Umfang und mit welchem Ergebnis?
4. Welche Stelle in Österreich war die erste, die von diesem Vorfall erfahren hat und wie lange hat es gedauert, bis das Bundesministerium für Gesundheit davon erfahren hat?
5. Welche Maßnahmen wurden von Ihnen bislang eingeleitet?
6. Wer hat welche Maßnahmen beschlossen und welche Maßnahmen davon bislang bereits durchgeführt (Auflistung von Art und Zeitpunkt der ergriffenen Maßnahme)?
7. Aus welchen Gründen ist es bislang zu keiner Information der Öffentlichkeit gekommen?
8. Können Sie eine Bedrohung für die österreichische Bevölkerung ausschließen?
9. Wer sind die 18 Menschen, die im Otto-Wagner-Spital präventiv gegen H5N1 behandelt werden mussten und weshalb besteht bei diese 18 Personen der Verdacht, dass sie mit dem Vogelgrippe Erreger in Kontakt gekommen sind?
10. Von welchem „externen Unternehmen" sind diese 18 Patienten Mitarbeiter?
11. Wann wurde die Behandlung der 18 Personen begonnen und kann man mittlerweile mit einer 100%igen Sicherheit ausschließen, dass sich diese 18 Personen infiziert haben?
12. Wie viele in Tschechien tätige Personen sind mit dem Verdacht auf eine Infektion behandelt worden, wo sind diese Personen behandelt worden und in wie vielen Fällen hat sich der Verdacht bestätigt?
13. Was ist mit dem mit dem auch für Menschen gefährlichen Vogelgrippe-Erreger H5N1 kontaminierten Impfstoff passiert?
14. Welche Menge am Impfstoff war kontaminiert?
15. Kann ausgeschlossen werden, dass kontaminierter Impfstoff noch im Umlauf ist?
16. Hat es bislang bereits eine Stellungnahme von Baxter zu diesem Vorfall gegeben und wenn ja, mit welchem konkreten Inhalt?
17. Wenn nein, wann haben Sie Baxter um eine Stellungnahme ersucht und weshalb wurde diese bislang noch nicht abgegeben?
18. Wie sollen derartige Vorfälle künftig verhindert werden?

1437/J (XXIV. GP)
Verschweigen eines schweren Laborzwischenfalls durch mit H5N1 verseuchten Grippeimpfstoff

Dr. Dagmar Belakowitsch-Jenewein

**Written Questions to the Federal Government,
that is to say, to the members composing the XXIV.**

ANFRAGE - 1437/J (XXIV. GP) – 20 March 2009
https://web.archive.org/web/20090621120844/https://birdflu666.wordpress.com/2009/04/13/case-about-bird-flu/
https://web.archive.org/web/20090622124129/http://www.parlament.gv.at/PG/DE/XXIV/J/J_01437/pmh.shtml

QUESTIONS (submitted on 20.03.2009)

Silence over a serious laboratory incident involving flu vaccination material contaminated with H5N1 [Administrative details and a summary of the incident involving Baxter and Avir and the contaminated bird flu material follows in the German version]

The undersigned Members of Parliament therefore put to the Federal Minister for Health the following

1. At what time did you get to know about the above-stated facts?
2. Who informed you about this incident?
3. Has this incident been discussed by the Cabinet and if so, when, to what degree and with what result?
4. Which authority in Austria was the first to find out about this incident and how long did it take until the Federal Minister for Health found out about it?
5. What steps have been taken by you?
6. Who decided on which steps and which steps have been carried out so far (List of the measures taken and the date and time they were taken)?
7. What is the reason why no information has reached the general public so far?
8. Can you exclude a threat to the Austrian population?
9. Who are the 18 people, who were treated preventatively in the Otto-Wagner-Spital hospital against H5N1 and why was there reason that these 18 people had come into contact with the bird flu virus?
10. From which „external company“ are these 18 patient staff? [Note: Avir confirmed that the 18 staff treated in the Otto Wagner hospital for bird flu belonged to them in a press release issued after these questions were tabled]
11. When was the treatment of the 18 people started and can it in the meantime be excluded with a 100 per cent certainty that these 18 people have not been infected?
12. How many people in the Czech Republic have been treated for a possible infection, where were these people treated and in how many cases where they diagnosed to have the infection?
13. What has happened to the vaccine material contaminated bird flu H5N1 virus which is dangerous to people?
14. What quantity of the vaccine material was contaminated?
15. Can it be excluded that this contaminated vaccine material is still in circulation?
16. Has Baxter issued a statement to this incident, and if so, what is the content in detail?
17. If not, when did you request a statement from Baxter and why was has this statement not been issued until now?
18. How are incidents like this to be avoided in the future?

1437/J (XXIV. GP)
Verschweigen eines schweren Laborzwischenfalls durch mit H5N1 verseuchten Grippeimpfstoff

Alois Stöger diplômé, Bundesminister

BM für Gesundheit
Anfragebeantwortung

GZ: BMG-11001/0067-I/5/2009; Wien, am 20. Mai 2009

https://web.archive.org/web/20090715074246/http://www.parlament.gv.at/PG/DE/XXIV/J/J_01437/pmh.shtml
https://web.archive.org/web/20090728051506/http://www.parlament.gv.at/PG/DE/XXIV/AB/AB_01457/fname_158854.pdf

Eingelangt am 20.05.2009
Dieser Text wurde elektronisch übermittelt. Abweichungen vom Original sind möglich.

Frau, Präsidentin des Nationalrates
Maga. Barbara Prammer
Parlament, 1017 Wien

Sehr geehrte Frau Präsidentin!

Ich beantworte die an mich gerichtete schriftliche parlamentarische Anfrage Nr. 1437/J der Abgeordneten Dr. Belakowitsch-Jenewein und weiterer Abgeordneter nach den mir vorliegenden Informationen wie folgt:

Vorweg halte ich fest, dass aus datenschutzrechtlichen Gründen Firmennamen nicht zu nennen sind.

Frage 1:

Die von Ihnen vorgelegte Beschreibung eines Vorfalls bei dem angeblich ein „Grippeimpfstoff" mit Vogelgrippe-Virus (Influenza A/H5N1) kontaminiert wurde, trifft nur teilweise zu.

Nachvollziehbar ist Folgendes:

Bei einem Unternehmen mit Standort in Niederösterreich wurde ausschließlich für Forschungszwecke (und nicht zur Anwendung am Menschen!) bestimmtes Forschungsmaterial hergestellt. Auf Grund von Fehlern bei der Produktion wurde das Forschungsmaterial mit Vogelgrippe-Virus (Influenza A/H5N1) kontaminiert. Das Forschungsmaterial wurde im Rahmen eines Entwicklungsprojektes eines neuen Impfstoffes gewonnen. Dieses Material wurde dann im Rahmen des Forschungsprojektes zu einer Firma in der Tschechischen Republik transferiert. Dort wurde auf Grund eines Ergebnisses bei einem Tierversuch die Kontamination des übermittelten Forschungsmaterials mit Vogelgrippe-Virus (Influenza A/H5N1) bemerkt.

Dieser Vorfall wurde, von der in der Tschechischen Republik tätigen Firma, kommuniziert und in Folge österreichischen Gesundheitsbehörden gemeldet. Am 9. Februar 2009, 17.00 Uhr wurde das Bundesministerium für Gesundheit (BMG) von einer Kontamination eines für Forschungszwecke hergestellten Materials mit Vogelgrippe-Virus (Influenza A/H5N1) informiert.

Seitens der jeweils national zuständigen Gesundheitsbehörde wurden die notwendigen Erhebungen und Untersuchungen durchgeführt und Veranlassungen getroffen, um proaktiv eine allfällige Gefährdung von Mensch und Tier zu verhüten.

Zu den proaktiv getroffenen präventiven Maßnahmen gehörte die prophylaktische Einnahme eines Neuraminidasehemmers durch möglicherweise kontaminierte Personen, sowie deren medizinische Untersuchung in einem Wiener Spital. Es konnte sehr rasch festgestellt werden, dass es zu keiner Erkrankung gekommen ist.

Frage 2:
- Von der Landessanitätsdirektion Wien,
- Von den, aus datenschutzrechtlichen Gründen nicht zu nennenden, Firmen

Frage 3:
Der Vorfall wurde nicht im Ministerrat besprochen, da für die Öffentlichkeit keine Gefährdung gegeben war.

Frage 4:
Die Landessanitätsdirektion/Magistratsabteilung 15 - Gesundheitsdienst der Stadt Wien (nachfolgend immer LSD/MA 15 genannt) und das Bundesministerium für Gesundheit (nachfolgend immer mit BMG genannt) wurden jeweils am 9. Februar 2009 verständigt.

Frage 5:
Die LSD/MA 15 war, gemäß der bestehenden Gesetze, für die Betreuung der möglicherweise kontaminierten Personen zuständig und hat die notwendigen Schritte veranlasst. Die Maßnahmen wurden prophylaktisch durchgeführt. Die LSD/MA 15 hat ein Audit bei der involvierten Firma vorgenommen.
Das Bundesamt für Sicherheit im Gesundheitswesen, welches zum Wirkungsbereich des BMG gehört, hat die Inspektion der involvierten beiden österreichischen Firmen durchgeführt. Auf Grund der Inspektionsergebnisse wurden die erforderlichen Maßnahmen gesetzt, um einen neuerlichen Vorfall dieser Art zu vermeiden.
Nach Bekanntwerden des Vorfalls wurden unverzüglich alle Ein- und Ausfuhren von Influenzaerregern durch Weisung an die Grenzen und durch Information der beteiligten Firma unterbunden, da zu diesem Zeitpunkt eine aufrechte Bewilligung für innergemeinschaftliches Verbringen von erregerhältigem Material (für Influenzaviren H5N1) vorlag.
Die Labors der Firma wurden durch die Veterinärbehörde besichtigt. An dieser Besichtigung nahm auch ein Vertreter aus dem Humanmedizinbereich meines Ressorts teil.
Auf Grund der Ergebnisse der Laborinspektionen wurde die o. a. Weisung wieder aufgehoben.

Frage 6:
Wie in der Beantwortung der Frage 5 bereits ausgeführt - die Landessanitätsdirektion/ Magistratsabteilung 15 - Gesundheitsdienst der Stadt Wien und das Bundesministerium für Gesundheit.

Datum	**Aktion**
9. Februar 2009	Information des BMG und der LSD/MA 15 -
Laufend ab Meldung	Erhebungen zum Sachverhalt, Risikobeurteilung und Krisenmanagement durch die LSD/MA 15 und durch das BMG
9. Februar 2009	Untersuchung von potentiell betroffenen Firmenmitarbeitern in einem Wiener Spital; Überwachung der Personen, die potentiell mit dem kontaminierten Forschungsprodukt Kontakt hatten durch die LSD/MA 15
13. Februar 2009	Information des BMG durch LSD/MA 15 über das Ergebnis eines Audits bei der involvierten Firma
16. Februar 2009	Inspektion des niederösterreichischen Standortes der Firma im Auftrag des BMG
23. Februar 2009	Inspektion der Wiener Firma im Auftrag des BMG; Im Zusammenhang mit einer veterinärbehördlichen Bewilligung wurden die Labors der Firma durch die Veterinärbehörde besichtigt. An dieser Besichtigung nahm auch ein Vertreter aus dem Humanmedizinbereich des teil.
24. Februar 2009	Eine Besprechung des Falles erfolgte auch im Rahmen der Bundeskommission für Zoonosen.

Frage 7:
Es bestand und besteht kein Anlass, die Öffentlichkeit über die Kontamination eines für Forschungszwecke hergestellten Materials mit Vogelgrippe-Virus (Influenza A/H5N1) zu informieren. Für die Öffentlichkeit war keine Gefährdung gegeben.

Frage 8:
Ja

Frage 9:
Es darf als bekannt vorausgesetzt werden, dass personenbezogene Daten im Gesundheitsbereich nicht weiterzugeben sind. Alle 18 Personen sind Mitarbeiter der involvierten Unternehmen. Bei der Handhabung mit dem Forschungsmaterial wurden übliche Vorsichtsmaßnahmen und Schutzmaßnahmen beim Umgang mit biologischen Material ergriffen (z.B. Arbeiten im geschlossenen System oder mikrobiologische Sicherheitswerkbank, spezielle Räume über Schleuse zu betreten, …). Daher war eine Infektion mit dem involvierten Vogelgrippe-Virus (Influenza A/H5N1) nicht sehr wahrscheinlich.

Frage 10:
Auf die Vorschriften des Datenschutzes wird verwiesen.

Frage 11:
Die prophylaktische Behandlung der potentiell durch die Kontamination betroffenen Personen erfolgte bereits ab 7. Februar 2009. Am 9. Februar 2009 erfolgten medizinische Untersuchungen von, potentiell durch die Kontamination betroffene, Personen in einem Wiener Spital. Es konnten keine Hinweise für Erkrankungen mit dem Vogelgrippe-Virus (Influenza A/H5N1) festgestellt werden. Erkrankungen jener, von der potentiellen Kontamination mit dem involvierten Vogelgrippe - Virus (Influenza A/H5N1) betroffenen Personen können definitiv ausgeschlossen werden.

Frage 12:
Es gibt keine Zuständigkeit des BMG in der Tschechischen Republik. Nach Auskunft der tschechischen Behörden sind jedoch keine Erkrankungen durch das involvierte Vogelgrippe-Virus (Influenza A/H5N1) erfolgt.

Frage 13:
Es lag kein „Impfstoff“ vor, sondern ausschließlich für Forschungszwecke (und nicht zur Anwendung am Menschen!) bestimmtes Material. Das Material wurde kontrolliert vernichtet.

Fragen 14 und 15:
Das für Forschungszwecke bestimmtes Material - 72 kg waren als kontaminiert anzusehen - wurde in die Firma zurück geholt und kontrolliert vernichtet.

Fragen 16 und 17:
Die Firma hat eine Stellungnahme zum Vorfall abgegeben, aus der sowohl Fehlerursache als auch Fehlerbehebung hervorgehen. Maßnahmen zur Vermeidung derartiger Vorfälle wurden von der Firma in Absprache mit den zuständigen Gesundheitsbehörden getroffen.

Frage 18:
In Absprache mit den zuständigen Behörden wurden von der beteiligten Firma organisatorische und technische Maßnahmen gesetzt. Auch durch die Forcierung von Informationen und Schulungen speziell im veterinärmedizinischen Bereich werden weitere Bestrebungen erfolgen, derartige Vorfälle zu minimieren bzw. diese so weit wie möglich zu verhindern.

Der § 12a Tierseuchengesetz enthält Bestimmungen hinsichtlich des Umgangs mit Erregern und sieht eine Bewilligung für das Arbeiten mit infektiösen Tierseuchenerregern vor.
Angepasste Leitlinien für die Erteilung von solchen veterinärbehördlichen Bewilligungen für das Arbeiten mit Erregern von Tierseuchen sind weitgehend ausgearbeitet.

Diese Leitlinien beinhalten z.B.:

• die unverzügliche, auch schriftliche Informationspflicht für das Labor bei Zwischenfällen;

• die Verpflichtung zur Erstellung eines Krisenplans, welcher dem Ansuchen auf Bewilligung anzuschließen ist;

• die Verpflichtung, der Behörde jährlich einen Bericht über erfolgte Verbringungen von Erregern vorzulegen;

• die Verpflichtung, dass allfällige Verbringungen nur unter Einhaltung der Transportvorschriften und jedenfalls nur an ebenfalls bewilligte Einrichtungen erfolgen dürfen;

• die generelle Befristung der Bewilligung für das Arbeiten mit Tierseuchenerregern; das Verbot, dass Bewilligungen auf Nachfolgefirmen übertragen werden;

• die Verpflichtung, die Weitergabe von erregerhältigem Material ins Ausland erst nach Vorliegen einer schriftlichen Bestätigung der zuständigen Behörde des Empfangsstaates, dass erregerhältiges Material eingebracht werden darf, durchzuführen;

Weiters wurde mit dem Humanmedizinbereich vereinbart, veterinäre Bewilligungen für Arbeiten mit Zoonoseerregern (Erreger, welche zwischen Tier und Menschen übertragen werden können) erst dann zu erteilen, wenn die Laboranlagen gemeinsam besichtigt wurden und die Sicherheit für ein gefahrenfreies Arbeiten festgestellt wurde. Die gemeinsamen Besichtigungen vor Ort erfolgten bereits in diesem Sinn.

Mit freundlichen Grüßen
Alois Stöger diplômé
Bundesminister

FINANCIAL TIMES

Andrew Jack

WHO mulls stricter transport of bio products

Financial Times, 16 March 2009, 22:10;
https://web.archive.org/web/20110517124809/http://www.ft.com/cms/s/0/d7a3e3d6-1237-11de-b816-0000779fd2ac.html?nclick_check=1

Public health officials are studying the need for tighter controls on the transport of biological products after Baxter, the US pharmaceutical company, inadvertently supplied samples of the H5N1 bird flu virus to a series of European laboratories.

Specialists from the World Health Organisation and the European Centre for Disease Prevention and Control are monitoring the case at a time of growing concern that existing international rules to minimise the risks of the spread of pathogens are too weak.

Their scrutiny follows an incident that recently came to light when samples of H5N1 from Baxter's Austrian labs contaminated batches of the less harmful H3N2 seasonal flu virus that it was supplying under a commercial contract to a customer, Avir Greenhills Biotechnology.

A combination of H3N2, which is highly transmissable between humans, and H5N1, which has killed hundreds of millions of chickens and other animals in recent years, could potentially lead to a mutated virus that forms the basis of a new human pandemic threatening millions of lives, according to scientists.

Baxter stressed that the H3N2 strain had been made "replication defective", and was handled in tightly controlled laboratories purely for experiments, so there was little chance it could have led to an outbreak threatening humans. It also stressed that all staff potentially exposed were tested and given antiviral treatment to prevent any infection.

Baxter was forced to suspend production last year of Heparin, a blood thinner, after contamination during manufacturing of the primary ingredient in China triggered health alerts in the US, where regulators say it may have contributed to patient deaths. Baxter has refuted the FDA's claim.

Baxter said the H5N1 samples were provided for its own research into a pandemic vaccine it is developing, and were from a variant of the virus identified in Vietnam and provided to the company by the US Centers for Disease Control in Atlanta.

"The material was handled appropriately in all steps of the process in the right conditions," said Chris Bona, a Baxter spokesman. "The experimental material was produced exclusively for laboratory testing, was not used for product production and was not for use in humans."

It somehow mixed with H3N2 before distribution last December to Avir, and the more potent virus was detected by a subcontractor in the Czech republic last month after it rapidly killed ferrets exposed to the viruses. Avir had also sent samples to Slovenia and Germany.

Mr Bona stressed that Baxter had since taken "corrective preventative actions" and its procedures had been approved by the Austrian authorities.

The incident comes just after the conclusion of an EU-funded project on biosafety highlighted the need for improvement to national regulatory frameworks for biosafety and laboratory biosecurity.

The Bovine

Avian-flu-virus contamination found in flu vaccine – just another reason not to get vaccinated, or the tip of an iceberg:

Create the perfect storm of a pandemic to ram through "Food Safety" legislation giving control over all agriculture to bio-tech firms like Monsanto & their proxies.

The Bovine, 26 March 2009
https://thebovine.wordpress.com/2009/03/26/avian-flu-virus-contamination-found-in-flu-vaccine-just-another-reason-not-to-get-vaccinated-or-the-tip-of-an-iceberg-create-the-perfect-storm-of-a-pandemic-to-ram-through-food-safety-legisla/

"Were Tainted Vaccines a Conspiracy to Provoke a Pandemic?

Czech newspapers are questioning whether the shocking discovery of vaccines contaminated with the deadly avian flu virus - distributed to 18 countries by the American company Baxter – were part of a conspiracy to provoke a pandemic.

Because of laboratory protocols that are routine for vaccine makers, mixing a live virus biological weapon with vaccine material by accident is virtually impossible.

Baxter flu vaccines contaminated with H5N1 (the human form of avian flu) were received by labs in the Czech Republic, Germany and Slovenia. Initially, Baxter refused to reveal how the vaccines were contaminated with H5N1, invoking "trade secrets." After increased pressure, they then claimed that pure H5N1 batches were sent by accident.

But in the Czech Republic, reporters are investigating whether the contamination was part of a deliberate attempt to start a pandemic.

The fact that Baxter mixed the deadly H5N1 virus with a mix of H3N2 seasonal flu viruses may be the smoking gun. The H5N1 virus on its own has killed hundreds of people, but it is less airborne. However, when combined with seasonal flu viruses, which are more easily spread, the effect could be a potent, airborne, deadly biological weapon."

And here is part of Mercola's commentary:

"Last month vaccine maker Baxter International sent a mix of flu vaccine and unlabelled H5N1 virus (the human form of bird flu) to an Austrian research company. Expecting the shipment to contain only flu vaccine, the Austrian company then sent portions of the contaminated product to the Czech Republic, Slovenia and Germany.

It was only when researchers at a Czech Republic laboratory injected ferrets with the vaccine, and they unexpectedly died, that the contamination mistake was discovered.

But is "mistake" really an accurate term to describe this?

If this batch of live bird flu and seasonal flu viruses had reached the public, it could have resulted in dire consequences. Even though H5N1 doesn't easily infect people, the flu virus does. So if people were exposed to both of these viruses, they would have become hosts for the combined viruses, and would have become highly contagious and able to transmit the deadly bird flu virus to others.

There is actually a name for this mixing of viruses; it's called "reassortment," and even The Canadian Press has pointed out that it is one of two ways pandemic viruses are created.

A spokesman for Baxter said the virus material was supposed to contain a seasonal flu virus and was contaminated after "human error."

Yet, other sources say Baxter International adheres to something called BSL3 (Biosafety Level 3). This strict set of laboratory safety protocols is in place to prevent the cross-contamination of materials, and according to some may have made it virtually impossible for the live bird flu virus to contaminate a flu vaccine by accident.

Czech newspapers are among those questioning whether this was a deliberate act to start a pandemic, and there's even been talk of plans to use the vaccines to carry out a form of population control.

But then there's the issue of motive. Would Baxter have had any reason to carry out such a malicious and deadly scheme?

Well, if a bird flu pandemic suddenly broke out, the demand for bird flu vaccines would certainly skyrocket … and the profits from such a mass vaccination program would be astronomical.

And here's some more commentary on related matters from a variety of sources:

There are a lot of questions that come up from this since it is related to the "food safety" bills and their need to make a case for NAIS, that it is urgent to track "animal diseases" – avian flu being one people are scared of.

But the background noise is that fear of avian flu (which was never as dangerous as it was made out to be) is now being used to wipe out small farmers poultry stocks across Asia and then to force the substitution of genetically engineered poultry (patented, privatized) that is said to be "avian flu-ready." Are they looking to create outbreaks in the EU and perhaps here to do the same and create an emergency to help pass the bills?

Flu News Network ~ Flu news, Information, Prepardness

European labs discover flu vaccines contaminated

Cottontop, 28 March 2009
https://cottontopssandbox.wordpress.com/2009/03/28/european-labs-discover-flu-vaccines-contaminated/

If "accidental" contamination is virtually impossible, then intentional contamination likely.

> "Globally-practiced protocols and regulatory schemes governing the handling of pathogens in the research, development, manufacture and transport of vaccines make it virtually impossible for U.S. flu vaccine producer Baxter to accidentally contaminate and export vaccines containing live H5NI (avian) viruses. The implication, then, is that the inclusion of "bird flu" was intentional and shipped all over the world to trigger a pandemic."

Baxter's facility in Austria makes annual flu vaccines but was also developing a human H5N1 vaccine for which a license was expected in the near future. Researchers claim the "serious error" could not have been accidental since it is virtually impossible for live avian flu virus to find its way into a vaccine by "accident".

As health ranger Mike Adams of NaturalNews.com points out, "The shocking answer is that this couldn't have been an accident. Why? Because Baxter International adheres to something called BSL3 (biosafety level 3)-a set of laboratory safety protocols that prevent the cross-contamination of materials. Laboratory personnel have specific training in handling pathogenic and potentially lethal agents and are supervised by competent scientists who are experienced in working with these agents. …All procedures involving the manipulation of infectious materials are conducted within biological safety cabinets or other physical containment devices, or by personnel wearing appropriate protective clothing and equipment. The laboratory has special engineering and design features."

Under the BSL3 code of conduct, it is impossible for live avian flu viruses to contaminate production vaccine materials that are shipped to vendors throughout the world.

This leaves only two possibilities:

1. Baxter isn't following BSL3 safety guidelines or is so sloppy in following them that it can make monumental mistakes that threaten the safety of the entire human race. And if that's the case, then why are we injecting our children with vaccines made from Baxter's materials?

2. A rogue employee (or an evil plot from the top management) is present at Baxter, whereby live avian flu viruses were intentionally placed into the vaccine materials in the hope that such materials might be injected into humans and set off a global bird flu pandemic.

Spreading bird flu would create an instantaneous surge of demand for bird flu vaccines. The profits that vaccine companies such as Baxter International could reap out of such a panic are astronomical.

"Baxter is acting a whole lot like a biological terrorism organization these days, sending deadly viral samples around the world. If you mail an envelope full of anthrax to your senator, you get arrested as a terrorist. So why is Baxter-which mailed samples of a far more deadly viral strain to labs around the world-getting away with saying, essentially, 'Oops?'" Adams asked.

While public health officials at the time appeared concerned, claiming to investigate the cause for the contamination of flu vaccines distributed to 18 countries, as of March 21, 2009, the World Health Organization (WHO) has not released a statement on the Baxter incident. Instead WHO is moving forward with stockpiling worldwide H5N1 containing vaccines in preparation for a global pandemic, the ingredients of which are "proprietary".

It should also be noted that the federal regulators in the U.S. and the affected countries have not commented on the incident nor is there any evidence that they plan to sanction Baxter for its serious breach in security with regard to the handling of such tightly controlled pathogenic agents.

nature medicine

Cassandra Willyard

Biosafety bungle leads to bird flu contamination

Nature Medicine, 1 April 2009, Vol. 15, N 4: 349
doi: 10.1038/nm0409-349a. PMID: 19349992.

In February, a group of experimental ferrets at a research facility in the Czech Republic fell ill. The ferrets had recently been injected with a culture containing what was believed to be a straight shot of the seasonal influenza virus, but their symptoms were severe and wholly unexpected. Researchers later determined that they were suffering from avian influenza; the seasonal flu culture had been contaminated with the deadly virus H5N1.

The flu sample, which came from an Austrian laboratory owned by Baxter International, ended up in at least three other labs in Austria, Germany and Slovenia. Although no one has fallen ill as a result of the mix-up, experts say the incident raises biosafety concerns and highlights the need for better quality control.

"I think it points to major problems," says David Topham, a microbiologist at the University of Rochester Medical Center and co-director of the New York Influenza Center of Excellence. Although contamination can happen easily, he says, there should be sufficient safety measures in place to prevent it.

Christopher Bona, a spokesperson for the Illinois-based Baxter, says it is "highly unlikely" that anyone was exposed to the avian flu virus. He adds that the contamination was due to "a combination of process, technical and human error," but that the problem has since been corrected. Bona refused to give specific details about how the accident occurred, noting that Baxter's processes are proprietary.

Although the World Health Organization and the European Centre for Disease Prevention and Control are aware of the incident, the Austrian Ministry of Health has jurisdiction over Baxter's lab in Orth-Donau. The ministry audited the lab after the accident. "Nothing alarming was found," says Sigrid Rosenberger, a spokesperson for the ministry.

Baxter's Austrian lab had sent the flu culture to the Vienna-based Avir Green Hills Biotechnology, which is developing a live attenuated influenza vaccine. Avir workers handled the contaminated material in Vienna, but they also sent the culture to three subcontractors, including the facility in the Czech Republic. Topham says employees working at these labs would have had the greatest risk of contracting avian influenza. But, he adds, the risk is minimal unless the virus is introduced directly into the respiratory tract, a situation that would be unlikely if the lab workers followed standard biosafety procedures.

According to Avir, all potentially exposed employees have been examined and treated with antiviral medicines. Furthermore, the contaminated product has been destroyed, and all of the labs have been sanitized. "At no time was there any danger to the population or the environment," says Birgit Kofler-Bettschart, a spokesperson for the company.

Still, the incident has left many concerned. It highlights "a potential hole in the regulation of the early stages of vaccine research," says Gregory Härtl, a spokesperson at the World Health Organization.

"The mere fact that this could happen," says Albert Osterhaus, head of the virology department at Erasmus University Medical Center in Rotterdam, "indicates that there is something wrong." Osterhaus would like to see Baxter help others learn from its mistake: "when you see [...] holes in the system, I think it's important to share that with the people that are working in this particular area." It's like the aftermath of a plane crash, he says. "It's always very important to see what went wrong."

Sott.net
signs of the times
Home Podcast Forum

[Jane Burgermeister]

Lawsuit Against Manufacturers of the Avian Flu Virus Vaccine

Signs of the Times, 8 April 2009
https://web.archive.org/web/20090629204013/http://www.sott.net/articles/show/187813-Lawsuit-Against-Manufacturers-of-the-Avian-Flu-Virus-Vaccine
https://web.archive.org/web/20090621120844/https://birdflu666.wordpress.com/2009/04/13/case-about-bird-flu/

Jane Burgermeister, an Austrian investigative reporter, filed criminal charges in April against Baxter AG and Avir Green Hills Biotechnology of Austria for producing contaminated bird flu vaccine, alleging this was a deliberate act to cause and profit from a pandemic

Criminal charges against
Baxter AG,
Baxter International and
Avir Green Hill Biotechnology AG,

For developing, manufacturing, disseminating, and releasing a biological weapon of mass destruction, on Austrian soil between December 2008 and February 2009; With the intention of causing a global bird flu pandemic virus and of intending to profit from that same pandemic, in an act that Violates Laws on International Organised Crime and Genocide.

Charges filed against Baxter and Avir
Charges filed with the 1st part translated into English

Overview

Submitted on:
Wednesday, 8th April 2009,
Vienna State Prosecutor's Office, Landesgerichtstrasse 11, 1080 Vienna

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B. Statement of Facts: Timeline and relevant background information
C. Relevant Laws

A. Summary of the criminal charges brought and of the ground for these charges.

I am a citizen of Austria and live in Vienna, and would like to file criminal charges against the corporate entities of

Avir Green Hills Biotechnology, headquartered in Vienna, Währing, and
Baxter AG, headquartered in Vienna, the Austrian subsidiary of the pharmaceutical company Baxter International, headquartered in Deerfield, IL, USA, and
Baxter International,
for endangering my life and health as well as the lives and health of the people in the city of Vienna, in Austria and in the surrounding countries.
Avir and Baxter unlawfully, wilfully and knowingly, in the period between December 2008 and February 2009, employed manipulative and deceptive devices and contrivances in violation of national and international laws on the manufacturing, possession, release and dissemination of biological weapons of mass destruction and on organised crime, to manufacture and distribute a biological agent that is classified as a bioweapon among the population.

First, Baxter manufactured an influenza material which was contaminated with a bird flu virus in its biomedical research laboratories in Orth on the Danube in December 2008.

Baxter uses BSL 3 (Biosafety Level 3) precautions in its laboratories, a system for the safe-handling of toxic substances, which makes an accidental contamination of ordinary flu material with the dangerous bird flu virus virtually impossible.

The contaminated vaccine material contained a mixture of a seasonabl H3N2 human influenza virus and the deadly H5N1 virus. By adding a virus of the type H5N1 to an ordinary flu virus of the type H3N2, Baxter produced a highly dangerous biological weapon with a 63 per cent mortality rate.

The H5N1 virus is restricted in its human-to-human transmissibility, especially because it is less airborne.

However, when it is combined with seasonal flu viruses, which are airborne and easily spread,
A deadly virus of this kind could spread around the world in a short time and infect millions and even billions of people.

Second, Baxter distributed via Avir a number of these contaminated vaccines using false concealment and a false label to 16 laboratories in Austria and in other countries at the end of January/beginning of February, potentially infecting at least 36-37 laboratory staff, who had had to be treated preventively for bird flu and ordinary flu in hospital.

On February 9th - on the very same day as 18 employees of Avir were given preventative treatment for the bird flu in the Otto Wagner Hospital in Vienna - AFP reported that Panasonic Japan intended to bring back to Japan the families of many of its staff working around the world because of the threat of a bird flu pandemic.

"Panasonic to fly home workers' families over bird flu fears

Feb 9, 2009

TOKYO (AFP) - Panasonic Corp. has ordered Japanese employees in some foreign countries to send their families home to Japan in preparation for a possible bird flu pandemic, a spokesman said Tuesday."
The firm decided to take the rare measure "well ahead of possible confusion at the outbreak of a global pandemic," he said.

Eight people have contracted the H5N1 bird flu virus in China alone this year - five of whom died.

"The bird flu cases reported so far are infections from bird to human, but once an infection between human beings is reported, things can get chaotic with many other companies trying to bring back their employees," Kadota said.

"We wanted to take action early before it gets difficult to book flight tickets," he said."

Furthermore, I contend that Avir and Baxter planned to profit from their triggering a bird flu pandemic by sealing a contract in 2006 with the Austrian Health Ministry, led by then Health Minister Maria Rauch-Kallat, to supply 16 million vaccine shots in the event of a bird flu pandemic being declared.

In addition, I maintain that this ‚laboratory incident" shows that national and international authorities are not able to fulfil their obligations to ensure the safety of the Austrian people. On the contrary, I maintain that the authorities are involved in trying to cover up this event.

If a pharmaceutical company can breach laws - and almost trigger a bird flu pandemic, which could harm 99 per cent of the world's population - without being made accountable for it in any way, then there is, de facto, no rule of law on Austrian territory.

As a result of the failure of the authorities to take action, those persons who were responsible for distributing the deadly pandemic virus are still sitting in the same positions in Baxter and Avir, and another such dangerous incident could happen anytime.

Moreover, I maintain that the specific production system which Baxter has developed with help of US government bodies for producing a human vaccination to the bird flu - namely, the use of 1,200 liter bioreactors and vero cell technology - could meet the technical criteria to be classified as a secret dual purpose large-scale bioweapon production facility in as far as the production process would allow a huge amount of contaminated vaccine material to be produced rapidly.

If contaminated material were added to the 1,200 liter bioreactors, it would replicate and infect the entire batch of vaccine material in the 1,200 liter tank.

Contaminated material could be distributed among sections of the population using false labels and secretly marked batches and so infect millions of people. There is evidence that the Spanish Flu pandemic of 1918-1919 was started after US soldiers were given contaminated inoculations.

I maintain that such a de facto covert dual purpose bioweapon production and delivery system could only be established on Austrian soil with the knowledge and support of persons in the highest offices in the Austrian Health Ministry and other Ministries and authorities who issued licences, permits and contracts without adequate controls.

Also, I contend the establishment and now use of a bioweapon production facility in Austria could only happen with the knowledge and support of key people in the media.

The general public has a right to be informed about this episode.
Many Austrians, however, have heard nothing at all about this incident because there has been so little coverage of it in the media.

They don't know that a vaccination, which the government will recommend everyone to take in the event of a bird flu pandemic and which has been pre-ordered in huge quantities using Austrian people's own tax money, is to be manufactured by the very same company that was responsible for almost triggering a bird flu pandemic this winter in the first place, namely Baxter.

The way vaccine material was contaminated with bird flu raises the question of whether Austrians can be sure that any vaccinations they are given have been adequately tested. Even today we don't know precisely what was in the contaminated vaccine material, which Baxter sent out to 16 laboratories in Austria and abroad.

We don't know which type of virus was in the contaminated material, if the virus was bio technically altered, and if so, what modifications were made. Every safeguard and control not only in Baxter and in Avir but also in the authorities have failed.

We can't even be sure what is in Baxter's ordinary flu vaccine shots if these are produced with equally few controls and checks.

Whenever a number of people in various organisations act in concert to carry out a criminal plan and to cover up their tracks afterwards, then this activity falls under the category of organised crime. I maintain that this ‚laboratory incident" and the subsequent cover up by the authorities and media has all the elements of international organised crime.

If millions of Austrians were to die as a result of a pandemic virus and/or contaminated inoculations, then their assets, their savings, their houses, apartments, farms and companies would be easy to acquire by a crime syndicate that has infiltrated and annexed key government offices. I, therefore, claim that the motivation for releasing this pandemic virus is one of classic robbery; if one arm of the international crime syndicate, after installing a covert bioweapon facility, releases a global pandemic virus, then the other financial arm of this same international crime syndicate can rob the assets of the victims around the globe as well as get greater control of the natural assets of any country, including water and agricultural land, natural assets that are increasingly valuable as global warming bites.

Avir Green Hill Biotechnolgy AG is a biopharmaceutical company, headquartered in Vienna, Währing.

As a resident of Vienna, Währing, I note that some of the violations that could have sparked a global bird flu pandemic occurred on the premises of Avir in the Gersthoferstr. 29-31, Vienna, Währing, between December 2008 and February 2009.

A total of 18 laboratory staff belonging to Avir had to undergo preventative treatment for the bird flu and ordinary flu at the Otto Wagner Hospital in Vienna on February, 9th, 2009, because of their exposure as part of their work to the highly pathogenic bird flu virus.

This indicates that, in the opinion of medical experts, there was a risk that the staff of Avir had contracted bird flu.

That means that the 18 staff could have, unknowingly, acted as carriers of a pandemic virus into the population of a densely built up Vienna city district and in winter time.

It needs to be stressed that the bird flu virus was developed in US military laboratories from 1995 onwards by researchers who reconstructed the genetic code of the Spanish Flu pandemic virus of 1918-1919.

According to a report in "Der Spiegel" from 05.10.2005 (US-Forscher beleben altes Killervirus von Markus Becker /US researchers resurrect old killer virus) the bird flu virus was reconstructed by Jeffrey K Taubenberger from the Armed Forces Institute of Pathology in Washington using lung tissue retrieved from victims of Spanish Flu from 1918-1919, which yielded pieces of the virus's genes.

‚Um das vor acht Jahrzehnten verschwundene Virus der Spanischen Grippe wieder zum Leben zu erwecken, entnahm Taubenbergers Team mehreren Leichen Gewebeproben, unter anderem einer Frau, die 1918 im Dauerfrostboden von Alaska beerdigt worden war. Zusätzlich verwendeten sie in Formalin konserviertes Lungengewebe von anderen Opfern der Spanischen Grippe.

In einem komplizierten Verfahren gelang es den Wissenschaftlern, den genetischen Code des extrem aggressiven H1N1-Virus zu identifizieren und es im Labor zu reproduzieren. Die Mediziner stellten mit dem genetischen Code virusartige Genstränge her, sogenannte Plasmide. Diese wiederum wurden menschlichen Nierenzellen eingepflanzt. ,

So, using the argument that they need to find an antidote to the lethal bird flu virus, researchers have resurrected this lethal bird flu virus and created the danger in the first place.

‚Reviving the Spanish Flu virus is a recipe for a catastrophe. It could put any attack using anthrax or the plague in the shade," said Jan van Aken, head of the German section of the Sunshine Project.

In the summer of 2008, US researchers found that this newly reconstructed lethal bird flu virus could be mixed with ordinary human flu virus in laboratory conditions and so, in theory, could acquire easy human-to-human transmissibility.

It was precisely this very virus mix of a lethal H5N1 bird flu virus and an ordinary human flu H3N2 virus that Baxter manufactured in its laboratory in Orth/Donau in December 2008, and then distributed via Avir to 16 laboratories in Austria and abroad employing fraudulent misrepresentation.

The Canadian Press explains the issue:

‚While H5N1 doesn't easily infect people, H3N2 viruses do. If someone exposed to a mixture of the two had been simultaneously infected with both strains, he or she could have served as an incubator for a hybrid virus able to transmit easily to and among people."

According to media reports, Dr Rebecca Carley maintained in March 2009 that this was a deliberate attempt to start a pandemic.

‚Basically, they're trying to cause the pandemic. They have already stockpiled at least 250 million doses of the bird flu vaccine. The shelf life of that vaccine has a certain amount of time by which they'll have to throw it in the garbage. So they have to start the pandemic so that they can give the vaccines, which will then cause the bird flu pandemic...In fact, this is an associated press article that says that our government is reluctant to give bird flu vaccine to some of the rogue nations for fear they will use the vaccine as biological warfare. So when you actually look at what's out there, folks, it becomes crystal clear. This is genocide. This is population reduction. And it's happening right now."

‚Well, let me also state that this is very intentional because the H5N1 bird flu virus is not actually able to be picked up by humans in a regular scenario. So by putting it with a regular human flu, they're intentionally causing it to create a hybrid virus. And this is how they're going to make the bird flu virus be contracted by the people because it's very virulent. And basically, the scenario that it creates is very disturbing. You actually bleed out into your lungs and suffocate on your own blood."

The managers of Baxter and Avir are responsible for ensuring that biosecurity regulations are implemented.

The management team of Avir is listed as Thomas Muster (CEO, CSO), Michael Tscheppe (CFO), Reinhard Zickler (COO), Andrej Egorov (Vice President Research), Rosemarie Dick-Gudenus (Vice President Development), Joachim Seipelt (Vice President Cooperations). On the Supervisory Board of Avir are Herbert Hild, Nikolaus Zacherl, Christian Mitteregger, and Gregor Medinger,

The Board of Directors and CEOs of Baxter International Inc are listed on the company website at http://www.baxter.com/about_baxter/company_profile/company_leadership/index.html.

According to a press release of 2008, MD Dr Hartmut Ehrlich, is the on the board of Baxter AG, Vice President, Global Research & Development Baxter BioScience as well as CEO of Baxter Innovations GmbH. Mag. Markus Reinhard, is on the board of Baxter AG, company spokesperson, Vice President for Operations Support and Human Resources at Baxter BioScience Europe and Global Research & Development as well as CEO of Baxter Innovations GmbH.

Claims against Baxter

Specifically, I assert that a person or persons in Baxter, unlawfully, wilfully and knowingly, manufactured and distributed a deadly pandemic virus

a) by providing logistical help, support and authorisation for the manufacturing of a pandemic virus in Baxter's research laboratory in Orth/Donau in December 2008, specifically, by injecting the live bird flu H5N1 virus into human flu material, and in a large quantity; and

b) by employing devices, schemes and artifices to subvert the Biosafety Level 3 regulations in place at the laboratory in Orth/Donau in order to get that same live bird flu pandemic virus, undetected, without being radiated, out of the high biosecurity facilities in January 2009; and

c) by sending the live bird flu virus material through the post or by a courier to the premises of Avir by fraudulently concealing the true nature of the material from the carrier; and

d) by falsely misrepresenting the dangerous live bird flu pandemic flu material as an ordinary vaccine material by employing the contrivance of affixing a label that failed to disclose the true nature of content to outside laboratory staff, who, on the basis of that information, then handled the live bird flu pandemic in such a way that increased the risk of their exposure to the disease-producing biological virus, and so that they had to be given preventative treatment against the bird flu and ordinary flu in the Otto Wagner Hospital in Vienna on February 9th; and

e) by instructing their accomplice or accomplices at Avir to send on January 31st, by employing fraudulent concealment, the live bird flu pandemic material to 16 other laboratories in Austria and abroad, including to BioTest in the Czech Republic. Staff at BioTest tested the vaccine material on ferrets, which then died. The material delivered by Avir was tested and the presence of the dangerous live H5N1 bird flu virus detected. 13 members of BioTest staff who had contact with the virus for a almost a week as part of their work were treated preventatively for the bird flu; and

f) for allowing those 13 staff belonging to BioTest to be examined in the capital 400 km away when they should have been examined in a medical centre closer to home; and

g) for trying to cover up their role in the incident; Baxter has so far not issued any statement or given a full and detailed account of how the material came to be contaminated; and

h) for seeking to profit from any bird flu pandemic they engineered by positioning themselves to produce at short notice 16 million "vaccination" shots by sealing contracts in advance in 2006 with the Austrian Health Ministry, led at that time by Health Minister Maria Rauch-Kallat; and

i) for engaging in acts and practices to hinder scrutiny of their actions, also by employing the artifice of filing charges against themselves, thereby misusing a provision in the law whose overwhelming intent is to investigate a crime in order to escape just such an investigation.

Claims against Avir

I assert, specifically, a person or persons in the management/and or in other positions in Avir, unlawfully, wilfully and knowingly, distributed a deadly pandemic virus

a) by providing logistics, support and authorisation for the taking into custody of a package from Baxter with a live bird flu pandemic flu virus at their premises in Vienna Währing at the end of December 2008; and

b) by misleading the rest of the staff at Avir as to the true facts of the situation by the continued false misrepresentation of the nature of the pandemic virus material and so increasing the likelihood of that the staff would expose themselves to and be infected by the live bird flu material. Eighteen

staff belonging to Avir had to be treated preventatively for the bird flu in the Otto Wagner Hospital in Vienna on February 9th because of the risk that they had come in contact with the bird flu and human flu virus as part of their work, according to a press release.

c) by subverting biosafety regulations in place designed to screen and control incoming packages to get the contaminated material undetected out of Avir's premises at the end of January.

d) by sending the live bird flu pandemic material to 16 laboratories in Austria and abroad through the post or other courier services using false concealment on January 30th, 2009; and

e) by falsely misrepresenting the live bird flu pandemic flu material as a routine, non-threatening human flu vaccination material to the staff of BioTest and other outside laboratories with the object of misleading them into thinking there was no danger to their life or health, and so tricking them into performing actions that increased the risk of their exposure and infection by the disease-producing microorganisms. Thirteen staff belonging to BioTest were given preventative treatment on February 6th because of the risk that they had been infected by bird flu as part of their work; and

f) for trying to cover up their role in the incident; and

g) for positioning themselves to profit from the triggering of any pandemic through contracts with Baxter and other research laboratories.

In the light of the fact that so little information about the incident has been released to the general public, I have had to reconstruct the timeline to this laboratory incident from media sources.

According to a report, the authorities gave Baxter a green light to continue their operations after carrying out an inspection on February 16th.

Until now none of the four main parties in Austria have issued a statement on the incident.

According to the website of the Austrian Parliament, written questions were tabled to the Minister of Health by several members of parliament on March 20th.

The questions "Silence over a serious laboratory incident involving flu vaccination material contaminated with H5N1" tabled by Member of Parliament were not answered as of April 6th 2009.

One question is: "Can you rule out a threat to the Austrian population?"

http://www.parlament.gv.at/PG/DE/XXIV/J/J_01437/pmh.shtml
Written Questions to the Federal Government, that is to say, to the members composing the XXIV. Legislative period (of the past 30 days)

=> the same text

Andrew Johnson

Lawsuit Against Manufacturers of the Avian Flu Virus Vaccine

Check the Evidence, 28 June 2009
https://www.checktheevidence.com/wordpress/2009/06/28/old-news-4571/

State of the Nation

Jane Burgermeister

Charges filed against Baxter and Avir

State of the Nation // Birdflu666. – 13 April 2009
https://stateofthenation.co/?p=70631
https://web.archive.org/web/20090429014808/https://birdflu666.wordpress.com/2009/04/13/4/

I have filed criminal charges in Austria against Baxter and Avir Green Hills Biotechnology for producing and distributing contaminated bird flu vaccine material this winter, alleging that this was a deliberate act to cause a pandemic, and also to profit from that pandemic.

Avir and Baxter AG are headquartered inside the Vienna City limits, where I live, and so fall within the jurisdiction of the Vienna City Prosecutor.

In the paperwork I filed with the Vienna City Courthouse on Wednesday, April 8th, 2009, after consulting lawyers, I present evidence of intent to cause harm by Baxter and Avir, citing, among other things, the fact that Baxter uses Biosafety Level 3 regulations to prevent just such a contamination of ordinary flu with the bird flu virus.

Also, I suggest that there are reasonable grounds for believing that Baxter is part of a secret bioweapons programme and that there are plans to release weaponised bird flu on the world's population soon.

Furthermore, I present evidence to support the notion that Baxter is a smaller entity operating within a bigger aggregate of entities that belong to an international organised crime group, which I maintain can be identified with the group known informally as "The Illuminati".

I allege there is evidence the US "Illuminati"-controlled government plans to release the bird flu on the US population in the near future, citing bird flu drills, FEMA camps, mass graves among other facts.

Flowing from their obligations as a signatory to the UN Convention for the Punishment and Prevention of Genocide, I argue that Austrian courts are bound by law to prosecute any individuals or organisations when there is reasonable proof that they are involved in planning any genocide, including US officials.

In an era of global crime organisations, I argue it is more necessary than ever that Austrian courts leverage international laws to protect the Austrian people as well as people all around the world against the bird flu and other threats, posed in particular by the "Illuminati" global racketeering influenced organised crime syndicate.

As evidence for Baxter's participation in a secret, black international bioweapons programme, I cite reports that the "bird flu" virus was resurrected by US bioweapons scientists from the Spanish Flu virus in 1996 and also note that Baxter has patented a highly pathogenic bird flu virus mutation, something difficult to account for if Baxter is not doing research into weaponised bird flu strains.

As evidence that Baxter deliberately manufactured and distributed the contaminated material, I note the way the Biosecurity Level 3 regulations were systematically subverted at Baxter's facilities in Orth an der Donau.

I also note the reports in the media that the contaminated material was sent to 16 laboratories with a false or incorrect llabel as evidence of intent to deceive staff in outside laboratories into thinking they were handling relatively harmless material and into taking fewer precautions, so increasing their risk of being infected by the bird flu and acting as pandemic bird flu carriers into the general population.

I argue the fact that at least 36 to 37 laboratory staff were treated preventatively for bird flu and normal flu in hospital underlines the danger that they could have been infected with the bird flu, and could have sparked a pandemic.

In addition, I present arguments for classifying Baxter's production facilities for the vaccination material for the bird flu — specifically the use of 1,200 liter bioreactors and vero cell technology – as a dual biological weapons programme. This is because it would allow a huge amount of contaminated vaccine material to be produced rapidly if any live bird flu virus material ever got into the bioreactor in the first place.

I argue that the production and distribution of contaminated bird flu material by Baxter to 16 labs this winter showed that every safety control failed – and that another such a systematic "safeguards" failure cannot be ruled out again and nor can it be ruled out that contaminated material ends up in 1,200 liter bioreactors. I cite opinions that the Spanish Flu Pandemic of 1918-1919 was spread by contaminated vaccines.

I contend that a motive for Baxter for sparking the pandemic is profit.

In 2006, Baxter sealed a contract with the Austrian Health Ministry to supply 16 million doses of bird flu vaccines in the event of a "pandemic". This action fits the pattern of deriving an income from illegal activities which is typical of an organised crime racket.

[Note: The Austrian Health Minister who signed the deal with Baxter in 2006 is Maria Rauch-Kallat, the wife of Alfons Mensdorff-Pouilly, who was released from jail in Austria on April 3rd, 2009, after being held in custody for five weeks in connection with bribery and money-laundering involving British weapons maker BAE systems.]

I also allege that the Austrian and international authorities are involved in a cover up.

As evidence for the cover up, I cite the fact that no action has been taken by the authorities. Little to no information has been released to the public.

While none of the political parties has made a statement, a few members of parliament apparently acting on their own tabled questions to the Austrian Health Minister on March 20th to obtain information.

Questions tabled include: "Can a threat to the Austrian people be ruled out?" "What steps have been taken to stop a repeat?"

In my charges, I argue that the people of Austria have a right to be fully informed about the incident and any investigation.

I suggest the notion that Austria has a "state within a state" or a "secret army" , a group of agents who act on the orders of Illuminati and who have annexed key positions in Austrian government and authorities, and who provide cover that allows Baxter and Avir to operate more or less outside the law.

I allege that persons in charge of the Austrian mainstream media are part of the cover up of this crime syndicate. The media in gross dereliction of its duty as the fourth estate to call organisations to account has been pretty much silent about the incident here in Austria.

Because so few Austrians have heard about the way Baxter produced and sent out the pandemic material this winter, they will be more willing to allow themselves and also their children to be injected with a vaccine supplied by that same company Baxter in the event of a pandemic, I argue. The silence of the media is, therefore, I contend a necessary element in carrying out this crime.

Should millions of Austrians and Europeans die as a result of the bird flu pandemic and/or contaminated vaccine material, their homes, property, savings, farms, companies and other assets could fall to the state authorities controlled by organised crime, and so could be transferred into private hands with ease.

I argue there is a robbery motive to the murder of millions of people throughout the world by use of weaponised bird flu. I present evidence that the "Illuminati" have planned the current global financial collapse to enrich themselves, and they are now using the relatively inexpensive and efficient weaponised bird flu as part of a pre meditated plan to eliminate huge numbers of their robbed victims before these can regroup and obtain retribution.

If the international organised crime syndicate I designate as the "Illuminati" manage to kill millions or billions of people by unleashing a pandemic bird flu, they are in a position to take control not only of personal assets of their victims but also of natural resources of entire countries, resources that are increasingly valuable at a time of global warming, I argue.

You can read the document I submitted to the prosecutor in German below. Some of the quotes are in English. I'll post up the English translation as soon as it's ready.

I would appreciate any information, articles or tips relevant to the bird flu case, so that I can submit these to the prosecutor to reinforce the case.

As for the next step, I was told my file would be assigned a case number and allocated to a state prosecutor who will review the information and, if there is enough evidence of violations of laws, authorise criminal charges to be brought against Baxter and Avir.

If you want to contribute or help out, contact me, Jane, at jmburgermeister@gmail.com.

I would like to bring more such cases, also in other European countries, in a bid to reign in the crime spree.

https://birdflu666.wordpress.com/2009/04/13/case-about-bird-flu/
https://web.archive.org/web/20090621120844/https://birdflu666.wordpress.com/2009/04/13/case-about-bird-flu/

MapCruzin.com
Tools and Resources for Re-imagining Our Relationships with Each Other and the Earth

Michael R. Meuser

Baxter admits sending live avian flu viruses to subcontractor
Baxter admits contaminated seasonal flu product contained live bird flu virus.

Map Cruzin, 26 April 2009.
The Canadian Press 27 February 2009
https://web.archive.org/web/20200922134129/https://mapcruzin.com/news/swine-flu042709b.htm

The company that released contaminated flu virus material from a plant in Austria confirmed Friday that the experimental product contained live H5N1 avian flu viruses.

And an official of the World Health Organization's European operation said the body is closely monitoring the investigation into the events that took place at Baxter International's research facility in Orth-Donau, Austria.

"At this juncture we are confident in saying that public health and occupational risk is minimal at present," medical officer Roberta Andraghetti said from Copenhagen, Denmark.

"But what remains unanswered are the circumstances surrounding the incident in the Baxter facility in Orth-Donau."

The contaminated product, a mix of H3N2 seasonal flu viruses and unlabelled H5N1 viruses, was supplied to an Austrian research company. The Austrian firm, Avir Green Hills Biotechnology, then sent portions of it to sub-contractors in the Czech Republic, Slovenia and Germany.

The contamination incident, which is being investigated by the four European countries, came to light when the subcontractor in the Czech Republic inoculated ferrets with the product and they died. Ferrets shouldn't die from exposure to human H3N2 flu viruses.

Public health authorities concerned about what has been described as a "serious error" on Baxter's part have assumed the death of the ferrets meant the H5N1 virus in the product was live. But the company, Baxter International Inc., has been parsimonious about the amount of information it has released about the event.

On Friday, the company's director of global bioscience communications confirmed what scientists have suspected.

"It was live," Christopher Bona said in an email.

The contaminated product, which Baxter calls "experimental virus material," was made at the Orth-Donau research facility. Baxter makes its flu vaccine - including a human H5N1 vaccine for which a licence is expected shortly - at a facility in the Czech Republic.

People familiar with biosecurity rules are dismayed by evidence that human H3N2 and avian H5N1 viruses somehow co-mingled in the Orth-Donau facility. That is a dangerous practice that should not be allowed to happen, a number of experts insisted.

Accidental release of a mixture of live H5N1 and H3N2 viruses could have resulted in dire consequences.

While H5N1 doesn't easily infect people, H3N2 viruses do. If someone exposed to a mixture of the two had been simultaneously infected with both strains, he or she could have served as an incubator for a hybrid virus able to transmit easily to and among people.

That mixing process, called reassortment, is one of two ways pandemic viruses are created.

There is no suggestion that happened because of this accident, however.

"We have no evidence of any reassortment, that any reassortment may have occurred," said Andraghetti.

"And we have no evidence of any increased transmissibility of the viruses that were involved in the experiment with the ferrets in the Czech Republic."

Baxter hasn't shed much light - at least not publicly - on how the accident happened. Earlier this week Bona called the mistake the result of a combination of "just the process itself, (and) technical and human error in this procedure."

He said he couldn't reveal more information because it would give away proprietary information about Baxter's production process.

Andraghetti said Friday the four investigating governments are co-operating closely with the WHO and the European Centre for Disease Control in Stockholm, Sweden.

"We are in very close contact with Austrian authorities to understand what the circumstances of the incident in their laboratory were," she said.

"And the reason for us wishing to know what has happened is to prevent similar events in the future and to share lessons that can be learned from this event with others to prevent similar events. ... This is very important."

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Dnes.bg

Свински грип и в Европа, Обама май също е имал контакт с болен

Dnes.bg, 27 април 2009, 14:05

https://www.dnes.bg/world/2009/04/27/svinski-grip-i-v-evropa-obama-mai-syshto-e-imal-kontakt-s-bolen.70078

Испанският министър на здравеопазването Тринидад Хименес съобщи, че в страната е установен първи случай на свински грип у мъж, който е пребивавал в Мексико, предаде АФП.

"Изследванията на пациента в Алменса (Югоизточна Испания) за свински грип са положителни", заяви министърът на пресконференция.

Това е първият потвърден случай в Европа.

Броят на хората в Испания, които проявяват симптоми на заболяването, се е увеличил на около 20 души.

...

Comments:

...

Годината е 2006. Американската фармацевтична корпорация Бакстер подписва договор с Австрия за разпространение на антигрипна ваксина. <...>

Първоначално публикавано от научната група PROMED съобщение е, че антигрипната ваксина на Бакстер "случайно" е замърсена не само с H5N1 щам на обикновения грип, но и с живи вируси от типа "птичи грип" - смъртоносния H3N2. Казано накратко, не било ваксина, а било зараза. И то не каква да е, а кръстоска между обикновен грип със смъртоносен щам. Тази ваксина била пробутана в Австрия, Словакия и Чехия. Освен там била подготвена за доставка на още 18 страни.

The August Forecast

Patrick Wood and Dr. Russell Blaylock, MD

Pandemic Nonsense: Flying Pig Flu

Are globalist fear-mongers driving the media to panic the public into universal healthcare solutions?
Or federally-mandated vaccinations?

The August Forecast, 28 April 2009
https://web.archive.org/web/20090710180814/http://www.augustreview.com/news_commentary/general/pandemic_nonsense:_flying_pig_flu_20090428118/

By definition, a "pandemic" is an epidemic that is geographically widespread. Fear-mongers are always careful to add the innuendo that millions of people could and probably will die, as in the Spanish Flu pandemic of 1918 that killed between 20 and 100 million people worldwide.

Excuse me, but how does the death of even a few hundred equate to 20 million?

Mexico, not the usual Southeast Asia, is the origin of the latest flu outbreak. It has spread in limited numbers to several continents. Almost all of the deaths, limited as they are, are in Mexico. The ratio of deaths to infections is very small.

Again, how does this outbreak even remotely qualify as a pandemic?
Answer: It does not!

Scientists and virus researchers are baffled because the genetic makeup of the virus contains elements of human, swine and bird flu from three geographic regions: North America, Europe and Asia. Until now, this has been unknown in nature, but not theoretically impossible.

see: New flu combines pig, bird, human virus
https://web.archive.org/web/20090731105917/http://www.globalresearch.ca/index.php?context=va&aid=14550
see: Mexico Seeks to Stop Spread of Deadly Flu
https://web.archive.org/web/20090429114232/http://www.npr.org/templates/story/story.php?storyId=103459566

Because of its unique genetic makeup, this writer proposes calling it the "flying pig flu", or FPF, instead.

This writer is hardly qualified to write with authority about the scientific side of viruses. However, after reading several authoritative papers on swine and avian flu, several observations can be made.

In the world of virus experts, there are two types of researchers: *Observers* and *Experimenters*.

Observers

Most researchers are highly trained scientific observers. These "Sherlock Holmes" scientists examine the pathology of virus development. Where did it originate? What animals or human were involved? Did the infected humans handle animals? Are certain strains limited to geography? You get the idea.

Without good observers, we would know little about the source or spread of different viral strains.

There are several good Internet resources where the findings of research observers are published. (For instance, see H5N1 - Ultimate News on mutation)

We should be thankful for astute observers who can untangle mysteries that would otherwise not be understood.

Experimenters

A minority of researchers are experimenters. This group is worrisome.

Experimenters establish their playground in trying to create different types of viruses in order to measure their effect on test animals.

Such was the case at Baxter AG, when such an experiment was "accidentally" released as a live virus in a vaccine distributed to 18 countries. (See Baxter: Product contained live bird flu virus). In this case, the live H5N1 virus (avian flu) was combined with the much more contagious (human) H3N2 virus.

Experts say that it is almost impossible for Baxter to make such a grievous error by accident. Czech newspapers, where the story was originally broken, suggest it was a rogue employee or a mole that purposely mixed the virus' together, but nothing has been proven as yet. Baxter is now under great suspicion that it is attempting to foment a pandemic that would bring hundreds of millions of dollars in revenue to supply its normal H5N1 vaccine.

Another example is the Center for Disease Control in Atlanta, Georgia. In a 2004 report, CDC to mix avian, human flu viruses in pandemic study, it was noted that,

"*The Centers for Disease Control and Prevention (CDC) will soon launch experiments designed to combine the H5N1 virus and human flu viruses and then see how the resulting hybrids affect animals. The goal is to assess the chances that such a "reassortant" virus will emerge and how dangerous it might be."*

Critics worried that such a "franken-virus" could itself cause a pandemic if it escaped from its creators. The CDC's only response is that their facilities were more secure than others who had experienced breaches of some sort in years past.

Why would the CDC risk world exposure to an artificially created virus? According to the above report, it was done in the name of preparedness.

As mentioned above, experimenters are a worrisome lot. Real world experience indicates that they are generally overconfident in their scientific prowess and in their abilities to contain the unpredictable fruit of their experiments.

Conclusion

There are some big problems with the current outbreak of flying pig flu. If there has been foul play, it may never be brought to light. Still, tough questions need to be asked:

- While it is not unknown for pigs to become infected with the H5N1 virus, the result has *always* been a less-lethal and less-contagious virus than avian flu by itself. Why is this epidemic so obviously contagious?
- How would genetic code from three continents find its way into a single strain in Mexico City?
- Is this virus an escaped experiment from a project gone awry?
- If man-made and not accidentally released, then who released it, and why?

As we contemplate these questions, watch the stock prices of major pharma companies skyrocket as they gear up to sell billions in vaccines. Watch governments as they declare mandatory vaccination programs. Watch the Obama administration as it railroads universal healthcare through Congress.

Indeed, *flying pig flu* may be just the right name for whatever is responsible for this particular flu outbreak.

In the meantime, we can reopen this case when pigs fly or when 10 million or so people have died, whichever comes first.

Steve Watson

Lawsuit Charges Baxter Used Dangerous Ingredients In Vaccines To Increase Profits

Prison Planet, April 30, 2009
https://web.archive.org/web/20090502173552/http://www.prisonplanet.com/lawsuit-charges-baxter-used-dangerous-ingredients-in-vaccines-to-increase-profits.html

A scandal dating from January 2008, that is continuing to unfold, raises more disturbing questions over the safety of U.S. pharmaceutical company Baxter International's vaccines.

Last year Baxter recalled almost all of its injections of the blood thinning heparin drug in the US after some patients experienced extreme - and in some cases fatal - allergic reactions, after being administered the products.

There were similar recalls by other manufacturers of Chinese-sourced heparin in Denmark, Italy, France Germany and Japan, but initial investigations found that only Baxter's heparin vaccines were tainted.

The FDA has accused two Chinese manufacturers of being responsible for the production and shipment of the tainted vaccines, suggesting that a cheaper synthetic heparin mimic, subsequently identified as over-sulfated chondroitin sulfate (OSCS), was used to decrease costs.

However, in January 2009 a new lawsuit was filed specifically against Baxter for it's role in the scandal.

The allegation is that the pharmaceutical giant purposefully altered an ingredient in heparin that flowed through heparin syringes to patients, resulting in pain and suffering, and sometimes death, to those affected, reported legal website Lawyers and Settlements

Somewhat ironically, the natural ingredient in heparin that was substituted in order to cut costs was a substance extracted from cooked swine intestines.

The lawsuit notes that OSCS is not found in nature, and is not approved in the United States. It accuses Baxter of using a more dangerous ingredient to "reap greater profits as a result of utilizing cheap component parts."

As we reported earlier this week, Baxter has been chosen by the WHO to head up efforts to produce a vaccine for the Mexican swine flu that is spreading throughout the U.S. and Europe.

The decision was made despite further revelations last month that vaccines contaminated with deadly live H5N1 avian flu virus were recently distributed to 18 countries by a lab at an Austrian branch of Baxter.

Initially, the company attempted to stonewall questions by invoking "trade secrets" and refused to reveal how the vaccines were contaminated with H5N1. After increased pressure they then claimed that pure H5N1 batches were sent by accident.

However, as we have highlighted, the probability of mixing a live virus biological weapon with vaccine material by accident is virtually impossible.

outsidermedia

Obviňuji Vás z přípravy masové vraždy! (I)

Outsider Media, 3 May 2009
https://outsidermedia.cz/Obvinuji-Vas-z-pripravy-masove-vrazdy-II/
https://web.archive.org/web/20220818105236/https://outsidermedia.cz/Obvinuji-Vas-z-pripravy-masove-vrazdy-II/

První část dopisu rakouské novinářky Jane Burgermeister generální ředitelce WHO (Světové zdravotnické organizace). Tato novinářka již podala žalobu na firmu Baxter pro podezření ze snahy o rozpoutání pandemie. O tomto případu jsme vás již informovali v březnu tohoto roku.

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From: Jane Burgermeister (jmburgermeister@gmail.com)

Date: April 25, 2009

Subject: Obvinění připravované proti dr. M. Chan a WHO pro zločin masové vraždy

Vážená paní doktorko Margaret Chan,

zasílám tento email, abych Vás informovala o svém záměru podat v pondělí 27. 4. soudní žalobu proti Vám i ostatním zaměstnancům WHO a spojených organizací kvůli vašemu podílu na tom, že byla světová populace vystavena riziku pandemického viru, který by mohl zabít miliardy lidí, a to dle zákona o boji proti zločinu organizovanému mezinárodními gangsterskými skupinami a rovněž dle konvence Spojených národů o prevenci a trestání genocidy.

Jako veřejný činitel, který je zaměstnán v mezinárodní organizaci ve funkci generální ředitelky Světové zdravotnické organizace se sídlem v Ženevě, máte jako povinnost a součást své náplně práce jednat vždy tak, abyste byla strážcem zdraví světové populace, zvláště předcházet „zneužití“ vyhlášení pandemie organizacemi, společnostmi, vládními orgány nebo jinými celky, které mají v úmyslu vypustit pandemický virus a poté získat pomocí programu všeobecné plošné vakcinace zamořeným materiálem politické a ekonomické výhody z masové vraždy.

Zprávy médií ukazují, že vaše organizace zneužívá svou organizační strukturu, personál a služby, aby zveličovala nebezpečí viru prasečí chřipky, a tím ospravedlnila právě takové plošné očkování nevyzkoušenou a neotestovanou vakcínou. WHO poprvé v dějinách nařídila všem svým členům, aby nepřetržitě obsluhovali „Místnost pro kontrolu pandemie“ jako reakci na včera v médiích ohlášené případy prasečí chřipky, a je bezprostředně připravena vyhlásit „pandemii“. Tato „Místnost pro kontrolu pandemie“ je zřízena za účelem sledování šíření pandemického viru, a tudíž je vybavena superpočítači napojenými na veškeré bezpečnostní síly vlád členských států Spojených národů. Tato „Mistnost pro kontrolu pandemie“ je místem, odkud vzejdou veškerá prohlášení o „pandemii“, a já bych byla vděčná, kdybyste mohla zveřejnit seznam lidí, kteří pracují v této kontrolní místnosti.

Když WHO totiž vyšle takovéto „prohlášení“ presidentu Obamovi, budou po celé zemi rozmístěny jednotky FEMA a DHS (bezpečnostní síly), tzv. „Protipandemické oddíly“. Guvernérům všech států USA bude sděleno, že budou do praxe zavedena opatření zákona Model State Emergency Health

Powers Act (MSEHPA). To znamená, že všichni Američané musí souhlasit s plošnou vakcinací, jinak budou obviněni z hrdelního zločinu. Nebylo by lepší, doktorko Chanová, abyste prostě požádala lidi, kteří to odmítnou, aby nosili chirurgickou roušku, pokud je zde opravdu reálné nebezpečí pandemie? Proč činit nátlak na vakcinaci pod hrozbou zastřelení? Zákon praví, že každý, kdo odmítne očkování anebo se staví proti nucenému přemístění do připravených „karanténních zařízení“, může být vystaven „legální“ střelbě a může být zabit. (Ospravedlněné „smrtelné donucení“).

Jste si jistě vědoma těchto skutečností. Je to tak krutý scénář, že Vy ve svém postavení veřejného činitele musíte mít pádné důkazy, že se jedná o extrémní nebezpečí pro lidskou populaci a musíte mít ověřené a nepochybné zdůvodnění, že Vaše akce budou skutečně zaměřeny proti této hrozbě, a že je dobrý důvod, proč prostě nedoporučíte nosit chirurgickou masku lidem, kteří se nechtějí nechat očkovat.

Zprávy médií naznačují, že nový kmen prasečí chřipky je uměle vytvořená kombinace, která obsahuje geny ptačí, lidské a prasečí chřipky z několika různých kontinentů. Existují tedy důvody, které nás mohou vést k domněnce, že pochází z nějaké laboratoře, a to spíše z laboratoře na výrobu biologických zbraní. Nebylo by pro WHO lepší, aby poskytla odbornou pomoc při vyšetřování laboratoře, která vyrobila a vypustila tento syntetický virus, a poté ji pohnala před soud? Neměla by raději lidem doporučit nosit roušky, než vyhlašovat plošný očkovací plán? Podle níže uvedené zprávy Fox News je vaše hodnocení nebezpečí této prasečí chřipky mnohem více pesimistické než hodnocení CDC (Americké centrum pro kontrolu nemocí), jež doporučuje pouze obvyklá opatření. Jak to vysvětlíte?

Jak vysvětlíte, že jste již označili tolik smrtelných případů, zatímco mexická vláda potvrdila pouze 16 úmrtí způsobených tímto kmenem chřipky? O jaký vědecký podklad se opírá toto vaše určení počtu úmrtí? Používáte k tomu správnou metodu? Můžete u soudu dokázat, že užíváte správnou metodu, a že prosté doporučení lidem, aby nosili operační roušky, není dostačující?

Upozorňuji vás, že nový kmen prasečí chřipky se objevil zároveň v Mexiku a Americe, a to za „záhadných okolností“, což také ukazuje na úmyslné, plánované a koordinované vypouštění umělých, v laboratoři syntetizovaných virů. Neměli byste raději vyšetřovat tuto „tajemnou příhodu“? Zahájili jste nějaké vyšetřování? Koho vyšetřujete? Uveďte podrobnosti, prosím.

WHO je povinna využít všechny ostatní postupy dříve, než vyhlásí pandemii a zahájí plošné očkování, a proto je Vaší úřední povinností vědět, že v roce 1976 muselo být americkou vládou zrušeno plošné očkování proti prasečí chřipce, protože přibývalo důkazů, že jeho rizika pro veřejnost jsou větší než riziko skutečné prasečí chřipky. Vzhledem k tomuto precedentu z roku 1976 jste obzvláště povinna se ujistit, že pod vaší záštitou nebude předčasně vyhlášena pandemie a nebude provedeno žádné plošné očkování, pokud nebude ohrožena široká veřejnost a potvrzena vysoká kvalita a bezpečnost použitých vakcin. Musíte také prokázat, že doporučení nosit operační roušku není funkční alternativou při obraně před jakoukoliv údajnou pandemií.

Jsem přesvědčena, že neplníte své povinnosti tím, že

a) neposkytujete veřejnosti přesné informace o ohrožení, které pro ně představuje prasečí chřipka

b) jste se neujistila, zda předčasné vyhlášení pandemie nebude záminkou k rychlému šíření zamořených nebo závadných vakcin, které by mohly vést ke smrti či poškození lidí, jak se již událo v roce 1976

Jako veřejný činitel, jehož náplní práce je v současné době vyšetřování firem Baxter a Avir, zapletených do úniku pandemického materiálu s virem ptačí chřipky v Rakousku, jste povinna plně si uvědomovat okolnosti tohoto případu a role, kterou farmaceutická společnost, jmenovitě Baxter, hrála v tom, že byla téměř spuštěna pandemie. Měla byste také vědět o trestních oznámeních, která

jsem 8. dubna 2009 v této věci podala u vídeňské městské prokuratury proti Baxteru a dalším subjektům, včetně WHO, a jež jsou dostupná na blogu. Referenční centrum WHO poskytlo společnosti Baxter mimořádně smrtící divoký typ ptačí chřipky, kterým byla v konečném důsledku zamořena očkovací látka proti běžné lidské chřipce, jež byla poté distribuována do šestnácti laboratoří v Rakousku, České republice, Slovinsku a Německu pod falešným označením, a tak se ptačí chřipka mohla dle hodnocení expertů a médií v minulém zimním období rozšířit na pandemii. Viry namíchané v laboratoři mohly způsobit pandemii (6. března 2009)
http://timesofindia.indiatimes.com/articleshow/4230882.cms.

Je jasné, že v této kauze Baxter lze vidět dobře rozeznatelnou vazbu mezi WHO a únikem pandemické vakciny s virem ptačí chřipky v Evropě. Podle zpráv provádí WHO vyšetřování, jež má zjistit jakou roli měly společnosti Baxter a Avir při výrobě a distribuci této látky, ale doposud nebyly veřejnosti sděleny žádné výsledky tohoto vyšetřování, ani vydána doporučení ke zpřísnění bezpečnostních pravidel pro laboratoře, které pracují s vysoce patogennímy viry ptačí chřipky. Proč?

Tvrdím, že Vaše selhání při vedení úplného a detailního vyšetřování tohoto případu, a také při zveřejnění závěrů a vydání jasných doporučení k tomu, aby se předešlo opakování takových incidentů, je nejenom selháním ve výkonu vašich povinností veřejného činitele, ale také důkaz Vaší účasti při zakrývání skutečného původce pandemického viru, jímž je právě referenční centrum WHO. V mém trestním oznámení, podaném 8. dubna vídeňské prokuratuře, obviňuji firmu Baxter, že se pokoušela úmyslně spustit pandemii s cílem vydělat na tom tím, že měla dopředu uzavřené lukrativní smlouvy na dodávku vakcin proti ptačí chřipce s rakouským ministerstvem zahraničí z roku 2006, především smlouvu uzavřenou s rakouskou ministryní zdravotnictví Marií Rauch-Kallatovou, která obsahovala dodávku 16 milion očkovacích dávek v případě, že WHO vyhlásí pandemii ptačí chřipky.

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Obviňuji Vás z přípravy masové vraždy! (II)

Outsider Media, 4 May 2009
https://web.archive.org/web/20090724160330/http://www.outsidermedia.cz/Obvinuji-Vas-z-masove-vrazdy-1.aspx

V Německu je povinné očkování proti ptačí chřipce, které zajišťuje vyšší zisky farmaceutickým společnostem, navíc k tomu i motivaci pro spuštění pandemie, protože by z toho tyto společnosti měly zisk. Také je to motivací pro přehnaný nátlak na členy WHO, aby vyhlásili pandemii bez patřičného důvodu. S odvoláním na zákony proti vyděračsky působícím zločineckým organizacím jsem se snažila dokázat, že do vedoucích funkcí v organizacích, jako je například WHO, byli infiltrovány zločinecké živly, které v současnosti napomáhají další kriminální činnosti, jež zahrnuje loupežné vraždy, jež jsou maskovány jako tajné programy vývoje biologických zbraní. Výsledkem takové činnosti firmy Baxter bylo, že nejméně 35 lidí v Rakousku a ČR muselo dostat preventivní ochranu proti ptačí i běžné lidské chřipce v nemocnici. To znamená, že podle profesionálního mínění zdravotnického personálu existovalo skutečné, hmatatelné a specifické ohrožení zdraví těchto osob od materiálu kontaminovaného Baxterem a WHO, takže bylo okamžitě přikročeno k podání účinných léků.

Zjistila jsem, že personál v české laboratoři, který se dostal do kontaktu se zamořenou vakcinou společnosti Baxter, a který o tom poprvé informoval 6. února, byl přemístěn do karantény. Jestliže je skutečností, že tento incident se stal jen před několika týdny, a vaše organizace je v něm zapojena tím, že dodala smrtící kmen viru ptačí chřipky a vyšetřuje tento případ, je vaší povinností uvědomit si všechny podrobnosti, obvinění ze zločinných pohnutek, argumenty i protiargumenty pro tato obvinění, protože existuje mnoho analogií k tomuto novému případu "prasečí chřipky," mimo jiné uměle vytvořená struktura a záhadné objevení se nákazy na dvou místech zároveň.

A dále, měli byste být informováni o té skutečnosti, že Baxter používá režim zabezpečení Biosafety třetího stupně, v němž je náhodná kontaminace vysoce patogenního smrtelného kmene viru ptačí chřipky, který jste jim poslali ze svého referenčního centra, s humánním virem chřipky prakticky nemožná.

Musíte také vědět o výzkumu Jeffrey K. Taubenbergera z Department of Molecular Pathology, Armed Forces Institute of Pathology (Oddělení molekulární patologie Armádního patologického ústavu), který se zabýval viry ptačí chřipky, a zvláště o jeho rekonstrukci smrtícího kmene ptačí chřipky z genetického materiálu získaného z obětí pandemie španělské chřipky v letech 1918 – 1919. Přestože mnoho vědců a nevládních organizací vydalo varování, že vzkříšení tohoto smrtícího viru je nebezpečné pro veřejnost, WHO byla jedním z největších zastánců toho, aby se pokračovalo ve výzkumu tohoto bioinženýrsky získaného viru a „protilátek" proti němu, přičemž se utratily miliony dolarů daňových poplatníků na výzkum a preventivní programy.

Musíte vědět, že loni v létě tento vědec zveřejnil ve vědeckém časopise důkaz, jenž prokazuje, že se ptačí chřipka může smísit s virem lidské chřipky v laboratorních podmínkách. Jistě také máte informace o probíhajícím vyšetřování zločinu v Polsku, v němž jde o smrt bezdomovců poté, kdy byli loni v létě naočkování doktory a zdravotními sestrami. Z těchto důvodů tvrdím, že je dostatek důkazů z veřejných zdrojů, jež ukazují, že farmaceutické společnosti, vládní organizace i další

činitelé vědomě a úmyslně vytvářejí pandemické látky virové povahy, a jak jsme viděli v minulém zimním období v Rakousku, uvolňují je do populace, a přitom se pokoušejí skrýt svoji odpovědnost.

Kdybyste Vy a WHO v tuto chvíli vyhlásili pandemii kvůli prasečí chřipce v USA, a kdyby lidé začali umírat v přímém důsledku s plošnou vakcinací, kterou zahájíte, a kdyby přitom existovaly závažné důkazy o škodách a zdravotním poškození lidí v přímé souvislosti s plošným očkováním, které jste zahájili, jak se to stalo v roce 1976, mohlo by se stát, že nebudete obviněna pouze z přípravy masové vraždy, ale z jejího uskutečnění. Kromě toho, pokud jsem byla informována, Světová zdravotnická organizace publikovala studii, posuzující hospodářský dopad pandemického viru.

Pokud Vy, jako součást tohoto úřadu pomáháte zločineckým organizacím, které ovládly vysoké státní úřady proto, aby mohly provádět své zločiny, iniciovat a poté vyhlásit pandemii, jež rozvrátí hospodářství, potom Vy, další vedoucí představitelé pracující pro WHO s úředním pověřením, i WHO sama jako organizace, by se mohli zodpovídat nejen z obvinění za trestné činy, ale také za škody vyplývající z hromadných žalob podaných nejen občany USA, ale i občany či společnostmi z celého světa, kteří zjistili, že jejich příjmy poklesly jako přímý důsledek pandemie, která byla takto rozpoutána, a také jí následujících hospodářských potíží.

Pokud dojde k vyhlášení epidemie ze strany WHO a hromadným úmrtím, která budou způsobena plošným očkováním, předpovídám situaci, že Vy a WHO budete čelit tisícům trestních oznámení a hromadných žalob. Tvrdím, že způsob, jakým jste se chovali v kauze Baxter je důkazem, že jste nejednala ve veřejném zájmu, jak Vám to ukládá funkce, kterou vykonáváte, ale ve skutečnosti jste podporovala skryté zločinné zájmy spočívající v iniciaci pandemie a zneužití jejího vyhlášení k tomu, aby byly získány politické a finanční výhody pro skupinu, kterou označuji jako Zločinný gang iluminátů (Iluminati crime gang).

Vyhlášení pandemie ze strany Světové zdravotnické organizace dává přímé politické, finanční i jiné výhody živlům v americké vládě, zvláště těm, které označuji jako Zločinný gang iluminátů, NWO, CIA a zednářů, proti nimž se připravuje stíhání za protizákonné mučení na Guantanámu, které je v rozporu s americkým i mezinárodním právem, zvláště Donalda Rumsfelda (jenž má finanční vazby na výrobce protichřipkového léku Tamiflu), Richarda Cheneyho a Alberta Gonzalese. Vyhlášení stanného práva pomůže každému obviněnému z protiprávního mučení, aby se vyhnul stíhání v USA, ačkoliv kauza probíhá ve Španělsku.

Tvrdím, že vědomě a úmyslně zneužíváte svoji úřední moc ředitelky WHO, abyste pomohla těmto iluminátům dosáhnout politických a finančních cílů. Tvrdím, že dnes existují důkazy, že úmyslně dezinformujete o nákaze prasečí chřipkou, jež údajně začala včera, abyste zveličila nebezpečí pandemie za účelem ospravedlnit plošné očkování, přičemž ignorujete a potlačujete informace, které označují takovou reakci jako neadekvátní riziku. A na závěr, Vás žádám, abyste mi do pondělí 27. dubna, do 10 hodin SEČ poskytla následující dokumentaci v podobě příloh emailu, odkazů, právních informací atd. tak, abych je mohla posoudit před tím, než podám další trestní oznámení v této věci.

Zvláště Vás žádám o to, abyste mi sama nebo prostřednictvím svých podřízených poslala:

a) Vědecké studie, o vakcinách, jež hodláte použít k plošné vakcinaci populace v USA, jež podají jasné důkazy z respektovaných vědeckých kruhů, o tom, že proběhly klinické testy, jejichž výsledky byly publikovány v prestižních vědeckých časopisech, a jež jednoznačně potvrzují jejich bezpečnost.

b) Informace o genových sekvencích prasečí chřipky, které WHO doposud zjistila u obětí nákazy v Mexiku a Spojených státech

c) Informace o tom, které společnosti nasmlouvaly s WHO dodávky vakcin proti prasečí chřipce, jejich termíny a dohodnuté podmínky, včetně garance kvality a cenových ujednání.

d) Detailní rozpis všech bezpečnostních procedur a nezávislých dobrozdání, jimiž WHO zaručuje, že veškeré očkování splňuje uznávané standardy bezpečnosti a kvality.

e) Dokumenty prokazující, že máte patřičnou pravomoc vyhlásit v případě prasečí chřipky pandemii a přinutit násilím celou populaci, aby se nechala očkovat ve formě právních ustanovení, směrnic apod.

Pošlete mi, prosím, všechny tyto dokumenty jako přílohy mailu. Pokud nestihnete pondělní termín, budu v mém podání k soudu tvrdit, že nemáte takové dokumenty. Žádám Vás, abyste se ujistila, že jste si ponechala kopii mailu, který mi pošlete, takže budete moci doložit soudu, že:

a) Máte všechna náležitá oprávnění a dokumenty

b) Držíte je v rukou dostupné pro veřejný dohled a zběžné nahlédnutí v situaci ohrožení, což je Vaší povinností veřejného činitele

Age of Autism

John Stone

A Lethal Mixture: Swine and Bird Flu. Can We Trust Baxter, GSK and the WHO?

Age of Autism, 17 May 2009, at 08:15 PM
https://www.ageofautism.com/2009/05/a-lethal-mixture-swine-and-bird-flu-can-we-trust-baxter-gsk-and-the-who.html

The most recent paroxysm in the swine flu saga begs some interesting questions which scarcely ought to be swept aside. Last week veteran Australian scientist, Adrian Gibbs, author of 250 peer review studies raised the issue whether H1N1 virus could have been created in a lab error. Of course, denials were rapid. ABC News reported (HERE.)

"Technically it's plausible but not likely," (said) Christopher Ohl, an associate professor of medicine at Wake Forest University School of Medicine, and a specialist in infectious diseases.

"In this case I'm not concerned that this virus represents anything other than a naturally occurring mixture of viruses happening in nature," concluded Dr. Julie Gerberding, an infectious disease expert and the former director of the CDC...

"Regardless of the validity of Gibb's claims, he and several experts say that just bringing the idea of laboratory security to the public's attention is important.

"There are lives at risk," Gibbs said. "The sooner this idea gets out, the better."

"In 2001, foot-and-mouth disease led to the slaughter of more than 6 million animals, all after a vial went missing from a research laboratory in the United Kingdom.

"Since then, however, experts said lab security and regulations have been getting tighter and better.

"Laboratories have a lot of security from having this happen, and it's very unlikely," Ohl said of the new theory about swine flu's origin."

But have things improved since 2001?

Probably the scariest story this year has so far been overlooked by the media at large. On February 27 an article appeared in the Toronto Sun by Helen Branwell, 'Baxter: Product contained live bird flu virus' (HERE.)

"The company that released contaminated flu virus material from a plant in Austria confirmed Friday that the experimental product contained live H5N1 avian flu viruses. "And an official of the World Health Organization's European operation said the body is closely monitoring the investigation into the events that took place at Baxter International's research facility in Orth-Donau, Austria.

"At this juncture we are confident in saying that public health and occupational risk is minimal at present," medical officer Roberta Andraghetti said from Copenhagen, Denmark.

"But what remains unanswered are the circumstances surrounding the incident in the Baxter facility in Orth-Donau."

“The contaminated product, a mix of H3N2 seasonal flu viruses and unlabelled H5N1 viruses, was supplied to an Austrian research company. The Austrian firm, Avir Green Hills Biotechnology, then sent portions of it to sub-contractors in the Czech Republic, Slovenia and Germany.

“The contamination incident, which is being investigated by the four European countries, came to light when the subcontractor in the Czech Republic inoculated ferrets with the product and they died. Ferrets shouldn’t die from exposure to human H3N2 flu viruses...”

According to science columnist Mark Henderson writing in the London Times on May 4, the real danger from the new swine flu virus H1N1 would be if it combined with the previous big viral scare, avian flu H5N1:

"The biggest worry would be if a person or a pig became infected with both swine flu and H5N1 avian flu at the same time. As the former is highly transmissible but does not appear to be particularly lethal, while the latter is highly virulent but does not spread easily, a reassortment between the two could generate a very dangerous strain."

Of course, it would not be wise on its own to take anything Henderson says too seriously, bearing in mind his boss is a director of pharmaceutical giant GlaxoSmithKline (HERE) and he is associated with the pharmaceutical lobby organisation Sense About Science (HERE.) However, bearing in mind the Toronto Sun story of February it is not exactly encouraging that WHO and the CDC have chosen Baxter as well as GlaxoSmithKline to develop a vaccine against H1N1 (HERE.)

So many aspects of these stories are not re-assuring. There have been no further reports on the Baxter bird flu fiasco since February, which at best sounds like criminal negligence of a high order – meanwhile the WHO and CDC remain silent. Health officials have failed to deny that the swine flu virus could have been created in a laboratory, but merely claim that such a security lapse is unlikely, when we know a much worse one occurred within the last 3 months. And Julie Gerberding, out-going director of CDC, fails to deny that swine flu is man-made but only tells us that she is “not concerned”.

John Stone, based in London, is a Contributing Editor to Age of Autism.

WAKENEWS.NET
FÜR ALLE, DIE AUFWACHEN WOLLEN

WN ANZEIGER
Das Medium für Souveräne Menschen
http://www.wnanzeiger.net/

Austrian Minister confirms Baxter investigation

Waken News, 20 May 2009
http://wakenews.net/Hinausschrift_BMG-92400_0049-I_B_8_2009_20.05.2009_Burgermeister__Jane.pdf

BUNDESMINISTERIUM FÜR GESUNDHEIT

Frau
Jane Burgermeister

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Stö805/ Jane BURGERMEISTER betr. Anzeige gg Baxter (Vogelgrippe)

Sehr geehrte Frau Burgermeister!

Das Bundesministerium für Gesundheit bestätigt den Erhalt und die Kenntnisnahme Ihres e-mails an den Herrn Bundesminister Stöger vom 26. April 2009. Ihre Anzeige bei der Staatsanwaltschaft Wien wird durch diese bearbeitet werden.

Mit freundlichen Grüßen

Für den Bundesminister:

Dr. Sylvia Füszl

MapCruzin.com
Tools and Resources for Re-imagining Our Relationships with Each Other and the Earth

Viral Pandemic H5N1 flu threat
Baxter contaminates European labs by error

Map Cruzin, 30 May 2009 // LifeGen.de, 25 February 2009
https://web.archive.org/web/20090529232302/https://mapcruzin.com/news/swine-flu042709d.htm
https://web.archive.org/web/20090430135214/http://www.lifegen.de/newsip/shownews.php4?getnews=2009-02-25-5123

It could be a Hollywood Worst Case Thriller, but it is real:

According to the scientific network PROMED, Baxter International Inc. in Austria "unintentionally contaminated samples with the bird flu virus that were used in laboratories in 3 neighboring countries, raising concern about the potential spread of the deadly disease". As PROMED reports, the contamination has been discovered when ferrets at a laboratory in the Czech Republic died after being inoculated with vaccine made from the samples early this month. "The material came from Deerfield, Illinois-based Baxter, which reported the incident to the Austrian Ministry of Health, Sigrid Rosenberger, a ministry spokeswoman, said today in a telephone interview", the network-alert-system is quoting. "This was infected with a bird flu virus," Rosenberger said. "There were some people from the company who handled it." There are severe signs that the long expected pandemic avian influenza could be on its way to conquer the world - even without Baxter's error driven help. by Vlad Dan Georgescu and Marita Vollborn

First deaths in Asia concern little children, which from virological point of view is a rather new aspect, and could be the evidence for a new spread. While scientists expect this pandemic to happen in the near future, the new President should also stay alert: A coming influenza pandemic would deteriorate the global economy even without financial crisis, recession – or Baxter.

Evidence for the global threat comes from China, where a 2 year old girl has been confirmed to be infected with bird flu in the northern Shanxi Province, as government officials said last Saturday. The child was found ill on 7th of January in the central Hunan province - the little patient still is in critical condition. According to the test result of the Chinese Center for Disease Control and Prevention, the girl had been tested positive for the H5N1 strain of avian influenza.

On the other site of the globe, the Ministry of Health and Population of Egypt announced a new human case of avian influenza A(H5N1) virus infection last week, the case being a 21 month old girl Kerdasa District.

“Infection with the H5N1 avian influenza virus was diagnosed by PCR at the Egyptian Central Public Health Laboratory and subsequently confirmed by the U. S. Naval Medical Research Unit No. 3 (NAMRU-3) laboratories”, reports the special wire PROMED. According to PROMED, investigations into the source of her infection indicate a recent history of contact with sick and dead poultry - 23 similar cases in Egypt have been fatal up to date.

Old Europe as leading research power?

Given such facts, Mr. Obama should follow European research policy: European research on vaccine development for pandemic influenza has been financed since 2001 by the European Union. Early projects worked to develop an egg-free vaccine, which is faster and safer to produce, along

with innovative application techniques. Research is now underway with the objectives of fighting the disease at the source (infected birds) and protecting human populations through pandemic influenza vaccines. Future EU research will improve vaccine efficiency by adding adjuvants, substances that boost the body's immune response to vaccine antigen. Additionally, research teams are currently focused on developing a universal flu vaccine that could provide a lifetime of protection from influenza.

Latest surveillance data coming through the European Centre for Disease Prevention and Control (ECDC) from virologists and clinicians indicates that the influenza A(H3N2) virus is the predominant strain in Europe so far this season (2008/2009). Based on the data published by ECDC the pharmaceutical company Roche confirms that the oral antiviral Tamiflu (oseltamivir) is fully active against influenza A(H3N2) and influenza B, which currently comprise 94 percent of circulating viruses in Europe this year. Tamiflu resistance reported in the 2008-2009 influenza seasons is confined to H1N1. No resistance has been seen with other circulating seasonal viruses - H3N2 and influenza B.

"Recent media reporting has elevated awareness of the H1N1 seasonal resistance seen this year in the United States and the Far East. However, in Europe the picture is different with H3N2 being the dominant strain so far. The circulating H3N2 viruses, which often cause a more severe illness than H1N1, are sensitive to oseltamivir, which means that oseltamivir will be active against the vast majority of influenza infections in Europe this season, if current trends continue," comments Prof Albert Osterhaus, Head of Virology, Erasmus Medical Centre, Rotterdam. "It is important that doctors understand that oseltamivir remains an effective treatment for patients across Europe."

Flu alert for the new President

However, the situation in the United States is more alerting, according to the Centers for Disease Control and Prevention (CDC). A new University of Colorado at Boulder study showed the resistance of the avian flu virus to a major class of antiviral drugs "is increasing through positive evolutionary selection, with researchers documenting the trend in more than 30 percent of the samples tested", as the scientists report. Even if the expected influenza pandemic did not start yet, there is no doubt about the comeback of the lethal virus: The first Pandemic Influenza occurred in three waves in the United States - exactly 90 years ago, between 1918 and 1919.

Pandemic Timeline

Chronological Sequence of Events

Charges filed against WHO, UN, others

Pandemic Time line 10 June 2009
https://pandemictimeline.com/2009/06/charges-filed-against-who-un-others/

Journalist Jane Bürgermeister files charges with the FBI against the World Health Organization (WHO), the United Nations (UN), and several of the highest-ranking government and corporate officials concerning bioterrorism and attempts to commit mass murder. She has also prepared an injunction against forced vaccination which is being filed in America. These actions follow her charges filed in April against Baxter AG and Avir Green Hills Biotechnology of Austria for producing contaminated bird flu vaccine, alleging this was a deliberate act to cause and profit from a pandemic.

She had previously filed charges on April 8, 2009, with the Vienna City Courthouse where she lives against Baxter AG and Avir Green Hills Biotechnology of Austria. See her post of April 13, 2009, Charges filed with the 1st part translated into English (archived).

=>
[https://web.archive.org/web/20090620070919/http://birdflu666.wordpress.com/2009/04/13/case-about-bird-flu]

NaturalNews.com
Natural Health, Natural Living, Natural News

Barbara Minton

Journalist Files Charges against WHO and UN for Bioterrorism and Intent to Commit Mass Murder

Natural Health Editor, Thursday, 25 June 2009
https://web.archive.org/web/20090627093227/https://www.naturalnews.com/026503_pandemic_swine_flu_bioterrorism.html

As the anticipated July release date for Baxter's A/H1N1 flu pandemic vaccine approaches, an Austrian investigative journalist is warning the world that the greatest crime in the history of humanity is underway. Jane Burgermeister has recently filed criminal charges with the FBI against the World Health Organization (WHO), the United Nations (UN), and several of the highest ranking government and corporate officials concerning bioterrorism and attempts to commit mass murder. She has also prepared an injunction against forced vaccination which is being filed in America. These actions follow her charges filed in April against Baxter AG and Avir Green Hills Biotechnology of Austria for producing contaminated bird flu vaccine, alleging this was a deliberate act to cause and profit from a pandemic.

Summary of claims and allegations filed with FBI in Austria on June 10, 2009

In her charges, Burgermeister presents evidence of acts of bioterrorism that is in violation of U.S. law by a group operating within the U.S. under the direction of international bankers who control the Federal Reserve, as well as WHO, UN and NATO. This bioterrorism is for the purpose of carrying out a mass genocide against the U.S. population by use of a genetically engineered flu pandemic virus with the intent of causing death. This group has annexed high government offices in the U.S.

Specifically, evidence is presented that the defendants, Barack Obama, President of the U.S, David Nabarro, UN System Coordinator for Influenza, Margaret Chan, Director-General of WHO, Kathleen Sibelius, Secretary of Department of Health and Human Services, Janet Napolitano, Secretary of Department of Homeland Security, David de Rotschild, banker, David Rockefeller, banker, George Soros, banker, Werner Faymann, Chancellor of Austria, and Alois Stoger, Austrian Health Minister, among others, are part of this international corporate criminal syndicate which has developed, produced, stockpiled and employed biological weapons to eliminate the population of the U.S. and other countries for financial and political gain.

The charges contend that these defendants conspired with each other and others to devise, fund and participate in the final phase of the implementation of a covert international bioweapons program involving the pharmaceutical companies Baxter and Novartis. They did this by bioengineering and then releasing lethal biological agents, specifically the "bird flu" virus and the "swine flu virus" in order to have a pretext to implement a forced mass vaccination program which would be the means of administering a toxic biological agent to cause death and injury to the people of the U.S. This action is in direct violation of the Biological Weapons Anti-terrorism Act.

Burgermeister's charges include evidence that Baxter AG, Austrian subsidiary of Baxter International, deliberately sent out 72 kilos of live bird flu virus, supplied by the WHO in the winter of 2009 to 16 laboratories in four counties. She claims this evidence offers clear proof that the pharmaceutical companies and international government agencies themselves are actively engaged in producing, developing, manufacturing and distributing biological agents classified as the most deadly bioweapons on earth in order to trigger a pandemic and cause mass death.

In her April charges, she noted that Baxter's lab in Austria, one of the supposedly most secure biosecurity labs in the world, did not adhere to the most basic and essential steps to keep 72 kilos of a pathogen classified as a bioweapon secure and separate from all other substances under stringent biosecurity level regulations, but it allowed it to be mixed with the ordinary human flu virus and sent from its facilities in Orth in the Donau.

In February, when a staff member at BioTest in the Czech Republic tested the material meant for candidate vaccines on ferrets, the ferrets died. This incident was not followed up by any investigation from the WHO, EU, or Austrian health authorities. There was no investigation of the content of the virus material, and there is no data on the genetic sequence of the virus released.

In answer to parliamentary questions on May 20th, the Austrian Health Minister, Alois Stoger, revealed that the incident had been handled not as a biosecurity lapse, as it should have been, but as an offence against the veterinary code. A veterinary doctor was sent to the lab for a brief inspection.

Burgermeister's dossier reveals that the release of the virus was to be an essential step for triggering a pandemic that would allow the WHO to declare a Level 6 Pandemic. She lists the laws and decrees that would allow the UN and WHO to take over the United States in the event of pandemic. In addition, legislation requiring compliance with mandatory vaccinations would be put into force in the U.S. under conditions of pandemic declaration.

She charges that the entire "swine flu" pandemic business is premised on a massive lie that there is no natural virus out there that poses a threat to the population. She presents evidence leading to the belief that the bird flu and swine flu viruses have, in fact, been bioengineered in laboratories using funding supplied by the WHO and other government agencies, among others. This "swine flu" is a hybrid of part swine flu, part human flu and part bird flu, something that can only come from laboratories according to many experts.

WHO's claim that this "swine flu" is spreading and a pandemic must be declared ignores the fundamental causes. The viruses that were released were created and released with the help of WHO, and WHO is overwhelmingly responsible for the pandemic in the first place. In addition, the symptoms of the supposed "swine flu" are indistinguishable from regular flu or from the common cold. The "swine flu" does not cause death anymore often than the regular flu causes death.

Burgermeister notes that the figures for deaths reported for the "swine flu" are inconsistent and there is no clarity as to how the number of "deaths" has been documented.

There is no pandemic potential unless mass vaccinations are carried out to weaponize the flu under the guise of protecting the population. There are reasonable grounds for believing that the mandatory vaccines will be purposely contaminated with diseases that are specifically designed to cause death.

Reference is made to a licensed Novartis bird flu vaccine that killed 21 homeless people in Poland in the summer of 2008 and had as its "primary outcome measure" an "adverse events rate", thereby meeting the U.S. government's own definition of a bioweapon (a biological agent designed to cause an adverse events rate, i.e death or injury) with a delivery system (injection).

She alleges that the same complex of international pharmaceutical companies and international government agencies that have developed and released pandemic material have positioned themselves to profit from triggering the pandemic with contracts to supply vaccines. Media controlled by the group that is engineering the "swine flu" agenda is spreading misinformation to lull the people of the U.S. into taking the dangerous vaccine.

The people of the U.S. will suffer substantial and irreparable harm and injury if they are forced to take this unproven vaccine without their consent in accordance with the Model State Emergency Health Powers Act, National Emergency Act, National Security Presidential Directive/NSPD 51, Homeland Security Presidential Directive/HSPD-20, and the International Partnership on Avian and Pandemic Influenza.

In the U.S. since 2008, Burgermeister charges that those named in her allegations have implemented new and/or accelerated the implementation of laws and regulations designed to strip the citizens of the U.S. of their lawful constitutional rights to refuse an injection. These people have created or allowed provisions to remain in place that make it a criminal act to refuse to take an injection against pandemic viruses. They have imposed other excessive and cruel penalties such as imprisonment and/or quarantine in FEMA camps while barring the citizens of the U.S. from claiming compensation from injury or death from the forced injections. This is in violation of the laws governing federal corruption and the abuse of office as well as of the Constitution and Bill of Rights. Through these actions, the named defendants have laid the groundwork for mass genocide.

Using the "swine flu" as a pretext, the defendants have preplanned the mass murder of the U.S. population by means of forced vaccination. They have installed an extensive network of FEMA concentration camps and identified mass grave sites, and they have been involved in devising and implementing a scheme to hand power over the U.S. to an international crime syndicate that uses the UN and WHO as a front for illegal racketeering influenced organized crime activities, in violation of the laws that govern treason.

She further charges that the complex of pharmaceutical companies consisting of Baxter, Novartis and Sanofi Aventis are part of a foreign-based dual purpose bioweapons program, financed by this international criminal syndicate and designed to implement mass murder to reduce the world's population by more than 5 billion people in the next ten years. Their plan is to spread terror to justify forcing people to give up their rights, and to force mass quarantine in FEMA camps. The houses, companies and farms and lands of those who are killed will be up for grabs by this syndicate.

By eliminating the population of North America, the international elite gain access to the region's natural resources such as water and undeveloped oil lands. And by eliminating the U.S. and its democratic constitution by subsuming it under a North American Union, the international crime group will have total control over North America.

Highlights from the complete dossier

The complete dossier of the June 10th action is a 69-page document presenting evidence to substantiate all charges. This includes:

Factual background that delineates time lines and facts that establish probable cause, UN and WHO definitions and roles, and history and incidents from the April, 2009 "swine flu" outbreak.

Evidence the "swine flu" vaccines are defined as bioweapons as delineates in government agencies and regulations classifying and restricting vaccines, and the fear of foreign countries that "swine flu" vaccines will be used for biological warfare.

Scientific evidence the "swine flu" virus is an artificial (genetic) virus.

Scientific evidence the "swine flu" was bioengineered to resemble the Spanish flu virus of 1918 including quotes from *Swine Flu 2009 is Weaponized 1918 Spanish Flu* by A. True Ott, Ph.D., N.D., and a *Science Magazine* report from Dr. Jeffrey Taubenberger et.al.

The genome sequence of the "swine flu"

Evidence of the deliberate release of the "swine flu" in Mexico.

Evidence as to the involvement of President Obama that delineates his trip to Mexico which coincided with the recent "swine flu" outbreak and the death of several officials involved in his trip. Contention is made that the President was never tested for "swine flu" because he had been previously vaccinated.

Evidence as to the role of Baxter and WHO in producing and releasing pandemic virus material in Austria includes a statement from a Baxter official stating the accidentally distributed H5N1 in the Czech Republic was received from a WHO reference center. This includes delineation of evidence and allegations from Burgermeister's charges filed in April in Austria that are currently under investigation.

Evidence Baxter is an element in a covert bioweapons network

Evidence Baxter has deliberately contaminated vaccine material

Evidence Novartis is using vaccines as bioweapons

Evidence as to WHO's role in the bioweapons program

Evidence as to WHO's manipulation of disease data in order to justify declaring a Pandemic Level 6 in order to seize control of the USA.

Evidence as to the FDA's role in covering up the bioweapons program

Evidence as to Canada's National Microbiology Lab's role in the bioweapons program.

Evidence of the involvement of scientists working for the UK's NIBSC, and the CDC in engineering the "swine flu".

Evidence vaccinations caused the Spanish killer flu of 1918 including belief of Dr. Jerry Tennant that the widespread use of aspirin during the winter that followed the end of World War I could have been a key factor contributing to the earlier pandemic by suppressing the immune system and lowering body temperatures, allowing the flu virus to multiply. Tamiflu and Relenza also lower body temperatures, and therefore can also be expected to contribute to the spread of a pandemic.

Evidence as to manipulation of the legal framework to allow mass murder with impunity.

Constitutional issues: the legality vs. illegality of jeopardizing the life, health and public good by mass vaccinations.

The issue of immunity and compensation as evidence of intent to commit a crime.

Evidence as to the existence of an international corporate crime syndicate.

Evidence of the existence of the "Illuminati".

Evidence as to the depopulation agenda of the Illuminati/Bilderbergs and their involvement in the engineering and release of the artificial "swine flu" virus.

Evidence that weaponized flu was discussed at the annual Bilderberg meeting in Athens from May 14-17, 2009, as part of their agenda of genocide, including a list of attendees who, according to a statement once made by Pierre Trudeau, view themselves as genetically superior to the rest of humanity.

Media is keeping Americans clueless about the threat they are under

Jane Burgermeister is a dual Irish/Austrian who has written for *Nature*, the British Medical Journal, and *American Prospect*. She is the European Correspondent of the *Renewable Energy World* website. She has written extensively about climate change, biotechnology, and the ecology.

In addition to the charges currently under investigation that she filed against Baxter AG and Avir Green Hills Biotechnology in April, she has filed charges against WHO and Baxter among others concerning a case of exploding "swine flu" vials meant for a research lab on a busy IC train in Switzerland.

In her view, control of the media by the ruling elite has allowed the world crime syndicate to further its agenda unabated while the rest of the people remain in the dark about what is really going on. Her charges are an attempt to get around this media control and bring the truth to light.

Her greatest concern is that "in spite of the fact Baxter has been caught red handed nearly triggering pandemic, they are also moving ahead, together with allied pharma companies, with supplying the vaccine for pandemics." Baxter is hurrying to get this vaccine to market some time in July.

birdflu666 .wordpress.com

Jane Burgermeister

About my being fired yesterday

Bird Flu 666, 1 July 2009

https://web.archive.org/web/20090704055256/http://birdflu666.wordpress.com/2009/07/01/about-my-being-fired-yesterday/

On Monday, I was unexpectedly fired from my job as European Correspondent of the Renewable Energy World website.

Because there is reason to believe this decision was related to my filing charges alleging bioterrorism against the people of the USA and the rest of the world, and because I am entitled as a citizen to report a crime if there is credible evidence, I intend to file a lawsuit against Pennwell, a magazine company that covers the oil and defense industries and which took over REW in 2007 after I began working there, for unfair dismissal.

I have heard of other journalists fired or harrassed for covering this subject.

Help strike a blow for freedom of the press and for legal action to stop this kind of pressure being applied to journalists, and donate to:

Jane Buergermeister (Jane Bürgermeister)

Bank Austria Creditanstalt
Schottengasse 1- 6, A-1010 Wien, Austria
Account number: 152 115 33300
Swift code: 12 000
IBAN = AT83 1100 0152 11 53 3300
BIC = BKAUATWW

Вирусология

Владимир Тихомиров, Светлана Скарлош

Бизнес на пандемии. Паника, вызванная вирусом свиного гриппа A/H1N1, обернулась колоссальными доходами для транснациональных фармацевтических гигантов

Огонек, 6-12 июля 2009, № 8, с. 44-46 // Коммерсантъ, 6 июля 2009
https://magzdb.org/file/187766/dl
https://www.kommersant.ru/doc/1194576

...

Baxter Pharmaceuticals Inc., связанная с Минобороны США, которая пару лет назад уже разрабатывала вакцину против птичьего гриппа, в связи с чем получила эксклюзивное право на распространение вакцины в 18 странах мира, включая Европу.

Результатом же опытов стал грандиозный скандал, когда в Австрию и Чехию для клинических испытаний пришли образцы вакцин от обычного гриппа, зараженные птичьим штаммом H5N1. Комбинация этих двух вирусов могла бы привести к появлению нового "птичьего вируса, который мог бы передаваться от человека к человеку.

И снова расследование этого инцидента было замято при помощи ВОЗ, а ответственность за загрязнение вакцины возложили на лабораторных техников, мол, они там что-то случайно напутали.

...

ALLES SCHALL UND RAUCH

Wurde Jane Bürgermeister wegen ihrer Bioterroranzeige entlassen?

Alles Schall und Rauch, 15 Juli 2009, 12:03
http://alles-schallundrauch.blogspot.com/2009/07/wurde-jane-burgermeister-wegen-ihrer.html

Die kritische Journalistin Jane Bürgermeister, welche eine Anzeige gegen die WHO, Firma Baxter und dem Nationalen Zentrum für Influenza in Genf bei der österreichischen Staatsanwaltschaft eingereicht hat, wurde von ihrer Stelle als europäische Korrespondentin der Renewable Energy World Webseite (REW)entlassen. Auf ihrem Blog schreibt sie, nach ihrer Meinung hängt das mit ihrer Anzeige wegen Bioterrorismus mit Schweingrippeviren gegen die Weltgemeinschaft zusammen. Sie will sich mit einer Klage gegen die Firma Pennwell, ein Zeitschriftzenverlag der über die Öl- und Waffenindustrie berichtet und REW im Jahre 2007 übernommen hat, wegen ungerechfertigter Entlassung wehren.

Am 28. April 2009 berichtete ich hier über die Explosion eines Behälters mit Schweinegrippe-Viren im Intercity in der Nähe von Freiburg (Schweiz).
https://web.archive.org/web/20090501104506/http://alles-schallundrauch.blogspot.com/2009/04/doktor-ron-paul-uber-die-schweinegrippe.html
Basierend auf diesem Ereignis hat Jane Bürgermeister folgende Anzeige erstattet:

"Ich bin Österreichische Staatsbürgerin und in der Schweiz, in Zürich, geboren, und möchte eine Anzeige gegen The World Health Organisation, mit Sitz in Geneva,

und, Baxter AG, mit Sitz in Volketswil bei Zürich, die österreichische Tochtergesellschaft des Pharmaunternehmens Baxter International, mit Sitz in Deerfield, IL, USA,

und, Baxter International aufgrund Gefährdung des Lebens und der Gesundheit der Passengieren des Intercity Zuges 730 St Gallen – Zürich erstatten.

Ich behaupte, WHO und Baxter und ihre Partner Labors und Organisationen haben am Montag 27. April rechtswidrig, willentlich und wissentlich, unter Verwendung manipulativer und betrügerischer Kunstgriffe, gegen nationale und internationale Gesetze zur Herstellung, Besitz, Verbreitung und Einsatz biologischer Massenvernichtungswaffen und Gesetze zur organisierter Kriminalität, eine biologische
Agent hergestellt und unter die Passagiere verteilt mit der Absicht eine tödliche Pandemie in der Schweiz auszulösen."

Hier kann man die ganze Anzeige lesen. Anzeige, gegen
World Health Organisation, und Baxter, und Nationalen Zentrums für Influenza, Genf
https://web.archive.org/web/20090704173334/http://wakenews.net/Microsoft_Word__Anzeige_Schweiz.pdf

Am 5. März 2009 berichtete ich hier über die Firma Baxter in Österreich, die in ihren Labors einen Grippeimpfstoff mit Killerviren verseucht und in Umlauf gebracht hat. Wegen diesem Vorfall erstatte Jane Bürgermeister am 1. April folgende Anzeige:
"Anzeige gegen Baxter AG, Baxter International, und Avir Green Hills Biotechnology AG wegen der Entwicklung, Herstellung, Verbreitung und dem Einsatz von biologischen Massenvernichtungswaffen auf österreichischen Boden in den Jahren 2008 und 2009 mit der Absicht eine globale Vogelgrippe Pandemie auszulösen und sich dadurch zu bereichern aufgrund einer Handlung die auch gegen Gesetze der internationalen organisierten Kriminalität und Völkermord verstösst."

Die ganze Anzeige gibts hier. Anzeige Gegen
Baxter AG, Baxter International, und Avir Green Hills Biotechnology AG Wegen Der Entwicklung, Herstellung, Verbreitung und Dem Einsatz Von Biologischen Massenvernichtungswaffen auf Österreichischen Boden in Den Jahren 2008 UND 2009
https://web.archive.org/web/20090711092637/http://wakenews.net/Microsoft_Word__Anzeige_Vogelgrippe.pdf

Dann hat sie richtig losgelegt und vor einem amerikanischen Gericht noch Anzeige wegen Bioterror gegen Präsident Barack Obama, David Nabarro (UNO-Koordinator für Avian und Grippe), Dr. Margret Chan (Chefin WHO), Kathleen Sibelius (Chefin Gesundheitsbehörde), Janet Napolitano (Chefin Heimatschutzbehörde), Dr. Margret Hamburg (Chefin Drogenbehörde), Robert Parkinson (Chef Baxter), Daniel Vasella (Chef Novartis), Chris Viehbacher (Chef Sanofi Aventis), Andrew Witty (Chef GSK Plc), Rahul Singhvi (Chef Novavax), David de Rothschild (Partner Rothschild Bank), David Rockefeller (Trilateral Commsission), Georg W. Bush, George Soros (Chef Soros Fund) und Bill Gates (ex Microsoft Chef, Bill und Melinda Gates Foundation) erstattet.

Sie behauptet: "Weil es Verdachtsmomente gibt, die Beschuldigten sind Teil eines internationalen kriminellen Syndikats, welches Biowaffen (Grippe) entwickelt, produziert, gelagert und eingesetzt hat, um die Weltbevölkerung zu reduzieren."

Die ganze Anzeige kann man hier lesen.
Criminal charges regarding flu pandemic as a biological weapon with intent to produce genocide
https://web.archive.org/web/20091015171300/http://wakenews.net/Microsoft_Word__Criminal_Charges__Swine_flu_edits_v2_1_.pdf

Zu ihrer Entlassung sagt Jane, sie hätte von andern Journalisten gehört, die ebenfalls unter Druck gesetz und gefeuert wurden, weil sie über dieses Thema berichtet haben.

Anfrage im österreichischen Parlament

Hier der Link zur parlamentarischen Anfrage wegen des Vorfalls bei Baxter Österreich.
https://web.archive.org/web/20150115010153/http://www.parlament.gv.at/PAKT/VHG/XXIV/J/J_01437/fnameorig_153739.html
Hier der Link zur Antwort des Bundesministeriums für Gesundheit.
https://web.archive.org/web/20090704023715/http://www.parlament.gv.at/PG/DE/XXIV/AB/AB_01457/fnameorig_158854.html

Darin wird bestätigt, der Fall ist tatsächlich so abgelaufen wie ich am 5. März berichtet habe. Es fand ein Kontamination von 72 Kilo Impfstoff mit Vogelgrippe-Virus (Influenza A/H5N1) statt. Es wird aber die ganze Sache verharmlost und nur von "zu Forschungszwecke bestimmtes Material" gesprochen, welches in der Zwischenzeit vernichtet wurde.

Die Einstellung und Massnahmen des österreichischen Gesundheitsministeriums sind gelinde gesagt sehr unbefriedigend, wenn nicht sehr bedenklich. Es wird nicht die Frage gestellt, warum vermischt die Firma Baxter einen Grippeimpstoff mit Vogelgrippeviren zu angeblichen Forschungszwecke? Was forschen sie denn da in ihrem Labor? Eine Biowaffe? Und dann noch ca. 72 Liter davon? Wie viele Dosen kann man damit produzieren? Bei Tamiflu besteht eine Dosis aus 72 mg. Das wären ja dann 72'000 ml durch 72 ml ist gleich genau 1'000 Dosen!!!

Audio: Hier ein Interview mit Jane Bürgermeister:
https://youtu.be/lt9mz3fWmxI?t=591

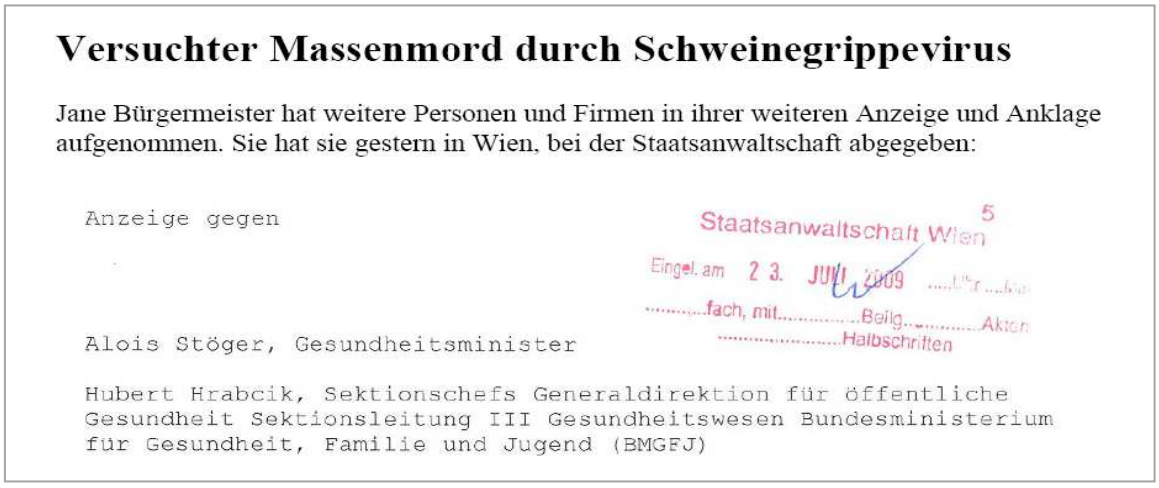
Audio: Jane Burgermeister interview on Swine Flu Depopulation ¼.
https://www.youtube.com/watch?v=lt9mz3fWmxI&t=591s

Jane Bürgermeister

Impfterrorismus (Vaccination Terrorism)

Wien, 23 July 2009
https://www.youtube.com/watch?v=lhJt8WZPN4M

Jane Bürgermeister erstattete am 23.7.2009 Anzeige gegen die WHO und den Pharmariesen Baxter, nachdem sie bei Recherchen eines "Biotech-Laborunfalls" entdeckte, dass unter dem Vorwand der Bekämpfung der Schweinegrippe Biowaffen entwickelt wurden, die nicht allein in der Schweiz eine tödliche Pandemie auslösen sollten Über internationale Verbrecher-Syndikate, ihre Ziele und die Frage: Auf welchem Weg kam es bei Baxter zur Verseuchung von 72 kg Grippeimpfstoffen mit in Labors gezüchteten tödlichen Vogelgrippeerregern?



Versuchter Massenmord durch Schweinegrippevirus

Jane Bürgermeister hat weitere Personen und Firmen in ihrer weiteren Anzeige und Anklage aufgenommen. Sie hat sie gestern in Wien, bei der Staatsanwaltschaft abgegeben:

Anzeige gegen

Staatsanwaltschaft Wien 5
Eingel. am 23. JULI 2009
fach, mit Beilg. Akten
Halbschriften

Alois Stöger, Gesundheitsminister

Hubert Hrabcik, Sektionschefs Generaldirektion für öffentliche Gesundheit Sektionsleitung III Gesundheitswesen Bundesministerium für Gesundheit, Familie und Jugend (BMGFJ)

Jane Bürgermeister

Versuchter Massenmord durch Schweinegrippevirus

Wien, 23 July 2009

https://www.pdfprof.com/PDF_Image.php?idt=18733&t=32
https://docplayer.org/24523482-Versuchter-massenmord-durch-schweinegrippevirus.html

Jane Bürgermeister hat weitere Personen und Firmen in ihrer weiteren Anzeige und Anklage aufgenommen. Sie hat sie gestern in Wien, bei der Staatsanwaltschaft abgegeben:

Anzeige Gegen:

- Alois Stöger, Gesundheitsminister
- Hubert Hrabcik, Sektionschefs Generaldirektion für öffentliche Gesundheit Sektionsleitung III Gesundheitswesen Bundesministerium für Gesundheit, Familie und Jugend (BMGFJ)
- Ulrich Herzog, Obersten Veterinär und Leiter des Fachbereich IV/B Verbraucher-Gesundheit des Bundesministeriums für Gesundheit
- Maria Rauch-Kallat, Ex-Gesundheitsministerin
- Otfried Kistner, Direktor für Virologie der Firma Baxter
- Hartmut Ehrlich, Vorstand der Baxter AG
- Noel Barret, Vorstand der Baxter AG
- Harald Eisenmenger, Oberstaatsanwaltschaft Wien
- Oscar Bronner, Gründer des Nachrichtenmagazins profil
- Christian Rainer, Herausgeber und Chefredakteur des Nachrichtenmagazins profil
- Emil Bobi, Journalist des Nachrichtenmagazins profil
- Heinz-Christian Strache, FPÖ Bundesparteiobmann und Klubobmann
- Dagmar Belakowtisch-Jenewein, FPÖ Gesundheitssprecherin
- Karl Korinek, Ex-Präsident des VfGH
- Gerhart Holzinger, Präsident des VfGH
- Werner Faymann, Kanzler

Wegen dringenden Verdachts auf Entwicklung, Herstellung, Verbreitung und Einsatzes von Biologischen Massenvernichtungswaffen

mit der Absicht eine globale Pandemie auszulösen, Massenmord durch Zwangsimpfungen mit toxischen Substanzen durchzuführen und sich dadurch zu bereichern

mit Handlungen, die gegen Gesetze bezüglich international organisierter Kriminalität und Landesverrat verstossen.

Inhalt

A. Zusammenfassung der Anklagepunkte und deren Begründungen

B. Der Sachverhalt: Zeitleiste und Hintergrundinformation

C. Diskussion

=> See the entire Document at the website =>
https://www.pdfprof.com/PDF_Image.php?idt=18733&t=32

SCOOP Politics

Official Information Act Request To Minister

SCOOP Politics, 2 August 2009, 12:44 pm;
Press Release: The Water Pressure Group
https://www.scoop.co.nz/stories/PO0908/S00001.htm

1 August 2009
Open Letter/Official Information Act Request To NZ Minister Of Health
Tony Ryall:

Dear Minister,
Thank you for your reply dated 21 July 2009.

"Office of Hon Tony Ryall
Minister of Health
...
Dear Ms Bright
Thank you for your email of 11 July 2009 about influenza A (H1N1) 'Swine Flu'.
It is our current view that the Baxter vaccine will need to be proven and licensed before it can be used in New Zealand.

Yours sincerely,

Hon Tony Ryall
Minister of Health"

---------- Forwarded message ----------
From: Richard Taylor (MIN)
Date: Tue, Jul 21, 2009 at 9:27 AM
Subject: Your correspondence with Hon Tony Ryall
To: "waterpressure@gmail.com"

Dear Ms Bright
Please find attached a response to your correspondence with Hon Tony Ryall.
Yours sincerely

Richard Taylor | Office of Hon Tony Ryall
Private Secretary - Health

. . . .

QUESTION #2:

In light of the fact that Baxter International, the company making the Swine Flu vaccine has ADMITTED contaminating the vaccine with live Bird Flu viruses, and is currently under police investigation for possible bioterrorism, how can the Minister have any confidence in the quality of any vaccine coming from this company?

Baxter admits flu product contained live bird flu virus
http://www.ctv.ca/servlet/ArticleNews?hub=Health

Feb. 27 2009
The Canadian Press

TORONTO – The company that released contaminated flu virus material from a plant in Austria confirmed Friday that the experimental product contained live H5N1 avian flu viruses.

And an official of the World Health Organization's European operation said the body is closely monitoring the investigation into the events that took place at Baxter International's research facility in Orth-Donau, Austria.

"At this juncture we are confident in saying that public health and occupational risk is minimal at present," medical officer Roberta Andraghetti said from Copenhagen, Denmark.

"But what remains unanswered are the circumstances surrounding the incident in the Baxter facility in Orth-Donau."

The contaminated product, a mix of H3N2 seasonal flu viruses and unlabelled H5N1 viruses, was supplied to an Austrian research company. The Austrian firm, Avir Green Hills Biotechnology, then sent portions of it to sub-contractors in the Czech Republic, Slovenia and Germany.

The contamination incident, which is being investigated by the four European countries, came to light when the subcontractor in the Czech Republic inoculated ferrets with the product and they died. Ferrets shouldn't die from exposure to human H3N2 flu viruses.

Public health authorities concerned about what has been described as a "serious error" on Baxter's part have assumed the death of the ferrets meant the H5N1 virus in the product was live. But the company, Baxter International Inc., has been parsimonious about the amount of information it has released about the event.

CTVNews/20090227/Bird_Flu_090227/20090227?hub=Health

On Friday, the company's director of global bioscience communications confirmed what scientists have suspected.

"It was live," Christopher Bona said in an email.

The contaminated product, which Baxter calls "experimental virus material," was made at the Orth-Donau research facility. Baxter makes its flu vaccine – including a human H5N1 vaccine for which a licence is expected shortly – at a facility in the Czech Republic.

People familiar with biosecurity rules are dismayed by evidence that human H3N2 and avian H5N1 viruses somehow co-mingled in the Orth-Donau facility. That is a dangerous practice that should not be allowed to happen, a number of experts insisted.

Accidental release of a mixture of live H5N1 and H3N2 viruses could have resulted in dire consequences.

While H5N1 doesn't easily infect people, H3N2 viruses do. If someone exposed to a mixture of the two had been simultaneously infected with both strains, he or she could have served as an incubator for a hybrid virus able to transmit easily to and among people

That mixing process, called reassortment, is one of two ways pandemic viruses are created.
There is no suggestion that happened because of this accident, however.

"We have no evidence of any reassortment, that any reassortment may have occurred," said Andraghetti.
"And we have no evidence of any increased transmissibility of the viruses that were involved in the experiment with the ferrets in the Czech Republic."

Baxter hasn't shed much light – at least not publicly – on how the accident happened. Earlier this week Bona called the mistake the result of a combination of "just the process itself, (and) technical and human error in this procedure."
He said he couldn't reveal more information because it would give away proprietary information about Baxter's production process.

Andraghetti said Friday the four investigating governments are co-operating closely with the WHO and the European Centre for Disease Control in Stockholm, Sweden.

"We are in very close contact with Austrian authorities to understand what the circumstances of the incident in their laboratory were," she said.

"And the reason for us wishing to know what has happened is to prevent similar events in the future and to share lessons that can be learned from this event with others to prevent similar events. ... This is very important."

Yours sincerely,

Penny Bright
Media Spokesperson
Water Pressure Group
Judicially recognised 'Public Watchdog' on Metrowater, water and Auckland regional governance matters.

Camille Chauvet

La grippe h1n1 est – elle une menace pour La Martinique?

Rédigé le Vendredi 14 Août 2009 à 08:19
https://www.makacla.com/LA-GRIPPE-H1N1-EST-ELLE-UNE-MENACE-POUR-LA-MARTINIQUE_a407.html

Les responsables de la santé dans nos régions semblent prendre la chose à la légère, mais au niveau mondial des scientifiques parlent de génocide de masse organisé par des sociétés pharmaceutiques.

Une journaliste scientifique autrichienne Jane Burgermeister prévie nt le monde entier que le plus grand crime de l'histoire de l'humanité est en marche.

Elle a récemment déposé une plainte contre l'OMS (Organisation Mondiale de la Santé), l'ONU, Barak Ozama (Président des Etats-Unis), David de Rothschild (banquier), David Rockefeller (banquier), George Sorgos (banquier), Werner Farman (Chancelier d'Autriche). Jane Burgermeister accuse également, parmi d'autres, le Dr Margaret Chan, Directrice de l'OMS, Bill Gates et George W. Bush., entre autres, les accusant de vouloir commettre un génocide de masse.

Cette plainte fait suite à une autre procédure judiciaire que la journaliste avait intentée en Avril 2009 contre les sociétés pharmaceutiques Baxter et Avoir Green Hill Technologie, qu'elle juge responsable d'avoir produit un vaccin contre la grippe aviaire, pour délibérément provoquer une pandémie et s'enrichir par la même occasion.

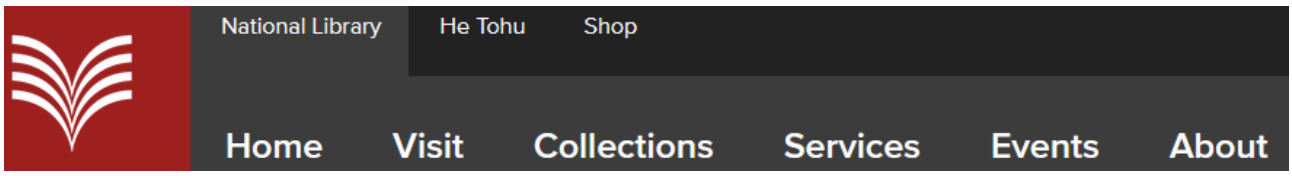
Jane Burgermeister présente les preuves d'actes de bioterrorisme dans lesquels ces personnes. Et organismes précités sont impliqués.

Elle les accuse de faire partie d'un syndicat international d'entreprises criminelles qui a mis au point, fabriqué, stocké et utilisé des armes biologiques en vue d'éliminer la population des Etats-Unis, la France et l'Europe sont bien sûr concernées, et celle d'autres pays à des fins de gains politiques et financiers.

Utilisant la «grippe porcine» comme prétexte, elle les accuse d'avoir planifié le meurtre de. Masse de la population américaine par le biais de la vaccination forcée.

Elle a les preuves que ces vaccins seront volontairement contaminés pour provoquer à dessein des maladies mortelles.

Ces exactions s'inscrivent en violation directe de la Loi antiterroriste concernant l'emploi d'armes biotechnologiques. Elles constituent des actes de terrorisme et de haute trahison. « Il faut prendre des mesures draconiennes.



Jane Burgermeister TV 55m Swine Flu Genocide

Project Camelot, 8 Sept 2009, MSDVD-0010
https://natlib.govt.nz/records/32041567?search%5Bpath%5D=items

Comprises 55-minute interview with Austrian-Irish journalist Jane Burgermeister filmed by Project Camelot on 8 September 2009 in Vienna, Austria. Burgermeister pressed charges against Baxter International Pharmaceuticals, World Health Organisation, United Nations, United States government, Federal Bureau of Investigation (FBI) and United States Food and Drug Administration (FDA) in relation to bioterrorism. In February 2009 Baxter's Austrian subsidary distributed live H5N1 (Avian Flu) (bird flu) vaccine to European laboratories which led to an investigation by Austrian police. Filmed by Project Camelot

Other Titles - Project Camelot Interviews...Jane Burgermeister
Accompanying material - DVD was clipped to letter by Leo Helleur and accompanied by printed print and web news articles found within folder of correspondence MS-Papers-11241-100.
Quantity: 1 digital video disc(s). 55 Minutes and seconds Duration.
Physical Description: DVD

Additional description: Original recording not available for playback. Surrogate copy will be provided.
Access restrictions: Partly restricted - Additional processing required
Part of Kedgley, Susan Jane, 1948- : Papers / Series 1 Correspondence
Format: 1 digital video disc(s), 55 Minutes and seconds Duration, DVDs, Videodiscs, DVD

LA VANGUARDIA

Una monja médica hace campaña por internet en contra de que la vacuna contra la gripe A sea obligatoria

La Vanguardia, 7 de octubre de 2009
https://www.lavanguardia.com/vida/20091007/53800182804/una-monja-medica-hace-campana-por-internet-en-contra-de-que-la-vacuna-contra-la-gripe-a-sea-obligato.html

Teresa Forcades, una benedictina doctora en medecina, llama al boicot a la vacunación por considerarlo una imposición innecesaria y que favorece a la industria farmacéutica.

Barcelona.f (EFE).- Teresa Forcades, una monja benedictina doctora en medicina, ha iniciado un movimiento ciudadano en Internet para impedir que la vacuna contra la gripe AH1N1 sea obligatoria debido a la declaración de pandemia por parte de la OMS, y en contra la gestión de la enfermedad.

En un vídeo que ha colgado en la red, la monja hace un llamamiento para activar con carácter urgente los mecanismos legales de participación ciudadana para que no se pueda forzar a nadie en España a ser vacunado, y para que los que lo hagan no se queden sin el derecho a exigir responsabilidades si causa efectos secundarios.

El vídeo explica que desde el año 2005 la Organización Mundial de la Salud (OMS) puede dar órdenes a los gobiernos sobre vacunas en casos de pandemia, y que si esto ocurre el estado tiene la obligación de hacer cumplir la ley imponiendo multa o prisión (en Massachussetts -EEUU- la multa propuesta para este caso podría llegar a los 1.000 dólares por día que pasa sin que te vacunes).

Forcades recuerda que "la gripe nueva" no es nueva porque sea del tipo A, ni tampoco por ser del subtipo H1N1, porque la epidemia de gripe de 1918 fue del tipo A/H1N1 y porque desde 1977 los virus A/H1N1 forman parte de la temporada de gripe de cada año, y puntualiza que lo único que es nuevo es la cepa S-OIV.

Añade que desde que empezó en abril de 2009 y hasta el 15 de septiembre de 2009 han muerto de esta gripe 137 personas en Europa y 3.559 en todo el mundo, cuando debido a la gripe estacional lo hacen entre 40.000 y 220.000 personas, lo que supone que la tasa de mortalidad y de complicaciones es inferior a la de cada año.

La religiosa denuncia además irregularidades en la elaboración de la vacuna y explica cómo en enero del 2009 la filial austríaca de la farmacéutica Baxter distribuyó a 16 laboratorios de Austria, Alemania, la República Checa y Eslovenia 72 kilos de material para hacer miles de vacunas contra la gripe estacional, que resultó contener virus vivos de la gripe aviar (virus A/H5N1) con virus vivos de la gripe de cada año (virus A/H3N2).

El descubrimiento se hizo cuando un técnico de laboratorio de la empresa BioTest de la República Checa probó por su cuenta las vacunas en hurones, animales que se usan para estudiar las vacunas de la gripe, y comprobar que todos ellos murieron.

Explica que si esta contaminación no se hubiese descubierto a tiempo, la pandemia que sin base real están anunciando las autoridades de la OMS y los países "sería una espantosa realidad", porque sería letal combinar un virus con un 60% de mortalidad pero poco contagioso como el aviar, con otro con baja mortalidad pero gran capacidad de contagio, como el de la gripe estacional.

También cuenta cómo sólo 12 días después de aparecer los primeros casos, la OMS declaró que el nivel de alerta por peligro de pandemia estaba en fase 5 y ordenó a los gobiernos que activasen planes de emergencia, y un mes después declaró que ya había una pandemia, cuando la nueva gripe es más benigna que la estacional.

La médico relata que esta declaración de pandemia (fase 6) fue posible porque en mayo la OMS cambió la definición de pandemia. Antes para poder hacerlo era necesario que muriese a causa de un agente infeccioso una proporción significativa de la población, un requerimiento que fue eliminado de la definición.

Sobre la vacuna, la religiosa alerta de que la mayoría de los laboratorios diseñan vacunas en dos dosis, que deben sumarse a la vacuna de gripe estacional, algo que nunca se ha hecho y que multiplica por tres los posibles efectos secundarios.

También revela que los laboratorios que hacen vacunas usan coadyuvantes muy potentes para estimular el sistema inmunitario, y que la que está fabricando Glaxo-Smith-Kline contiene uno llamado AS03, que multiplica por diez la respuesta inmunitaria, que podría provocar enfermedades auto inmunitarias graves al cabo de un tiempo.

Además hace público que las farmacéuticas que fabrican la vacuna están exigiendo a los estados que firmen acuerdos de inmunidad para que en caso de que las vacunas tengan más efectos secundarios de los previstos, los políticos y la industria quede exenta de toda responsabilidad. Teresa Forcada es autora de "Los crímenes de las grandes compañías farmacéuticas", en donde explica cómo el poder político y económico que han adquirido les sirve para garantiza unos enormes beneficios económicos, aún a costa de la salud de la población.

Relaxation Santé MC

Jane Burgermeister

Génocide de la vaccination

Relaxation Santé, 8 octobre 2009
http://relaxation-sante.com/info_sante.html

Jane Burgermeister a récemment déposé une plainte contre l'OMS (Organisation Mondiale de la Santé), l'ONU, Barack Obama (Président des Etat-Unis), David de Rothschild (banquier), David Rockefeller (banquier), George Soros (banquier), Werner Faymann (Chancelier d'Autriche) 1, entre autres, les accusant de vouloir commettre un génocide de masse.

Cette plainte fait suite à une autre procédure judiciaire que la journaliste avait intentée en avril 2009 contre les sociétés pharmaceutiques Baxter et Avir Green Hills Technology, qu'elle juge responsable d'avoir produit un vaccin contre la grippe aviaire, pour délibérément provoquer une pandémie et s'enrichir par la même occasion.

Jane Burgermeister présente les preuves d'actes de bioterrorisme dans lesquels ces personnes et organismes précités sont impliqués. Elle les accuse de faire partie d'un syndicat international d'entreprises criminelles qui a mis au point, fabriqué, stocké et utilisé des armes biologiques en vue d'éliminer la population des États-Unis et celle d'autres pays 2, à des fins de gains politiques et financiers.

Utilisant la «grippe porcine» comme prétexte, elle les accuse d'avoir planifié le meurtre de masse de la population américaine par le biais de la vaccination forcée. Elle a les preuves que ces vaccins seront volontairement contaminés pour provoquer à dessein des maladies mortelles.

Ces exactions s'inscrivent en violation directe de la Loi antiterroriste concernant l'emploi d'armes biotechnologiques. Elles constituent des actes de terrorisme et de haute trahison.

Jane Burgermeister. Vaccination genocide

Austrian investigative journalist Jane Burgermeister has filed criminal charges against the World Health Organization (WHO), the United Nations (UN), and several of the highest ranking government and corporate officials, charging them with bioterrorism and attempts to commit genocide.

In April, she filed charges against Baxter AG and Avir Green Hills Biotechnology of Austria for producing and releasing live bird flu virus', alleging it was a deliberate act to cause and profit from a pandemic.

When a Czech scientist tested their seasonal flu vaccine, he found that they contained live H5N1 and live H3N2 viruses. Burgermeister's charges include evidence that Baxter deliberately sent out 72 kilos of live bird flu virus, supplied by the WHO in the winter of 2009.

She claims to have decisive proof that drug companies and government agencies are actively engaged in distributing deadly biological agents in order to trigger a pandemic.

She has also prepared an injunction against forced vaccination, alleging mandatory vaccines will be purposely contaminated with diseases.

eXaminer.com

Carl Herman

Live Avian flu with 60% death-rate "accidentally" put in US company's test vaccine material

eXaminer, 10 October 2009, 9:42 PM

US pharmaceutical company Baxter admitted to distributing active Avian flu H5N1 in test vaccine material that were sent to 18 laboratories in four countries. H5N1 flu is the world's deadliest, with a mortality rate of over 60% according to the World Health Organization (WHO). H5N1 "has caused the largest number of detected cases of severe disease and death in humans" of all known flu types, according to the Centers for Disease Control (CDC). While H5N1 is not highly transmittable, it was mixed with H3N2, a highly contagious form of human flu. This potential pandemic was averted in March when alert researchers discovered the equivalent of a biological weapon that could quickly kill over two billion people, according to published data in *American Scientist*, a leading journal. An August 2009 analysis in the *Journal of Virology,* "Reassortment between Avian H5N1 and Human H3N2 Influenza Viruses in Ferrets: a Public Health Risk Assessment," confirms that the mix of H5N1 and H3N2 did indeed combine the two into a form that could be as deadly as H5N1 and as transmittable as H3N2.

Baxter Manager of Communications, Jutta Brenn-Vogt, at Baxter Deutschland stated the vaccine component was "experimental virus material."

Most Americans are unaware of this story, as mainstream media largely failed to report it (see here, here and here).

Experts stated that contamination of vaccines with live virus is impossible through an accident because of strict BSL3 protocol (Biosafety level 3). Pathogenic and potentially lethal agents are always contained and fully supervised. This means that either BSL3 protection was ignored by Baxter, or that "vaccines" were created as lethal biological weapons.

Our US government's response was to quickly grant immunity to vaccine manufacturers and related government officials from any lawsuits for damages. Health and Human Services Secretary Kathleen Sebelius is repeatedly calling on Americans to take the current version of the vaccine, promising it to be "safe and secure." The World Health Organization declared a "Level 6 pandemic" in June which allows governments to use martial law with deadly force in requiring total public vaccinations (and here). The US is in treaty obligation to obey WHO if they order universal vaccination.

Legal and medical professionals have taken the above information and composed a criminal complaint available to everyone to request protection from local courts if forced vaccinations are ordered. In surveys, less than half of American, Canadian, and UK health care workers will accept the vaccine, and only about one-third of US parents plan to vaccinate their children.

Below is 2-minute video and then an extensive interview with Jane Burgermeister, a medical editor with academic training in biosafety who explains why an accident in handling H5N1 is impossible, and that this was a biological attack. She also explains that this new flu scare is a continuation of that plan. The most popular hypothesis to explain this event as an intentional attack is agreement among the highest level of government and economic leaders to massively reduce earth's population. The source of the interview is Project Camelot.

Ваксините са много повече цифрови от свински грип
Масова ваксинация: съставки при катастрофи
BgKoshachek, 19 октомври 2009
https://bg.koshachek.com/articles/ne-na-vaksinite-vaksinite-mnogo-poveche-smertno-ot.html

(от д-р Mae-Wan Ho и проф. Joe Cummins от Института за наука в обществото)

През април 2009 г. имаше огнище на свински грип в Мексико и Съединените щати, който бързо се разпространи по целия свят и се разпространи сред хората. Съдейки по първите данни, публикувани през май, новият тип грип A/H1N1 се различава от всеки друг тип, регистриран досега.

Това е странна комбинация от последователности на вирусни щамове от птичи, човешки и свински грип от Северна Америка и Евразия. Изтъкнат вирусолог от Канбера каза пред медиите, че вирусът може да е бил създаден в лабораторията и случайно да бъде освободен. Някои анализатори основателно предполагат, без доказателства, които да ги подкрепят, че то е умишлено създадено като биологично оръжие, докато други обвиняват интензивната развъдна индустрия и огромния трафик на животни на дълги разстояния, който предлага много възможности за генериране екзотична рекомбинация.

Това, което най-много притеснява гражданите, обаче са програмите за масова ваксинация, които правителствата подготвят за борба с пандемията, които могат да бъдат по-лоши от самата пандемия. Организация се противопоставя на мълниеносна ваксинация на ученици.

...

През декември клон на Бакстър в Австрия изпрати ваксина срещу човешки грип, заразена с вируса на живата птица H5N1 убиец, до 18 страни, включително Чешката република, където клиничните проучвания показват, че тя е причинила смъртта на инжектирани морски свинчета]. Чешките вестници се усъмниха дали Бакстър умишлено иска да започне пандемия.

...

Франция е поискала ваксини от Sanofi, GSK и Novartis, но не вижда нужда да иска от производителите да намалят или да преминат клинични изпитвания. Sanovi-Aventis, френският производител на фармацевтични продукти, който произвежда собствена ваксина срещу свински грип, трябва да е започнал да тества продукта в началото на август и смята, че се нуждае от два месеца и половина експерименти, преди да може да бъде ваксиниран. ефективно "; според Алберт Гарсия, който говори от името на компанията за ваксини, „ваксината ще бъде готова през ноември или декември“.

Изглежда обаче, че Бакстър е произвел ваксина в началото на август за клинични изпитвания.

Teresa Forcades i Vila

Una reflexión y una propuesta en relación a la nueva gripe (resumen)

Sensibilidad Qquimica Multiple, 23 de octubre de 2009
https://www.sensibilidadquimicamultiple.org/2009/10/
https://web.archive.org/web/20091007183255/http://www.catalunyareligio.cat/documents/REFLEXIONYPROPUESTATERESAFORCADESGRIPENUEVA.doc

...

A finales de enero del 2009, la filial austríaca de la farmacéutica norteamericana Baxter distribuyó a 16 laboratorios de Austria, Alemania, la República Checa y Eslovenia, 72 Kg. de material para preparar miles de vacunas contra el virus de la gripe estacional; las vacunas tenían que ser administradas a la población de estos países durante los meses de febrero-marzo; antes de que ninguna de estas vacunas fuese administrada, un técnico de laboratorio de la empresa BioTest de la República Checa decidió por su cuenta probar las vacunas en hurones, que son los animales que desde 1918 se utilizan para estudiar las vacunas de la gripe; todos los hurones vacunados murieron; se investigó entonces en qué consistía exactamente el material enviado por la casa Baxter y se descubrió que contenía virus vivos de la gripe aviar (virus A/H5N1) combinados con virus vivos de la gripe de cada año (virus A/H3N2); si esta contaminación no se hubiese descubierto a tiempo, la pandemia que sin base real están anunciando las autoridades sanitarias globales (OMS) y nacionales, ahora seria una espantosa realidad; esta combinación de virus vivos puede ser especialmente letal porque combina un virus que tiene un 60% de mortalidad pero es poco contagioso (el virus de la gripe aviar) con otro que tiene una mortalidad muy baja pero con una gran capacidad de contagio (un virus de los de la gripe de cada año)

El 29 de abril del 2009, cuando hacía sólo 12 días que se habían detectado los dos primeros casos de la nueva gripe, la Dra. Margaret Chan, directora general de la OMS, declaró que el nivel de alerta por peligro de pandemia se encontraba en fase 5 y ordenó que todos los gobiernos de los estados miembros de la OMS activasen planes de emergencia y de alerta sanitaria máxima; un mes más tarde, el 11 de junio del 2009, la Dra. Chan declaró que en el mundo ya teníamos una pandemia (fase 6) causada por el virus A/H1N1 S-OIV ; ¿cómo pudo declarar algo así cuando, de acuerdo con los datos científicos expuestos más arriba, la nueva gripe es en realidad más benigna que la gripe de cada año y, además, no es un virus nuevo y ya existe parte de la población que tiene inmunidad?; lo pudo declarar porque en el mes de mayo la OMS había cambiado la definición de pandemia; antes de mayo del 2009 para poder declarar una pandemia era necesario que muriese a causa de un agente infeccioso una proporción significativa de la población; este requerimiento – que es el único que da sentido a la noción clínica de pandemia y a las medidas políticas que se le asocian – fue eliminado de la definición el mes de mayo del 2009 , después que el 26 de abril los EEUU se hubiesen declarado en “estado de emergencia sanitaria nacional”, cuando en todo el país sólo había habido 20 personas infectadas de la nueva gripe y ninguna de ellas había muerto

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Windows Bulgaria

Едно от последните интервюта в Проект камелот е с журналистка от Австрия

Windows Bulgaria, 3 ноември 2009
https://windowsbulgaria.com/topic/1100-ah1n1/

Едно от последните интервюта в Проект камелот е с журналистка от Австрия, пишеща статии за медицински списания.

В момента тя е уволнена от работа, защото е поискала да се разследва случая с Baxter от февруари 2009, когато във ваксините за свинския грип е открит активно действащ H5N1. Пробите са разпратени в 18 лаборатории и чехите откриват наличието на птичия грип във ваксината против свински. Журналистката твърди, че Baxter са внесли в Австрия 72 кг H5N1 (птичия грип) и до днес никой не може да потвърди какво смятат да правят с него.

Тя се е запознала с документите как във Франция ще протече ваксинацията.

Skażone szczepionki i lobbing koncernów

TVN24, 10 listopada 2009
https://tvn24.pl/polska/skazone-szczepionki-i-lobbing-koncernow-ra114926-3699892

Jak bezpieczne są szczepionki na grypę? Jeden z koncernów farmaceutycznych wysłał niedawno do Czech materiał badawczy skażony wirusem ptasiej grypy. – Podjęliśmy wszystkie środki zaradcze – tłumaczy firma. Jednak to rządy państw mają brać na siebie odpowiedzialność za ewentualne skutki uboczne szczepionek.

Sprawę szczepionek zbadali dziennikarze programu "Teraz My" w TVN. Na początku roku z fabryki Baxtera pod Wiedniem do kilku laboratoriów w Europie zostały rozesłane próbki zawierające szczep grypy. W sumie 72 kilogramy. Laboratoria miały z nich wyprodukować szczepionki na grypę sezonową.

Jednak w czeskim ośrodku, w trakcie badań okazało się, że zwierzęta testowe zaczęły chorować na ptasią grypę. - Spodziewaliśmy się innego szczepu, musieliśmy je uśpić – mówi.

"Firma Baxter natychmiast podjęła wszystkie niezbędne środki"

W odpowiedzi na pytania "Teraz My" Baxter wystosował krótkie oświadczenie. Pisemnie, bo żaden z pracowników firmy nie chciał wypowiadać się przed kamerą.

Czytamy w nim, że "w jednym z ośrodków badawczych testy laboratoryjne wykazały, że próbki wirusa dostarczone przez firmę Baxter były zanieczyszczone szczepem ptasiej grypy (…) Firma Baxter natychmiast podjęła wszystkie niezbędne środki stosownie do zaistniałej sytuacji oraz rozpoznała i wdrożyła działania korygujące i prewencyjne".

"Przypadek? Na 72 kilogramach?"

Dochodzenie w tej sprawie prowadziła Austriacka Agencja Leków. Uznała, że doszło do błędu, ale nic nikomu nie mogło się stać, bo była to dopiero wczesna faza badań. Innego zdania jest austriacka dziennikarka Jane Burgermeister. Według niej, ze skażonego materiału mogły powstać gotowe szczepionki. - Nie ma mowy, żeby zmieszać wirusa z 72 kilogramami materiału badawczego przez przypadek. Złożyłam zawiadomienie do prokuratury – mówi reporterce programu. Jednak postępowanie zostało umorzone.

Jak mogło dojść do takiej pomyłki i na ile procedury badawcze są bezpieczne? Koncerny na te pytania nie odpowiadają. Musi wystarczyć zapewnienie, że szczepionki – przynajmniej te na świńską grypę – są bezpieczne. I wielu państwom UE to wystarcza: w umowach na dostarczenie leku akceptują klauzulę, że odpowiedzialność za efekty uboczne będzie ponosiło państwo.

Tu wyjątkiem jest Polska. Minister zdrowia Ewa Kopacz domaga się od producentów szczepionek mocniejszych gwarancji.

Skuteczny lobbing koncernów?

Dlaczego firmy zabezpieczają się w ten sposób, skoro szczepionki mają być bezpieczne? Coraz głośniej mówi się o lobbingu, jaki wywierają one na rządy i międzynarodowe organizacje. – Firmy farmaceutyczne są obecne jako obserwatorzy w radzie doradczej przy WHO. Wielu członków tej rady jest też powiązanych z koncernami. Europejska Agencja Medyczna, która zaakceptowała niesprawdzone szczepionki, jest w dwóch trzecich finansowana przez firmy farmaceutyczne – wyjaśnia Burgermeister.

A Claudia Wild z wiedeńskiego Instytutu Ludwiga Boltzmanna dodaje, że WHO niedawno ustawiła nowe, dużo łatwiejsze do spełnienia kryteria do ustanowienia stanu pandemii. - Znalazłam stronę internetową Europejskiej Grupy Badawczej nad Grypą (ESWI), która jest instytucją lobbingową z siedzibą w Brukseli. Mieli sympozjum o przygotowaniu do pandemii grypy już w styczniu tego roku. Co takiego wiedzieli wtedy o świńskiej grypie? – pyta. ESWI na swojej stronie internetowej podaje, że jest doradcą WHO, a wśród jej sponsorów można znaleźć trzech producentów szczepionki na świńską grypę.

Grupa o przygotowaniach do pandemii dyskutowała w styczniu. W kwietniu w Meksyku odkryto A/H1N1. A w czerwcu WHO ogłosiło pandemię. A na pandemii koncerny mogą zarobić miliardy.

Swine flu vaccines contaminated with avian (bird) flu.

Polish TV (TVN), 11 November 2009
https://www.youtube.com/watch?v=VX6p-sbbnKs

Nur für Besucher
Baxter
We turned to Baxter company for some answers.
Baxter limited itself to writen statement that was
sent to us, in which we read among others:

This is a 5 minute material from a TV show called "Teraz my" ("Now us") broadcasted on 9/11/2009 on biggest Polish private station TVN. The program is very respected and has very large audience so this is real mass media in Poland, I mean total mainstream media.

The hosts invited current Polish Health Minister Ewa Kopacz (against the flu), and former Polish Health Minister Marek Balicki.

He kept on saying actually one thing: "but WHO and EMA recommended it, are you trying to be smarter and jeopardize health of millions of Poles?"

Current Minister kept bringing up the issues stated in her appearance in Polish Parliament, you can watch it here: RE: Polish Health ...

Former Minister is either naive or full of shit and made a fool of himself the way he behaved, and she came out really good with the message.

The hosts ended the show with a conclusion that the doubts are very reasonable and that it is disturbing how big pharma and big politics are making big shady businesses above our heads.

It starts becoming a public subject now and it looks really good folks!

THE FLU CASE

Austrian Prosecutors drop case against Baxter

The Flu Case, 11 November 2009, 09:02

https://web.archive.org/web/20100102042942/http://theflucase.com/index.php?option=com_content&view=article&id=1728%3Aaustrian-prosecutors-drop-case-against-baxter&catid=41%3Ahighlighted-news&Itemid=105&lang=en

An *Austrian judicial official* has said today that the Korneuburg State Prosecutor Christian Pawle *has dropped the case against the pharmaceutical company Baxter* and others accused for their roles in contaminating and distributing 72 kilos of seasonal flu vaccine material with the live bird flu virus at its facilities in Orth an der Donau, so nearly triggering a global bird flu pandemic in February, according to the Times of India. The official said that the prosecutor had dropped the charges because there was no evidence a crime had been committed.

I have emailed the Korneuburg State Prosecutor Christian Pawle in charge of the case and asked to see the file of the investigation to understand the basis of his decision. The requirement for Baxter to adhere to biosafety level 3 regulations makes an accidental contamination of 72 kilos virtually impossible. In addition, the labs Avir and BioTest, which received the contaminated material from Baxter, have gone on record saying the end purpose of the contaminated material was for use as normal seasonal flu vaccine casting doubt on claims made by Baxter that it was research material. Also, 36 people had to be treated preventatively for the bird flu in hospitals in Vienna and the Czech Republic because they came into contact with this material underlining its danger.

It will be interesting to see how Pawle justified his decision to drop all charges against Baxter. If he fails to show that he has conducted the requisite inquiriess, gathered adequate information and drawn the right conclusions, he could expose himself to charges of complicity in a crime.

At the beginning of September, the police chief in charge of the anti terrorism unit in Vienna that appeared to be investigating the Baxter case (I was summoned there for an interview) stepped back from his position apparently under pressure. Ernst Geiger, police man with a dubious record and suspended on suspicion of misusing their office returned to a key function in the criminal police after first being floated for this post. “How vigorous an investigation can Geiger be expected to conduct into Baxter, when his former employer, is a close associate of those very globalist pharma companies and banks?” I asked in a report on September 3rd.

In fact, just three weeks later, the Baxter case was dropped in spite of the overwhelming evidence of a deliberate attempt to start a bird flu pandemic that could have killed millions. This news that the prosecutor has dropped the charges comes amid a growing row over the “politicization of the justice system,” as more and more cases where there is strong evidence of a crime fail to be investigated.

A week ago, a British UN nuclear inspector fell to his death from 17 floors in the UN building in Vienna and the Austrian police did not open an investigation even though an autopsy performed on the inspector on the insistence of his partner revealed strangulation marks on his neck and the doctor concluded there were strong indications he had been murdered. It seems that the Austrian police and judicial officials are becoming increasingly complicit in crimes and so are endangering the well being of the people of Austria and of the rest of Europe.

The decision by the State Prosecutor to drop the criminal investigation paved the way for Baxter to get approval for its Celvapan “swine flu” vaccine that is now being pushed on the Austrian people for a mild disease.

Under the Austrian pandemic plan, forced vaccination and quarantine are possible as is the suspension of basic rights.

The Austrian government is hyping the pandemic and pushing people to take the swine flu jab. Can we be so sure there will be no martial law when everything has been prepared by the government for just that? And soon.

We, the people, have to stand up and say: enough is enough of this Mafia-style clique who have taken control of government office and who are misusing that office to enrich themselves with their various schemes, including foisting on us a toxic swine flu jab for an artificially created pandemic.

If the *government and judicial officials do not perform their duties* in office as they are required to do by the Constitution and the law, and if they are even actively engaged in carrying out crimes on a gigantic scale, they must be removed from office by us the people. We, the people, must stand together and bring about a return to Constitution, the rule of law, accountable government and genuine democracy

УКРАЇНСЬКА ПРАВДА

Артем Петренко

Пандемия – природный процесс или заговор?

Українська Правда, 12 ноября 2009, 12:50
https://blogs.pravda.com.ua/authors/petrenko/4afbe87ab2169/

...

В СМИ появилась информация, о том, что якобы в феврале 2009 года австрийская компания – дистрибьютор лекарств "Орта" отправила в Чехию, Словению и Германию партию противогриппозной вакцины, произведенной американской компанией "Бакстер". Лаборант чешской фармацевтической компании "Биотест" проверил американскую вакцину на лабораторных хорьках. Все животные погибли. При анализе вакцины выяснилось, что она содержит в себе живой (активный) "птичий" вирус H5N1 и человеческий – H3N2. Более детальные исследования канадской химлабораторией показали, что компонент H5N1 является чрезвычайно опасным. Именно от такого вируса "птичьего гриппа" гибли люди в разных уголках мира.

На запрос канадских журналистов компания "*Baxter Pharmaseutical International, Inc*.", главный офис которой находится в Дирфильде, штат Иллинойс, отрицала факт своего причастия инциденту. Но под давлением европейских стран вынуждена была признать, что вакцина была разработана в ее лабораториях, однако заражение вакцины вирусом H5N1 могло быть только случайной ошибкой. "Экспериментальный материал был подготовлен специально для лабораторных исследований, не был использован для производства вакцин и не был предназначен для использования на людях", – заявил представитель "Baxter".

Конспирологи успели вписать этот факт в общую теорию заговора против человечества.

Например, в расследовании этого случая участвовала и австрийская журналистка Жане Бургермейстер. В апреле она подала на компанию "Бакстер" иск в австрийский суд. По ее словам, после этого она была уволена с работы. Журналистка открыла специальный сайт www.theflucase.com, где собирает всю информацию о пандемическом заговоре "мировой закулисы". Она утверждает, что это спланированная акция с целью заразить вирусом с помощью вакцинации множество людей по всему миру. Будто конечная цель – после введения чрезвычайного положения, способствовать установлению нового мирового порядка. Якобы ВОЗ подконтрольна организаторам заговора.

Но этот и предыдущие скандалы вокруг этой фирмы не сказались на работе над вакциной против "калифорнийского" гриппа.

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الخوجة

Swine flu vaccines contaminated with avian (bird) flu
Producer admits on Polish TV
الخنـــازير لقــاح جريمـة

Alkoga.Blogspot, 12 November 2009
https://www.youtube.com/watch?v=VX6p-sbbnKs
https://web.archive.org/web/20091116203234/http://alkoga.blogspot.com/2009/11/swine-flu-vaccines-contaminated-with.html

الاشـاوس العربيـــة بالمنطقـــة هنا بـس احنـا امامك جوجل ويشـوف يعـرف عاوز اللـى كلمـة ولا اتـرجم لـن العربيـــة والمخـابرات صـــادقين والـوزراء فاضـــية الـرأى والسـجون التعبـــير حريـة عنـدنا حاجة كل عنـدنا مهتـم الكـل وسـاق قـدم علـى روعه واعلامنـا لا ومحلليـــن منتجيـــن احنـا وفاهمـة متخصصـــة .

Swine flu vaccines contaminated with avian (bird) flu.
Producer admits on Polish TV

كداب والكـل الصـادق هو بيقـــى قلـة ودماغنـا فلـة احنـا ويقـول يطلـع الوزيـر لمـا
لـك انتـج نـوع اى والانكـت لا شـغالة اللـى هى الشـعر وازالة والـولادة النســاء مستشـــــفيات مش اليهـم بيوحـــى
لقـاحال من نـوع اى
كنـدا زى لـك انتـج يـامعلم
الفلـــوس بـس ولا ونهار ليـل بيتـــابع الـوزارة فـى عنـدك حد

This is a 5 minute material from a TV show called "Teraz my" ("Now us") broadcasted on 9/11/2009 on biggest Polish private station TVN. The program is very respected and has very large audience so this is real mass media in Poland, I mean total mainstream media.

The hosts invited current Polish Health Minister Ewa Kopacz (against the flu), and former Polish Health Minister Marek Balicki.

He kept on saying actually one thing: "but WHO and EMA recommended it, are you trying to be smarter and jeopardize health of millions of Poles?".

Current Minister kept bringing up the issues stated in her appearance in Polish Parliament, you can watch it here: http://www.youtube.com/watch?v=RhZesZ...

Former Minister is either naive or full of shit and made a fool of himself the way he behaved, and she came out really good with the message.

The hosts ended the show with a conclusion that the doubts are very reasonable and that it is disturbing how big pharma and big politics are making big shady businesses above our heads.

It starts becoming a public subject now and it looks really good folks!

If you really really want to watch all of it, comment or write me a msg and I'll see what I can do for ya :)

اوروبـا فـى تعبـــير حريـة عندها هناك النـاس
160 علـى اتجـرب تطعيـــم احضـار مجرد ان متصـــورين هنا والحلنجيـــة الكـــدابين لكـن
الفضـــيحة شـــوفوا كفايـــة واحد 700 او
شـــعوبكم دماء علـى وارقصـوا

the scandle of swine flu vaccine -
شـيء عن ماندرى واحنـا الخنـــازير انفلونـــزا لقـاح فضـــيحة

القاعـدة اخـتراع زى البشـــرية ضـد كاملـة جريمـة انهـا

AHRCANUM

Baxter Flu Vaccine Contaminated, TV Investigative Report

Ahrcanum, 13 November 2009
https://ahrcanum.com/2009/11/13/baxter-flu-vaccines-contaminated-tv-report/
https://www.youtube.com/watch?v=VX6p-sbbnKs

Baxter Pharmaceutical, makers of H1N1 Swine Flu Vaccines has admitted that they were involved with contaminating vaccines, a **Polish television station has reported**. In May 2009, we reported:

Swine flu vaccines contaminated with avian (bird) flu. Producer admits on Polish TV (TVN).

https://www.youtube.com/watch?v=VX6p-sbbnKs

Baxter sent vaccines contaminated with deadly live H5N1 avian flu virus to 18 countries before someone caught the mistake and the vaccine got injected thousands of people. Baxter just missed creating its own pandemic then by mixing deadly H5N1 virus with a mix of H3N2 seasonal flu viruses, or did they? By possibly creating the pandemic, maybe Baxter already has the cure and that is why WHO has deemed them the appropriate pharmaceutical company to lead the way for a swine flu vaccine. Keep in mind- Just 50 miles from the H1N1 ground zero outbreak in Mexico City, lies Baxter's manufacturing plant in Cuernavaca, Mexico.

Is the H1N1 Swine Flu the excuse that pharmaceutical companies needed to sell vaccines that were patented well before the outbreak occurred? Like Sarah Palin, we might say, "You Betcha." The rush for approval based on previous manufacturing process is nothing short of a ploy for the probability that it is a weapon for population reduction. Targeting pregnant women and young children first, they are being injected with toxic laden chemicals including spermicides to inhibit future fertility.

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Likely no press in the U.S. will ever investigate or make the connections that we have tried to make, and authenticate here at Ahrcanum. Sad to see Lou Dobbs go, he would have been the one person left who could have presented this to the American people. Jane Burgermeister's claim to Austrian authorities regarding a vaccine 'conspiracy' has been apparently dismissed. What is not so easily dismissed, is that citizens from Poland to the four corners of the world are beginning to take notice and refuse to vaccinate. Funny how all the vaccine manufactures are immune from lawsuits in the U.S.

Jane Burgermeister

Investigating the Swine Flu Pandemic

Wake Up Call Conference 5, BBC5 TV,12 December 2009
http://www.stolenelectionnovella.com/jane-burgermeister-warned-us.html

Bioterrorism Evidence

Evidence that an international corporate criminal syndicate, which has annexed high government office inside the United States, is intent on carrying out a mass genocide against the people of the United States by using an artificial (genetic) flu pandemic virus and a forced vaccination program to cause mass death and injury and depopulate America in order to transfer control of the United States to WHO, the UN and affiliated security forces (UN troops from countries such as China, Canada, the UK and Mexico etc). See this document here

https://web.archive.org/web/20090704180537/http://wakenews.net/Evidence_of_the_use_of_pandemic_flu_to_depopulate_USA.pdf
https://web.archive.org/web/20090601000000*/http://wakenews.net/Evidence_of_the_use_of_pandemic_flu_to_depopulate_USA.pdf
https://sites.google.com/site/mrmetanoja/genetsko-oruzje?tmpl=%2Fsystem%2Fapp%2Ftemplates%2Fprint%2F&showPrintDialog=1

(pp. 31-36):

VII. Evidence as to the role of Baxter and WHO in producing and releasing pandemic virus material in Austria.

Baxter Pharmaceutical http://www.baxter.com/ has been chosen by the WHO to lead the efforts in finding a vaccine cure for the swine flu H1N1 virus.

Baxter AG, headquartered in Vienna, and the Austrian subsidiary of the pharmaceutical company Baxter International, headquartered in Deerfield, IL, USA, sent vaccine material contaminated with deadly live H5N1 bird flu virus to 16 laboratories in four countries in winter 2009 before a technician caught the mistake.

The deadly mixture of live bird flu virus and human flu virus were mixed in a biosecurity level 3 facility, where basic protocol and procedures would make it impossible to ever mix a live virus bioweapon with vaccine material by accident. In the first place, the strain of bird flu that is lethal to humans has no place in the the Baxter facility in Austria. So what was it doing in the facility designed for research into normal flu viruses and vaccines and their production to begin with?

The material released was a combination H3N2 seasonal flu viruses and live, unlabeled H5N1 viruses. If both strains were to incubate and recombine in a human host, a virulent airborne weapon that would cause a pandemic would be released, potentially killing billions.

The Baxter facility did not radiate the material before they sent it out, leaving the deadly virus alive.

To sum up,Baxter International, a global pharmaceutical corporation that has secured lucrative contracts to supply bird flu vaccines in pandemic, mixed live bird flu with human flu vaccine material in a Biosecurity level -3 facility, fail to radiate it and sent it under a false label to 16 labs as vaccine material.

About eight weeks later, a artitificial, genetic worldwide interspecies flu pandemic breaks out in Mexico City, close to another Baxter facility, and the same company is given government and WHO contracs to produce vaccines for the outbreak.

According to Austrian Health Minister Alois Stöger, 72 kilograms of vaccine material was contaminated with the live bird flu virus which WHO supplied.
http://www.parlament.gv.at/PG/DE/XXIV/AB/AB_01457/fnameorig_158854.html
Parliamentary answers 1457/AB (XXIV. GP) May 20th, 2009,

Fragen 14 und 15:
Das für Forschungszwecke bestimmtes Material -72 kg waren als kontaminiert anzusehen – wurde in die Firma zurück geholt und kontrolliert vernichtet.“

It is still not clear how 72 kilograms of the world’s deadliest bioweapon can be sent by accident from a high biosecurity facilities, not irradiated and under a false label.

However, we know from Baxter itself that it produced the 72 kilograms contaminated material using a wild type live bird flu virus obtained from the WHO reference center.
http://www.promedmail.org/pls/otn/f?p=2400:1001:53103::NO::F2400_P1001_BACK_PAGE,F2400_P1001_PUB_MAIL_ID:10001,76322

A statement on behalf of Baxter

I would like to provide the following update to a posting on ProMED dated 25 Feb 2009 (Avian influenza, accidental distribution – Czech Rep. ex Austria: RFI).
The H5N1 strain was the A/Vietnam/1203/2004 strain, received from a WHO reference centre. All information concerning this incident has been provided to the involved national authorities and appropriate international bodies such as ECDC and WHO.
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Christopher Bona
Director, Global BioScience Communications
Corporate Communications
Baxter International Inc.
One Baxter Parkway
Deerfield, IL 60015
<christopher_bona@baxter.com>

Also, Baxter is the only flu vaccine manufacturer to work with wild type flu viruses, felt to be more dangerous than the altered and attenuated (weakened) viruses other manufacturers use.
http://chealth.canoe.ca/channel_health_news_details.asp?news_id=27436&news_channel_id=1020&channel_id=1020

The Austrian police have launched an investigation into the incident that almost triggered a global pandemic. The mixture of the deadly H5N1 virus with a mix of H3N2 seasonal flu viruses is classified as one of the most deadly bioweapons in the world with a mortality rate of 63 per cent.

So, with the Baxter incident in Austria, there is proof that Baxter not only created flu material with help from WHO, but also distributed them in large quantities to trigger a pandemic, while also positioning themselves to produce the vaccine allegedly to "protect" against the virus they created and released.

In criminal charges filed against Baxter on April 8th, 2009 at the Vienna City Prosecutor's office, Landesgerichtstr 11, 1080 Vienna, Austria, it was alleged that Baxter unlawfully, wilfully and knowingly, in the period between December 2008 and February 2009, employed manipulative and deceptive devices and contrivances in violation of national and international laws on the manufacturing, possession, release and dissemination of biological weapons of mass destruction and on organised crime, to manufacture and distribute a biological agent that is classified as a bioweapon among the population in order to profit from the pandemic.

First, Baxter manufactured influenza material contaminated with a bird flu virus in its biomedical research laboratories in Orth on the Danube in December 2008.

Baxter uses BSL 3 (Biosafety Level 3) precautions in its laboratories, a system for the safehandling of toxic substances, which makes an accidental contamination of ordinary flu material with the dangerous bird flu virus virtually impossible.

The 72 kilograms of contaminated vaccine material contained a mixture of a seasonal H3N2 human influenza virus and the deadly bird flu H5N1 virus. By adding a virus of the type H5N1 to an ordinary flu virus of the type H3N2, The H5N1 virus is restricted in its human-to-human transmissibility, especially because it is less airborne. However, when it is combined with seasonal flu viruses, which are airborne and easily spread, a new bioweapon is created.

Second, Baxter distributed via Avir this contaminated vaccines using false concealment and a false label to 16 laboratories in Austria and in other countries at the end of January/beginning of February, potentially infecting at least 36-37 laboratory staff, who had had to be treated preventively for bird flu and ordinary flu in hospital.

A total of 18 laboratory staff belonging to Avir had to undergo preventative treatment for the bird flu and ordinary flu at the Otto Wagner Hospital in Vienna on February, 9th, 2009, because of their exposure as part of their work to the highly pathogenic bird flu virus.

This indicates that, in the opinion of medical experts, there was a risk that the staff of Avir had contracted bird flu, and, unknowingly, acted as carriers of a pandemic virus into the population of a densely built up Vienna city district and in wintertime.

The material was only discovered when staff working for BioTest (in Konarovice in the Czech Republic), tested the vaccination on ferrets, who then died.

BiotTst was supposed to test anti-flu vaccination that should serve Europeans during the next flu season, and the labels on the material sent to them from Baxter via Avir gave no indication of the lethal contents.

The 13 BioTest staff were treated with Tamiflu and were placed in quarantine for fear they had been contaminated with the bird flu virus, which is on the list of the possible biological weapons and one of the most dangerous biological agents on the Earth with more than 60% death rate.

Subsequently the same problem of Baxter contaminated vaccine material was found in the laboratories in Slovenia, Austria and Germany, who had received the material from Baxter.

First, the company Baxter evoked the 'trade secret" and refused to explain how exactly how a Level 3 biological warfare pathogen found its way into H3N2 material, regardless whether or not this experimental vaccine material was 'intended' for eventual use in humans or not.

Baxter representatives have said that the material sent to the Czech republic, Austria, Slovenia and Germany was in fact a pure H5N1 sent by accident - maybe to mask the previous assumption, that it was in fact an ordinary flu vaccine, which was contaminated. It is still not clear whether it was in fact the pure H5N1 or contaminated vaccine.

The Austrian Health Minister Alois Stöger confirmed on May 20th 2009 that the 72 kilograms of contaminated vaccine material has been destroyed, but no information has been released as to the genetic sequences of the contaminated material or what Clade was Baxter's H5N1 vaccine from, whether from Clade 1? Clade 2? Clade 3? Other?

Therefore, it is not possible to know whether H5N1 resembles the strains circulating in waterfowl.

Was the contaminated H5N1 strain genetically engineered? If so, by whom? Does the NS protein in Baxter's H5N1 material contain polymorphisms which suppress human interferon production? Was Baxter's H5N1 a full set of influenza genes? Or was it just the hemaglutanin and neuraminidase? Did Baxter's H5N1 contain a poly-basic cleavage site on the Hemaglutanin surface protein? Why were the samples of experimental vaccine material not irradiated?

Coinfection of H5N1 and H3N2 would not produce simple reassortment but a complex in vivo recombination of many competing strains in the infected host.

Furthermore the complex coinfection of H5N1 and H3N2 in a human would produce natural selection pressure for maximum virulence.

The book "Evolutionary Dynamics" suggest that viral coinfection selects for both maximum virulence and infectivity.

How close the world came to a pandemic is underlined by the reaction of Panasonic Japan.

On February 9th – on the very same day as 18 employees of Avir were given preventative treatment for the bird flu in the Otto Wagner Hospital in Vienna – AFP reported that Panasonic

Japan intended to bring back to Japan the families of many of its staff working around the world because of the threat of a bird flu pandemic.

“Panasonic to fly home workers’ families over bird flu fears Feb 9, 2009

TOKYO (AFP) — Panasonic Corp. has ordered Japanese employees in some foreign countries to send their families home to Japan in preparation for a possible bird flu pandemic, a spokesman said Tuesday.”

The firm decided to take the rare measure “well ahead of possible confusion at the outbreak of a global pandemic,” he said.

The Times of India reported on March 6th, 2009, that a pandemic was nearly triggered as a result of Baxter’s actions.

http://timesofindia.indiatimes.com/Health--Science/Science/Virus-mix-up-bylab-could-have-resulted-in-pandemic/articleshow/4230882.cms

“It's emerged that virulent H5N1 bird flu was sent out by accident from an Austrian lab last year and given to ferrets in the Czech Republic before anyone realised. As well as the risk of it escaping into the wild, the H5N1 got mixed with a human strain, which might have spawned a hybrid that could unleash a pandemic.

Last December, the Austrian branch of US vaccine company Baxter sent a batch of ordinary human H3N2 flu, altered so it couldn't replicate, to Avir Green Hills Biotechnology, also in Austria. In February, a lab in the Czech Republic working for Avir alerted Baxter that, ferrets inoculated with the sample had died. It turned out the sample contained live H5N1, which Baxter uses to make vaccine. The two seem to have been mixed in error.

Markus Reinhard of Baxter says no one was infected because the H3N2 was handled at a high level of containment. But Ab Osterhaus of Erasmus University in the Netherlands says: "We need to go to great lengths to make sure this kind of thing doesn't happen."

Accidental release of a mixture of live H5N1 and H3N2 viruses could have resulted in dire consequences.“

It needs to be stressed that the bird flu virus was developed in US military laboratories from 1995 onwards by researchers who reconstructed the genetic code of the Spanish Flu pandemic virus of 1918-1919.

So, using the argument that they need to find an antidote to the lethal bird flu virus, researchers have actually resurrected this lethal bird flu virus and created the danger in the first place, and with funds provided by organisations such as WHO.

“Reviving the Spanish Flu virus is a recipe for a catastrophe. It could put any attack using anthrax or the plague in the shade, “said Jan van Aken, head of the German section of the Sunshine Project.

In the summer of 2008, US researchers found that this newly reconstructed lethal bird flu virus could be mixed with ordinary human flu virus in laboratory conditions and so, in theory, could acquire easy human-to-human transmissibility.

It was precisely this very virus, a mix of a lethal H5N1 bird flu virus and an ordinary human flu H3N2 virus that Baxter manufactured in its laboratory in Orth/Donau in December 2008, and then distributed via Avir to 16 laboratories in Austria and abroad employing fraudulent misrepresentation.

The Canadian Press explains the issue:

“While H5N1 doesn’t easily infect people, H3N2 viruses do. If someone exposed to a mixture of the two had been simultaneously infected with both strains, he or she could have served as an incubator for a hybrid virus able to transmit easily to and among people.“

According to media reports, Dr Rebecca Carley maintained in March 2009 that this was a deliberate attempt to start a pandemic.

“Basically, they’re trying to cause the pandemic. They have already stockpiled at least 250 million doses of the bird flu vaccine. The shelf life of that vaccine has a certain amount of time by which they’ll have to throw it in the garbage. So they have to start the pandemic so that they can give the vaccines, which will then cause the bird flu pandemic…In fact, this is an associated press article that says that our government is reluctant to give bird flu vaccine to some of the rogue nations for fear they will use the vaccine as biological warfare. So when you actually look at what’s out there, folks, it becomes crystal clear. This is genocide. This is population reduction. And it’s happening right now. “

“Well, let me also state that this is very intentional because the H5N1 bird flu virus is not actually able to be picked up by humans in a regular scenario. So by putting it with a regular human flu, they’re intentionally causing it to create a hybrid virus. And this is how they’re going to make the bird flu virus be contracted by the people because it’s very virulent. And basically, the scenario that it creates is very disturbing. You actually bleed out into your lungs and suffocate on your own blood."

birdflu666 .wordpress.com

Jane Burgermeister

Chello internet provider censors emails with name “Jane Bürgermeister” in slot line

BirdFlu666, 7 August 2010
https://waterpressure.wordpress.com/2010/08/12/breaking-news-latest-developments-with-jane-burgermeister-w-h-o-scandalous-conflicts-of-interest-with-big-pharma-exposed/

Last Sunday evening, a big email campaign kicked off in Switzerland about my impending detention, igniting a huge response in the German speaking world but by Tuesday, the internet internet provider Chello was censoring any emails with Jane Bürgermeister in the slot line and marking them as spam.

An IT expert looked into the matter and found a block had been placed on my name by Chello.

I was told that even emails with my name in the body of the text were returned to the sender. My name had to be eliminated altogether before emails were allowed through the filter.

In spite of the censorship, the word spread fast on the internet and many blogs in the German speaking world posted about my impending detention by Austrian authorities, determined to silence swine flu vaccine critics before the next vaccine campaign.

birdflu666 .wordpress.com

Jane Burgermeister

Austrian state prosecutors appear to have faked second set of criminal charges to frame Jane Burgermeister

BirdFlu666, 7 August 2010
https://waterpressure.wordpress.com/2010/08/12/breaking-news-latest-developments-with-jane-burgermeister-w-h-o-scandalous-conflicts-of-interest-with-big-pharma-exposed/

The Austrian government appears to have faked two sets of criminal charges in an attempt to bury my own criminal charges documenting how judges in Austria plan to strip me of all my civic rights on August 12th on the basis of falsehoods.

According to a letter from the corruption state prosecutor Katja Wallenschewski dated July 27th, criminal charges were filed by Heiner Lohmann and Christine Cote.

Heiner Lohmann who lives in Germany on August 3 sent a signed letter confirming he never filed any criminal charges in Austria. He said he just sent in a general protest letter about the persecution of myself and other Austrian dissidents by the authorities.

And today Christine Cote has emailed to say she never filed any criminal charges either as Wallenschewski claimed.

I have made a written request to see the charges allegedly filed by Cote and Lohmann. Who knows what on earth is in these fictious documents?

The Austrian government has now been caught red-handed faking two sets of criminal charges to frame me as a dangerous conspiracy theorist.

Austrian government officials do not appear to be on the cutting edge of the internet age or to realise just how transparent this kind of fraud is nowadays."

Penny Bright
Media Spokesperson
Water Pressure Group
Judicially recognised 'Public Watchdog' on Metrowater, water and Auckland regional governance matters.
"Anti-corruption campaigner"

birdflu666 .wordpress.com

Jane Burgermeister

Role of Austrian Chancellor in attempt to frame swine flu jab critic Jane Burgermeister comes into focus: new email reveals Bilderberg Chancellor was informed

BirdFlu666, 9 August 2010

The Austrian government has been caught red-handed faking two sets of criminal charges by Heiner Lohmann and Christine Cote in a bid to frame me . These fake charges in conjunction with a staged threat to a judge can be used to have me detained and even imprisoned.

Other bloggers in Austria and Germany critical of the government are facing the same treatment.

Natascha Koch, for example, was recently detained in Graz, Austria, on the basis of a staged threat to a clinic. The strength of public protests resulted in her being freed again in three days.

Christine Cote was among the people protesting the detention of Natascha Koch on spurious grounds.

She wrote an email to Judge Michaela Lauer – the judge who applied for my court guardianship on the basis of false claims and file manipulation — asking the authorities to stop persecuting me and other critics on July 4th.

Chrstine Cote cc'd in the Interior Minister Maria Fekter, the Justice Minister Claudia Bandion-Ortner, the Ombudsmen, including Gertrude Brinek as well as the State Prosecutor's office and the head of the national bank Ewald Nowotny. She also sent a letter to the Austrian Chancellor Werner Faymann as well as the President Heinz Fischer, she says.

That means that all these people must have been informed about my situation on July 5th at the latest.

Did the Chancellor Werner Faymann know that Christine Cote and Heiner Lohmann's letter asking the government to stop persecuting me had been turned into fake criminal charges? Did he know that these fake charges were dropped almost immediately after I filed charges on July 23 documenting file manipulation, false accusations and fraud to justify my being stripped of all my rights under a court guardianship?

That they were fake charges is clear: the charges were dropped just two working days after my criminal charges with new evidence were filed on July23 . Why wasn't my additional material documenting persecution by Judge Michaela Lauer investigated by the state prosecutor if Cote's and Lohmann's letters were really being treated as criminal charges?

Did Corruption State Prosecutor Katja Wallenschewski only dare create fake criminal charges to bury my own and frame me because she was certain she had cover from the very top of the government, and even the chancellor and justice minister?

Or did Wallenschewski simply not realise that even Austria is now in the internet age and information spreads quickly?

Within a couple of days of the letter from Wallenschewski appearing on the internet stating that criminal charges by Heiner Lohmann and Christine Cote had been filed, both people contacted me to say they had never filed any criminal charges.

Heiner Lohmann and Christine Cote were trying to protest my persecution by the government – but found their protests misused by the same government to persecute me still more.

Christine Cote underlines my role in warning people that the swine flu pandemic was hyped and the swine vaccination risky.

I filed charges against Baxter in April 2009 after Baxter contaminated 72 kilos of seasonal flu material with the bird flu virus, supplied by WHO. The material was sent to 16 labs in 4 coutries and could have sparked a global bird flu pandemic, according to the Times of India.

Just two weeks or so after I filed criminal charges against Baxter the „swine flu“ pandemic appeared in Mexico and was clearly a hyped and staged pandemic.

Although the Vienna state prosecutor opened an investigation into Baxter's contamination of seasonal flu material at ist biosecurity labs in Orth an der Donau, the investigation was dropped in September 2009 in spite of the fact that experts rule out an accidental contamination given the existence of biosecurity level 3 precautions.

In June 2009, Chancellor Werner Faymann attended the annual Bilderberg meeting near Athens along with David Rockefeller, a big funder of WHO and vaccine sterilisation programmes, and Daniel Vasella, CEO of Novartis, a company that made billions through the swine flu scam.

It has now been established beyond doubt that the top officials in the Austrian government, including the Chancellor Faymann, the Interior Minister and the Justice Minister all knew about Christine Cote's letter requesting that the government cease its persecution of me and other critics such as Natascha Koch on July 5th.

It cannot be ruled out that they actively encouraged this persecution because they want to eliminate a critic of their swine flu policies.

After all, what state prosecutor would dare carry out such a sleight of hand and turn a letter asking for the authorities to stop hounding me into fake criminal charges only to drop those charges immediately after I supplied mor

Pandemia No Hay Ninguna: ¡Detengan La Vacuna!

La pandemia es un alarde y la vacuna es un fraude

Jane Burgermeister

Interrogación kafkiana en corte de Viena: ¿Están los cargos a Baxter detrás de todo esto?

Detengan La Vacuna! – 12 agosto 2010
https://detenganlavacuna.wordpress.com/2010/08/12/jane-burgermeister-comparece/

Se supone que los jueces toman sus decisiones basados en la evidencia, documentos y hechos, pero en la corte de Döbling en Viena, esto claramente no es requisito.

Un e-mail de una persona desconocida parece ser usado de base para la decisión de colocarme un guardián legal y quitarme todos mis derechos civiles a toda velocidad, cuando fui a las 10 AM a la corte de Döbling, Viena, para mi interrogación por parte del juez Dr. Hannes Winge.

Se me dijo que la entrevista probablemente sólo duraría unos 5 minutos y que no me molestara en traer ningún documento, ya que los tenían todos.

Para mi sorpresa la primera pregunta que me hizo el Dr. Winge en su espaciosa oficina fue sobre un e-mail de una persona de la que nunca he oído hablar, llamada Christina Braun quien aparentemente escribió sobre mi rol en la pandemia de gripe porcina.

Claramente él quería enfocarse en este e-mail de esta tal Christina Braun, y se veía determinado a colocarme un guardián legal sin demoras, incluso pidiéndome nombrar a un representante. Me negué, ya que nada de este procedimiento se justifica por la ley.

Parecía no tener conocimiento alguno, ni interés siquiera, en las copias de las apelaciones que entregué hace un mes, junto con los documentos que demuestran que los motivos de la Jueza Michaela Lauer para atribuirme una custodia legal en conexión con la herencia de mi padre son todos falsos, incluso cuando ESTE debería haber sido el enfoque de la entrevista.

Había una copia en su escritorio. Pero el prístino estado de las páginas reveló que habían salido directo de la fotocopiadora y nadie las había tocado desde entonces, y eso -aunque el Dr. Winge debe tomar una decisión tan pesada sobre mi futuro- que implica que debería haber estudiado la evidencia.

Tuve que insistir para que el Dr. Winge mirara las pruebas, los documentos, las cuentas, e-mails y otra evidencia de que la Jueza Lauer empuja para colocarme un guardián legal sobre la base de acusaciones falsas y con el fin de enterrar la evidencia de su propia corrupción.

Al final, tuve que pasar 2 horas en la oficina mostrando toda la evidencia al Dr. Winge, evidencia tan fuerte que no la pudo ignorar. En un punto, hasta el más caprichoso sistema de justicia tiene que tomar en cuenta la realidad.

El Dr. Winge amablemente aceptó al final mirar en los archivos y estudiar la evidencia. ¡Tonta yo! Había tenido la impresión de que el examen de la evidencia también sucedía antes de la entrevista no sólo después.

Dijo que necesitaría alrededor de un mes y luego tomaría su decisión sobre si desestimar el caso o no.

Le hice notar que debía dar razones para su decisión, y que las razones debían tener una base en los hechos, y que poner guardianes legales etc, sólo para silenciarme es de hecho una ofensa criminal.

En lugar de una entrevista justa, el Dr. Winge parecía desear hablar sólo de un irrelevante e-mail de alguien que no conozco en absoluto, y seguir adelante a colocarme mi custodia legal inmediatamente.

Esto me recuerda los falsos cargos criminales que creó la fiscal de corrupción Katja Wallenschewksi sobre cartas de protesta acerca de mi persecución, enviada por Heiner Lohmann y Christine Cote.

Parece que cualquier e-mail "bandera falsa" o cargos criminales falsos servirán de felíz excusa para ni siquiera mirar los hechos en mano y de seguir tratando de tenderme trampas.

Tengo que preguntarme: ¿por qué está tan desesperado el gobierno austríaco para callarme? ¿Por qué arriesgar semejante escándalo para quitarme mis derechos? Cualquiera que lea la apelación y cargos criminales en internet puede ver que las acusaciones hechas en mi contra son triviales o falsas.

Que se le quiten a uno los derechos civiles porque supuestamente uno no hizo cosas como pagar el seguro de la casa de su padre – cuando se tiene el recibo que demuestra que sí lo hice – y eso que era obligación de la jueza Lauer y el abogado Hutz el hacerlo, para empezar- es como una comedia muy, muy negra. Saber que uno puede ser detenido para siempre por que la jueza Lauer falsamente afirma que "yo hice muchas nuevas exigencias para la evaluación de varias propiedades" es como una novela de Stephen King.

Lo que la jueza dice de mí equivale a difamación.

Una razón de que el gobierno austríaco esté tan desesperado de quitarme de en medio, es que el reporte del Consejo de Europa por el Médico Británico Paul Flynn sobre la exageración de la pandemia de gripe porcina, debe debatirse en el parlamento austriaco junto con otros parlamentos en Europa en su próxima sesión. También, 220 Parlamentarios Europeos exigieron una investigación de la gripe porcina al Parlamento Europeo, aunque esto se ha bloqueado por ahora.

Tal vez el gobierno austriaco teme que el inminente debate recalcará otra vez el incidente en que los 72 kilos de vacuna estacional fueron contaminados por Baxter en febrero 2009 en Orth an der Donau. Ya que el mortal virus de la gripe aviar debe mantenerse en laboratorios de bioseguridad de nivel 3, una contaminación accidental puede virtualmente descartarse. El material se envió a 16 laboratorios en 4 países. Sólo un técnico de laboratorio alerta en la República Checa detectó el virus, después de decidir probarlo en hurones.

Presenté cargos contra Baxter el 8 de abril 2009 después que no hubiera verdadera investigación relevante de las autoridades (mandaron un veterinario a inspeccionar el laboratorio). El fiscal de estado inició una investigación, la que se abandonó en septiembre del 2009.

Baxter podría haber iniciado una pandemia global de gripe aviar, disparando vacunaciones masivas en febrero del 2009. Estas vacunaciones pandémicas pueden incluso ser hechas obligatorias bajo la declaración de pandemia de nivel 6 por parte de OMS.

Unos días después de presentar mis cargos, la gripe porcina apareció misteriosamente en México.

El que la gripe porcina fuera exagerada por la OMS y las farmacéuticas por provecho, ha sido entretanto comprobado por la evidencia presentada por los reportes del Consejo de Europa y estudios como el que apareció en el BMJ.

Bien puede ser que Baxter y el crimen organizado internacional al que yo acusé de empezar deliberadamente una pandemia para provecho en abril 2009, se sienten menos confiados en su capacidad de soportar el escrutinio.

Sólo alrededor del 3% al 4% de los austriacos se pusieron la vacuna H1N1, a pesar de la enorme propaganda y las exhortaciones del Ministro de Salud Alois Stöger. Un 40% usa la vacuna estacional cada año como rutina; las autoridades claramente anticipaban que un 60% a 70% tomaran la vacuna de gripe porcina.

Pero los austriacos no creyeron la mentira. Y el gobierno debe estar preocupado de su capacidad para meter mentiras sobre toda la pandemia, y el incidente de gripe aviar de Baxter.

Al prepararse las farmacéuticas y gobiernos para campañas de vacunas sin precedentes, todo escrutinio sobre la contaminación de Baxter en febrero de 2009 puede ser visto como una amenaza cada vez más grande.

De hecho, de ser Baxter encontrado culpable en una corte de intentar deliberadamente iniciar una pandemia global de gripe aviar, podría ser un golpe mortal para toda la industria farmacéutica y complejo de vacunas del mundo.

Deshacerse de mí a través de la custodia legal por acusaciones falsas y triviales, y también poniéndome trampas con cargos falsos, puede parecer una mejor opción dadas las posibles repercusiones de una investigación sustancial a la casa Baxter.

La simple cantidad de publicidad que mi caso está recibiendo, imposibilitará sin embargo que me quiten del medio. La base legal es inexistente y sólo hay cierto límite de capricho y excentricidad que un sistema de justicia se puede permitir, en la era de la internet, antes de que se desacredite totalmente a ojos del público general.

Tan pronto como la custodia legal se descarte, puedo y pediré compensación porque la custodia legal injustificada de hecho se reduce a un intento de detención ilegal y de silenciar a una alertadora.

Mientras más dure esto hasta que finalmente se desestime, mayor será la posibilidad de petición de compensación y mayor publicidad generará este caso.

El caso Baxter de nuevo está bajo el foco junto con la corrupción del sistema de justicia austriaco que no fue capaz de investigar la contaminación de 72 kilos de vacuna estacional con virus de gripe aviar, que podía en potencia amenazar a la gente alrededor del mundo entero.

En una nota personal, las últimas semanas me han hecho comprender lo que la palabra “Kafkiana” y “surrealista” realmente significan. Ser perseguido por un estado malévolo no es ninguna broma.

Por más pesadilla que haya sido este tiempo, he quedado abrumada por la cantidad de apoyo que he tenido por parte de gente por todo el mundo.

No tengo tiempo de contestar todos los e-mails, desgraciadamente, ya que la gente como el Dr. Winge me obliga a llenar aún más documentos, etc, aunque trato de contestar los e-mails que puedo.

Pero el apoyo de tanta gente, también desde Suiza y de “We Are Change” de Austria, ha sido realmente sorprendente, y me siento impresionada y agradecida de haber experimentado tal generosidad, bondad y buena voluntad de tanta gente alrededor del mundo.

birdflu666 .wordpress.com

Jane Burgermeister

Kafkaesque interrogation at Vienna court: Are the Baxter charges behind this?

BirdFlu666, 12 August 2010, 2:12 pm
https://web.archive.org/web/20100814202618/http://birdflu666.wordpress.com/2010/08/12/kafkaesque-interrogation-at-vienna-court-are-the-baxter-charges-behind-this/

Judges are supposed to make their decisions on the basis of evidence, documents and facts, But in the court Döbling in Vienna, this is clearly not a requirement.

An email from an unknown person appeared to be set to be the basis of the decision to appoint a legal guardian and strip me of all my civic rights at top speed when I went at 10 am this morning to the court in Döbling, Vienna, for my interrogation by judge Dr Hannes Winge.

I was told the interview would probably last only 15 minutes and not to bother bringing any documents along as they were all.

To my surprise, Dr Winge's first question to me in his spacious office was about an email from a person I have never heard of called „Christina Braun", writing apparently about my role in the swine flu pandemic.

He clearly wanted to focus on this email from this Christina Braun and seemed intent on appointing a legal guardian for me without delay, even asking me to name a representative. I refused because the whole procedure is not justified by the law.

He seemed to have absolutely knowledge at all or even the slightest interest in the copies of the appeals I had handed in one month ago with documents proving that Judge Michaela Lauer's reasons for appointing a legal guardian in connection with my Dad's inheritance are all false even though this should have been the focus of our interview.

A copy lay on his desk. But the pristine pages betrayed that they had come straight out of the photocopy machine and had lain untouched ever since - and that even though Dr Winge is making such a weighty decision about my future and is supposed to be studying the evidence.

I had to insist that Dr Winge look at the proof, documents, bills, emails and evidence that Judge Lauer is pushing to appoint a legal guardian for me on the basis of false accusations and in order to bury evidence of her corruption.

In the end, I had to spend two hours in the office as I laid out all the evidence to Dr Winge – evidence so strong he could not ignore it. At some point, even the most capricious justice system has to take account of reality.

Dr Winge graciously agreed at the end to look at the files and study the evidence. Foolish me! I had been under the impression the examination of evidence also happened before the interview – and not only after.

He said he would need about a month and would then make his decision about whether to drop the case or not.

I pointed out to him that he would have to give reasons for his decision and that the reasons had to have some basis in facts and that appointing legal guardians etc for me just to silence me is actually a criminal offence.

Instead of a fair hearing , Dr Winge appeared to wish to discuss only an irrelevant email from a person I have never heard of and to move forward to appoint a legal guardian immediately.

That remainds of the fake criminal charges created by the corruption state prosecutor Katja Wallenschewksi out of letters of protest about my persecution by Heiner Lohmann and Christine Cote.

It seems any, „false flag" email or criminal charges will serve as a happy excuse not to look at the facts at hand and to continue with framing me.

I have to ask myself: why is the Austrian government so desperate to silence me? Why do they risk such a scandal to strip me of my rights? Anyone who reads the appeals and criminal charges on the internet can see that the accusations made against me are trivial or lies.

Being stripped of your civil rights because you allegedly have not done things like pay the insurance of your Dad's house when you have the bill proving you paid – and when it was the job of the Judge Lauer and solicitor Hutz anyway to do this is the first place – is like a black, black comedy. Knowing you could be detained forever because Judge Lauer falsely claims I "made ever new demans for the evaluation of various properties" is like a twist in a Stephen King novel.

What the judge says about me amounts to defamation.

One reason the Austrian government could be so deseperate to remove me is because the Council of Europe report by UK MP Paul Flynn on the swine flu pandemic hype is set to be debated in the Austrian parliament, along with all other parliaments in Europe, in the next session. Also, 220 MEPs demanded an investigation into the swine flu at the European Parliament, though this has been blocked for now.

Maybe the Austrian govenrment fears that the upcoming debate will highlight once more the incident where 72 kilos of seasonal flu was contaminated by Baxter in February 2009 in Orth an der Donau. Because the deadly bird flu virus has to be kept in a biosecurity level 3 lab, an accidental contamination can be virtually ruled out. The material was sent to 16 labs in four countries. Only an alert lab technician in the Czech Republic detected the virus after testing it on ferrets.

I filed charges against Baxter on April 8th after there was no meaningful investigation by the authorities. A vet was sent to inspect the lab. The state prosecutor did start an investigation which was dropped in September 2009.

Baxter could have sparked a global bird flu pandemic, triggering mass vaccinations, in Februrary 2009. These pandemic vaccinations can even be made compulsory under the pandemic level 6 declaration by WHO.

A few days after I filed charges, the swine flu mysteriously appeared in Mexico.

That the swine flu virus was hyped by WHO and by the pharamceutical companies for profit has been confirmed, in the meantime, by evidence presented reports by the Council of Europe and studies such as have appeared in the BMJ.

It could well be that Baxter and the international corporate crime syndicate that I accused of deliberately starting a pandemic for profit in April 2009 is feeling less confident about ist ability to withstand scrutiny.

Only about 3% to 4% of the Austrians took the swine flu vaccine in spite of the gigantic media hype and the exhortations of the health minister Alois Stöger. About 40% take the seasonal flu shot every year as a matter of routine. The authorities clearly anticipated that 60% to 70% would take the swine flu shot.

But the Austrians did not believe the hype. And the government must be worried about its ability to give its spin to the whole swine flu pandemic and Baxter bird flu incident.

As pharamceutical companies and government gear up for unprecedented vaccine campaigns, any scrutiny of the Baxter's contamination in February 2009 may be seen as a increasingly big threat.

Indeed, if Baxter were ever convicted in a court of law of deliberately attempting to start a global bird flu pandemic, it could well deal a death blow to the whole pharmaceutical industry and vaccine complex around the world.

Getting rid of me though a legal guardianship under false and trivial accusations and also by framing me by fake criminal charges may seem a better option given the possible repercussions of a substantial investigation into Baxter.

The sheer amount of publicity my case is getting will, however, make it impossible for them to remove me. The legal basis is non existant and there is only so much caprice and eccentricity a justice system can allow itself in the age of the internet before it discredits itself totally in the eyes of the general public.

As soon as the court guardianship is dropped, I can and will file for compensation because this unjustified legal guardianship actually boils down to an attempt at an illegal detention and the silencing of a whistleblower.

The longer this drags on before it is finally laid to rest as it must finally be, the higher my compensation claims can be and the more publicity this case will generate.

The Baxter case is once more already in the spotlight along with the corruption of the Austrian justice system that failed to investigate the contamination of 72 kilos of seasonal flu vaccine material with the bird f u virus that could potentially have endangered people all around the globe.

On a personal note, the last few weeks have made me understand what the word "Kafkaseque" and "surreal" really means. Being hounded by a malevolent state is no joke at all.

Nightmarish as this time has been, I have been overwhelmed by the amount of support I have had from people all over the world.

I don't have time to answer all the emails, alas , as the likes of Dr Winge force me to go on filing documents etc, though I try to answer as many emails as I can.

But the support of so many people, also from Switzerland and from We Are Change Austria, has been truly amazing, and I feel humbled and grateful to have experienced so much generosity, kindess and good will from so many people around the world.

The Watchdog
Keeping citizens in the loop

Frank Cogan

'Open Letter' to the Irish Ambassador to Austria

The WatchDog / WaterPressure, 13 August 2010
https://waterpressure.wordpress.com/2010/08/12/breaking-news-latest-developments-with-jane-burgermeister-w-h-o-scandalous-conflicts-of-interest-with-big-pharma-exposed/

Dear Ambassador Frank Cogan,

Internationally, I think it is fair to say:
"AUSTRIA – THE WORLD IS WATCHING!"

The persecution of Irish/Austrian investigative journalist Jane Burgermeister by the Austrian Government must cease forthwith today in Court.

Jane Burgermeister's courage in helping to expose the $wine flu scam, helped to inspire a global fightback.

Jane has summarised her current predicament as follows:

"Now that there is verifiable, unambiguous evidence that the Austrian government and state prosecutors have faked criminal charges to provide a pretext to arrest and detain me, I am going to apply to the European Court of Human Rights.

Under Article 6 of the Human Rights Convention, all Europeans have the right to a fair trial and proper judicial process, and this is being denied to me. The Austrian state prosecutor for corruption Katja Wallenschewski sent a ltter saying that criminal charges by a Heiner Lohmann and Christine Cote had been filed. But Heiner Lohmann has since signed a letter to state that he had never filed criminal charges in Austria. He had just a general protest letter forwarding a letter from Christine Cote praising my contribution in opening people's eyes to the swine flu scam.

By faking the criminal charges, the prosecutors hoped to bury my own charges dealing evidence of file manipulation and false accusations. They also hoped to brand me as a dangerous conspiracy theorist.

On August 12th, I have to go to the court to be interviewed about being placed under a court guardianship on the basis of these fake charges too. This will see me stripped of all my civic rights and any assets I am due to inherit. The government and Big Pharma seem determined to silence vaccine critics by any means."

We look forward to confirmation that you as the Irish Ambassador, Frank, are taking all possible steps to ensure Jane's human rights are protected, including attending Court proceedings, and raising your concerns directly with the highest levels with the Austrian Government.

In order to assist, please be advised of the following steps that have been taken by concerned citizens all over the world, in order to help protect Jane Burgermeister.

A) The 'Open Letter' I sent to the UN Ambassador for Austria on 11 August 2010, after I had contacted UN Ambassadors in countries all over the world.

B) The petition signed internationally, at very short notice by over 1000 people.

C) Breaking news over the last 24 hours, confirming scandalous 'conflicts of interest' between WHO and major pharmaceutical companies who have financially profited from the bogus $wine flu 'pandemic' – which proves Jane Burgermeister (and others) who 'blew the whistle', acted in the global public interest and must be protected for so doing.

The Dark History of Vaccines, Natural Healing Clinic

13 March 2015

https://teachingyourselftoheal.wordpress.com/2015/03/13/the-dark-history-of-vaccines/

Stats Regarding Vaccines

A good place to start research is on the internet. Go to National Vaccine Center's website and start learning about various vaccines. Judicial Watch is another website. These are watchdogs to help keep us informed about truths being kept from us. There are many others.

...

Avian Flu Vaccine

Toronto Sun reported not long ago (2009) that Baxter International r*eleased seasonal flu virus material from a plant in Austria containing live H5N1 Avian Flu Virus*. It was sent to sub-contractors in the Czech Republic, Slovenia and Germany.

The contamination incident, which is being investigated by four European countries, came to light when the subcontractor in the Czech Republic inoculated ferrets with the product and they died.

Ferrets shouldn't die from exposure to human H3N2 flu viruses.

Accidental release of a mixture of live avian H5N1 and human H3N2 viruses could have resulted in dire consequences. H5N1 doesn't easily infect people, H3N2 viruses does. If someone exposed to a mixture of the two had been simultaneously infected with both strains, he or she could have served as an incubator for a hybrid virus able to transmit easily to and among people. That mixing process, called reassortment, is one of two ways pandemic viruses are created.

Mike Adams, the Health Ranger, Natural News Editor writes in Vaccines as Biological Weapons?

Live Avian Flu Virus Placed in Baxter Vaccine Materials Sent to 18 Countries:

Deerfield, Illinois-based pharmaceutical company Baxter International Inc. has just been caught shipping live avian flu viruses mixed with vaccine material to medical distributors in 18 countries.

The 'mistake' was discovered by the National Microbiology Laboratory in Canada. The World Health Organization was alerted and panic spread throughout the vaccine community as health experts asked the obvious question: How could this have happened?

Or put another way, Baxter is acting a whole lot like a biological terrorism organization these days, sending deadly viral samples around the world. If you mail an envelope full of anthrax to your Senator, you get arrested as a terrorist. So why is Baxter – which mailed samples of a far more deadly viral strain to labs around the world – getting away with saying, essentially, "Oops?"

But there's a bigger question in all this: How could this company have accidentally mixed LIVE avian flu viruses (both H5N1 and H3N2, the human form) in this vaccine material?

Was the viral contamination intentional?

The shocking answer is that this couldn't have been an accident because Baxter International adheres to something called BSLE (Biosafety Level 3) – a set of laboratory safety protocols that prevent the cross-contamination fo materials.

Laboratory personnel have specific training in handling pathogenic and potentially lethal agents and are supervised by competent scientists who are experienced in working with these agents.

This is considered a neutral or warm zone. All procedures involving the manipulation of infectious materials are conducted within biological safety cabinets or other physical containment devices, or by personnel wearing appropriate personal protective clothing and equipment. The laboratory has special engineering and design features.

It is bad enough that governments all over the world have been warning about the likely pandemic flu. Now we find out we cannot trust Big Pharma to handle such bio-hazardous material in a safe manner.

Who knows whether it was intentional? But I sure would like to know what really happened? And I sure would like to see the people responsible fired!

Paul J. Watson adds in "Accidental' Contamination of Vaccine with Live Avian Flu Virus Virtually Impossible: Czech newspapers are questioning if the shocking discovery of vaccines contaminated with the deadly avian flu virus which were distributed to 18 countries by the American company Baxter were part of a conspiracy to provoke a pandemic.

The claim holds weight because, according to the very laboratory protocols that are routine for vaccine makers, mixing a live virus biological weapon with vaccine material by accident is virtually impossible.

"The company that released contaminated flu virus material from a plant in Austria confirmed Friday that the experimental product contained live H5N1 avian flu viruses," reports the Canadian Press.

Baxter flu vaccines contaminated with H5N1 – otherwise known as the human form of avian flu, one of the most deadly biological weapons on earth with a 60% kill rate – were received by labs in the Czech Republic, Germany, and Slovenia.

Initially, Baxter attempted to stonewall questions by invoking "trade secrets" and refused to reveal how the vaccines were contaminated with H5N1. After increased pressure they then claimed that pure H5N1 batches were sent by accident. This was seemingly an attempt to quickly change the story and hide the fact that the accidental contamination of a vaccine with a deadly biological agent like avian flu is virtually impossible and the only way it could have happened was by wilful gross criminal negligence.

According to a compiled translation from Czech newspaper stories, the media over there is asking tough questions about whether the contamination was part of a deliberate attempt to start a pandemic.

"Was this just a criminal negligence or it was an attempt to provoke pandemia using vaccination against flu to spread the disease – as happened with the anti-B hepatitis vaccination with vaccines containing the HIV virus in US? – and then cash for the vaccines against H5N1 which Baxter develops? How could on Earth a virus as H5N1 come to the ordinary flu vaccines? Don't they follow even basic precautions in the American pharma companies?" states the translation.

The fact that Baxter mixed the deadly H5N1 virus with a mix of H3N2 seasonal flu viruses is the smoking gun. The H5N1 virus on its own has killed hundreds of people, but it is less airborne and more restricted in the ease with which it can spread. However, when combined with seasonal flu viruses, which as everyone knows are super-airborne and easily spread, the effect is a potent, super-airbone, super deadly biological weapon.

Spreading bird flu would create an instantaneous surge of demand for bird flu vaccines. The profits that vaccine companies such as Baxter International could reap out of such a panic are astronomical.

In addition, as we have previously reported, those that have a stake in the Tamiflu vaccine include top globalists and BIlderberg members like George Shultz, Lodewijk J.R. de Vink and former Secretary of Defense Donald Rumsfeld.

Authorities in both Europe and the U.S. have openly detailed plans for martial law, quarantine and internment should a bird flu pandemic occur.

The other motivation, as we have exhaustively documented on this website for years, is the fact that elites throughout history have openly stated that they want to see a world population reduction of around 80 per cent. Shocking stories like this take the plausibility of that narrative out of the realms of conspiracy theory and into the dangerous reality of conspiracy fact.

This is not the first time that vaccine companies have been caught distributing vaccines contaminated with deadly viruses. In 2006 it was revealed that Bayer Corporation had discovered that their injection drug, which was used by hemophiliacs, was contaminated with the HIV virus.

Internal documents prove that after they positively knew that the drug was contaminated, they took it off the U.S. market only to dump it on the European, Asian and latin American markets, knowingly exposing thousands, most of them children, to the live HIV virus. Government officials in France went to prison for allowing the drug to be distributed. The documents show that the FDA colluded with Bayer to cover-up the scandal and allowed the deadly drug to be distributed globally. No Bayer executives ever faced arrest or prosecution in the United States.

Форум "Наука" forumnauka.bg

Laplandetza [Информация относно КОВИД-19]

Форум "Наука", Април 13, 2020
https://www.forumnauka.bg/topic/22900-informaciya-otnosno-kovid-19/page/32/

Още през юли 1969 г. директорът на Управлението за перспективни изследователски програми към армията на САЩ доктор Макартър се изказва пред Конгреса в Комитета по асигнация на Белия дом. Той заявил, че „в течение на 5-10 години ще е възможно да се произведе синтетичен биологичен вирус, който не съществува в природата и срещу който не може да има естествен имунитет".

В края на 80-те години Конгресът публикува материали от тези изслушвания с шокиращите откровения на доктор Макартър за разработването на синтетични биологични вируси в лабораториите. Стана известно, че две групи изследователи – европейска, под ръководството на Рон Фуше, от Ротердам, и американска, начело с професор Йошихиро Каваока, от университета „Уисконсин-Медисън", - са създали в лаборатория щамовете на вируса H5N1 (т. нар. птичи грип), който се предава от човек на човек по въздушно-капков път (експериментите се провеждали върху домашно порче, феретка). Учените изпратили своите статии в найизвестните научни списания – проф. Каваока – в сп. „Нейчър" ("Nature"), Рон Фуше – в сп. „Наука" („Science"). В края на декември 2011 г. обаче Националният научен съвет по биобезопасност на САЩ (National Science Advisory Board for Biosecurity, NSABB) разпраща на главните редактори на двете списания и на авторите на статиите писма, в които настоятелно препоръчва тези текстове да не се публикуват.

Шефът на NSABB Пол Кейм обяснил на пресата защо публикациите за резултатите от изследванията са били забранени: „Потенциалът на вируса H5N1 е толкова мощен, че аз не си представям на какво друго още е способен той" – тези думи на Кейм са цитирани от британската агенция „Ройтерс". Кейм отбелязва, че на този етап създаденият вирус е най-голямата заплаха за живота на всички хора, и че смъртността е много повисока в сравнение с „испанката" (т.е. испанският грип, б.пр.) от 1918-1919 г." (тогава загиват 40 милиона души).

Националният научен съвет по сигурността мотивира своето решение (да не се публикуват изследванията, б. пр.) с факта, че двата щама са изкуствено създадени в лаборатория и може да попаднат в ръцете на биотерористи. Както знаем, подготовката за евентуална биологична война предполага не само наличие на смъртоносен вирус, но и ваксини за него. Само че шефът на NSABB Кейм не съобщава нищо за такава, вероятно защото тя не е за „простосмъртни".

През февруари 2009 г. щаб-квартирата на транснационалната фармацевтична корпорация "Baxter", базирана в Австрия, изпраща на 16 европейски лаборатории в четири държави 62 кг субстанция за производство на ваксина от „сезонен грип". Техник в една от лабораториите, разположена в Чехия, открива, че субстанцията е заразена с два живи вируса на грипа. Единият е обикновеният сезонен вирус, който има следните характеристики – ниска смъртност (помалко от 1 %), но много висока степен на разпространение (заразяване). Другият вирус на грип имал много ниска степен на разпространение, но пък бил с висока смъртност (около 60 %). Очевидно, че при смесването на тези два вируса има огромна вероятност да се създаде нов вирус с две ключови характеристики – висока степен на разпространение (заразяване) и смъртност. Ако този сътрудник не бе открил случайно факта на заразената субстанция (или ако беше скрил тази информация), щеше да се появи реална заплаха от най-ужасната пандемия, защото 62 кг субстанция стига едва за няколко хиляди дози ваксина.

Австрийската журналистка Джейн Бургермайстер, която публикува свое разследване по тази афера, отправи публично искане до Световната здравна организация, до ООН и до правителствата на редица държави, обвини корпорацията "Baxter" в „биотероризъм и опит за масово убийство". Заразяването на субстанцията бе официално потвърдено и от компанията.

Само че делото и досега чака за разглеждане в СЗО.

ResearchGate

Mikhail Teppone

Two Viruses in One Vaccine:
A Collection of articles, documents, news, and remarks
on the history of the vaccine against seasonal flu which contained live avian flu viruses

March-July, 2023, 381 pages. DOI: 10.13140/RG.2.2.14169.60009/2
https://www.researchgate.net/publication/369365605_Two_Viruses_in_One_Vaccine
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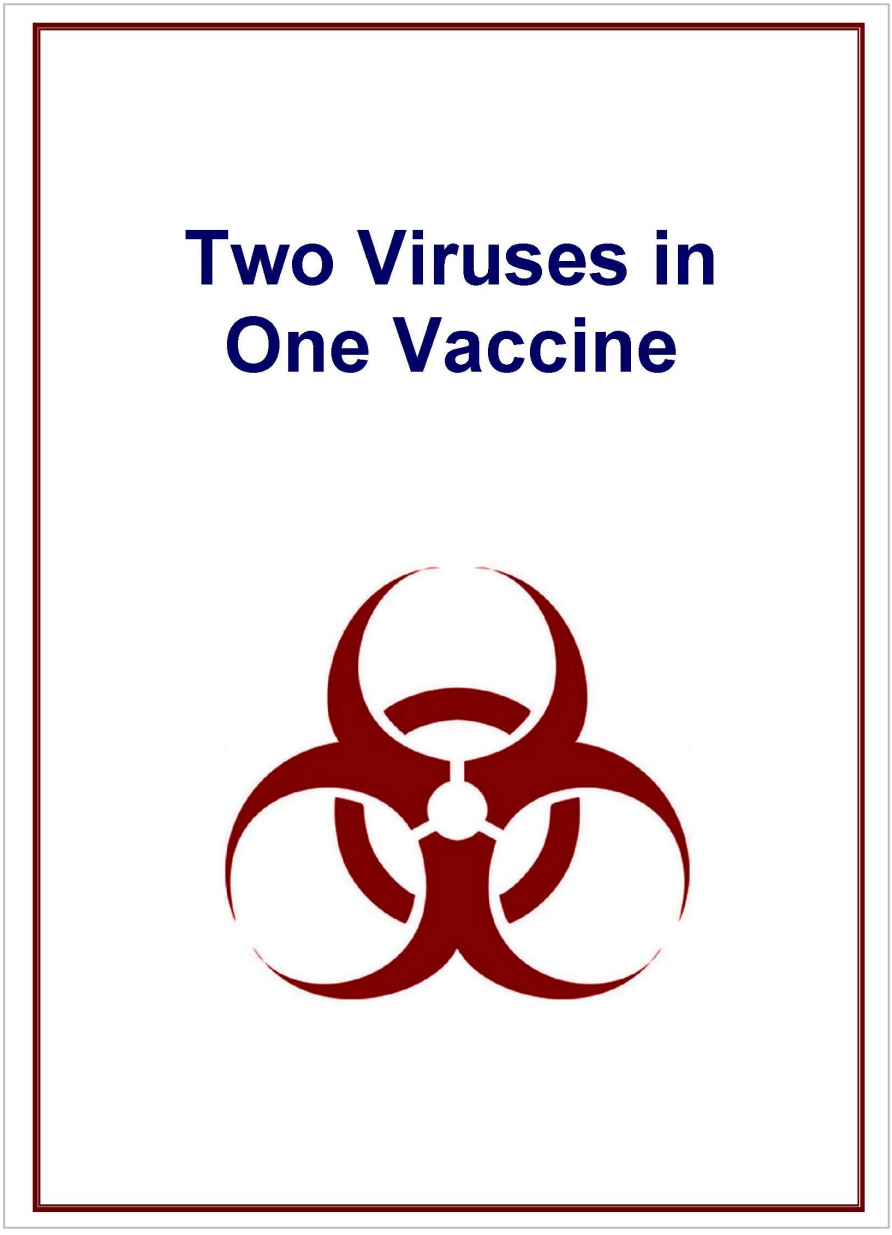

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Chapter 4

Change of a Definition of a Pandemic on the WHO website

CNN Health

Elizabeth Cohen

When a pandemic isn't a pandemic

CNN, Health, 4 May 2009; Updated 22:42 GMT (06:42 HKT)
https://edition.cnn.com/2009/HEALTH/05/04/swine.flu.pandemic/index.html

Atlanta, Georgia (CNN) – When the World Health Organization raised its influenza pandemic alert from a Phase 4 to a Phase 5 last week, there was a bit of a gasp heard round the world.

News about the pandemic sent people to line up at a mobile health clinic in Mexico City.

After all, Phase 5 "is a strong signal that a pandemic is imminent," according to WHO.

"All countries should immediately activate their pandemic preparedness plans," the organization's director-general, Dr. Margaret Chan, said Wednesday. "After all, it really is all of humanity that is under threat during a pandemic."

But the word "pandemic" isn't quite as scary as it sounds, explained **David Ozonoff**, professor of environmental health at the Boston University School of Public Health.

"When people hear the words 'pandemic' and 'flu,' the first thing that comes to mind is 1918, which was a real horror show," Ozonoff said, referring to the flu pandemic that killed some 50 million people 91 years ago. But you can have a pandemic without a large number of deaths, he said. "The word pandemic refers to how widely dispersed a disease is, not to how severe the disease is," he said.

Confusion about the meaning of "pandemic" is understandable, Ozonoff said, considering the definition of the word is "not set in stone."

Until Monday morning, the WHO *had a definition* on its Web site saying that a pandemic flu causes "enormous numbers of deaths and illness." After a CNN reporter pointed this out, WHO spokeswoman *Natalie Boudou*[1] called back to say the *definition was in error* and had been pulled from the WHO Web site.

"***It was a mistake***, and we apologize for the confusion," she said. "(That definition) was put up a while ago and paints a rather bleak picture and could be very scary."

The correct definition is that "pandemic" indicates outbreaks in at least two of the regions into which WHO divides the world, but has nothing to do with the severity of the illnesses or the number of deaths.

Based on lessons from the past, "influenza may cause mild disease in affluent countries, but more severe disease, with higher mortality, in developing countries," Chan said at Wednesday's news conference.

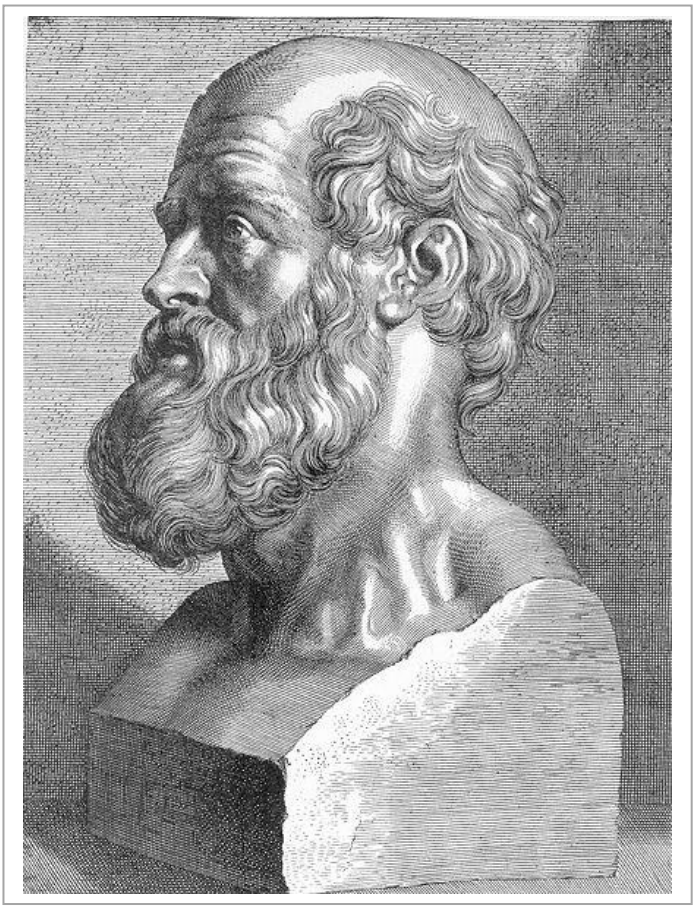
There have been three influenza pandemics in this century, said Andrew Pekosz, associate professor of microbiology and immunology at Johns Hopkins University's Bloomberg School of Public Health. The other two, in 1957 and 1968, also were caused by new viruses to which no one had immunity, but didn't cause nearly the number of deaths as the one in 1918.

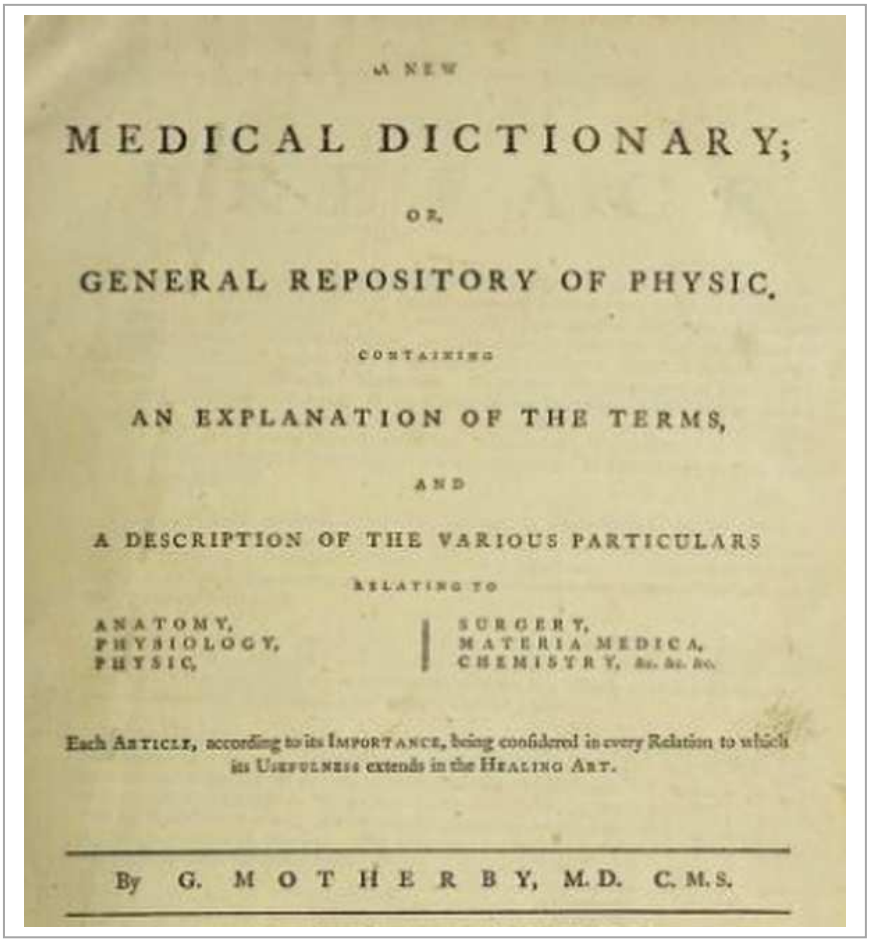
"I think people need to be reminded that this current H1N1 outbreak is going to resemble much more the pandemics in 1957 and 1968, where there was an increase in deaths from other years, but nothing like the millions of deaths we saw in 1918," Pekosz said.

[1] Natalie Boudou-Jacobs, Communications Officer, WHO Geneva, email: boudoun@who.int See: https://web.archive.org/web/20130617215844/http://www.who.int/mediacentre/news/notes/2008/np11/es/

Chapter 4.1

A Definition of a Pandemic in the WHO documents (1999-2017)





A NEW

MEDICAL DICTIONARY;

OR,

GENERAL REPOSITORY OF PHYSIC,

CONTAINING

AN EXPLANATION OF THE TERMS,

AND

A DESCRIPTION OF THE VARIOUS PARTICULARS

RELATING TO

ANATOMY,
PHYSIOLOGY,
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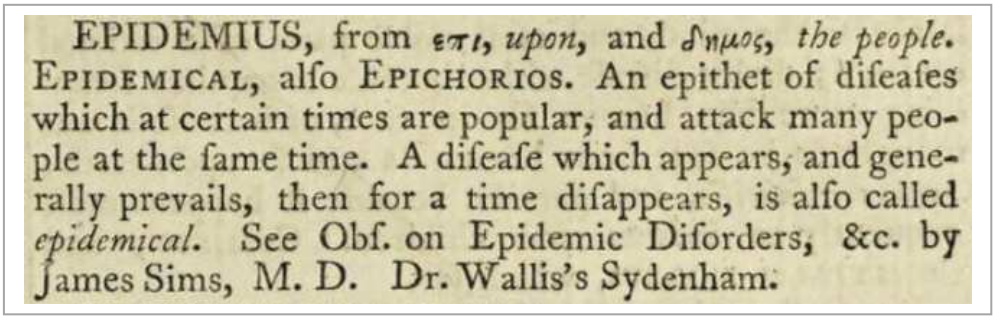
Each ARTICLE, according to its IMPORTANCE, being considered in every Relation to which its USEFULNESS extends in the HEALING ART.

By G. MOTHERBY, M.D. C.M.S.

Motherby G. A New Medical Dictionary; or, General Repository of Physic, 3rd ed. London: Printed for J. Johnson, 1791

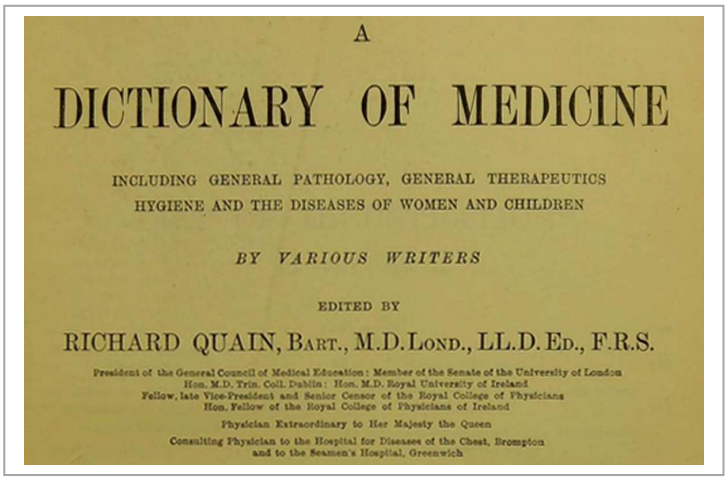


EPIDEMIUS, from επι, *upon*, and δημος, *the people*. EPIDEMICAL, alſo EPICHORIOS. An epithet of diſeaſes which at certain times are popular, and attack many people at the ſame time. A diſeaſe which appears, and generally prevails, then for a time diſappears, is alſo called *epidemical*. See Obſ. on Epidemic Diſorders, &c. by James Sims, M. D. Dr. Wallis's Sydenham.

Epedemius, p. 341
https://archive.org/details/b30451772/page/341/mode/1up

PANDEMIUS. EPIDEMICAL.

Pandemius, p. 574
https://archive.org/details/b30451772/page/574/mode/1up


A

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HYGIENE AND THE DISEASES OF WOMEN AND CHILDREN

BY VARIOUS WRITERS

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RICHARD QUAIN, BART., M.D. LOND., LL.D. ED., F.R.S.

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Quain R, Roberts FT, Amstrong ST. (Eds).

A Dictionary of Medicine:
Including General Pathology, General Therapeutics, Hygiene,
and the Diseases of Women and Children

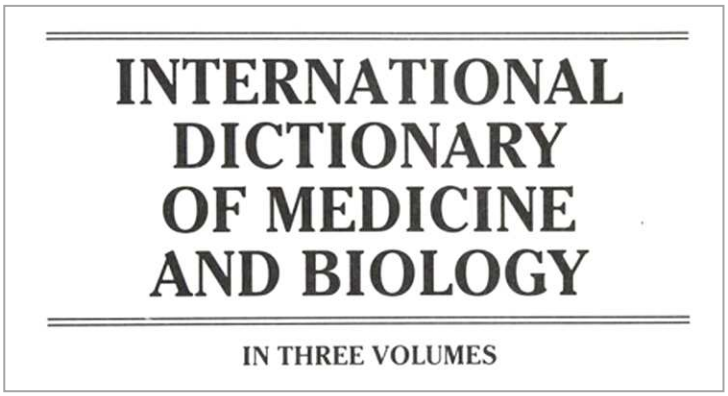
New York: D. Appleton, 1895

EPIDEMIC (*epidemicus*, affecting the people; from *ἐπί*, upon; and *δήμος*, a people).
The word 'epidemic' is used in two senses by medical writers and by medical men, namely, (1) in a general sense, and (2) in a technical sense.

As a *general term* the word signifies 'common to, or affecting, a whole people, or a great number in a community; prevalent; general' (*Webster's Dictionary*). It is in this sense that the word is used when it is applied to mental, moral, and social phenomena, as, for example, when we speak or write of 'epidemic suicide,' 'epidemic folly.' This employment of the word is consistent with received literary practice. Thus we read, 'There was a time when wit was epidemic ' (*Athenæum*). Again, M. Littré, writing to the *Temps*: 'It argues great confidence in oneself and one's own enlightenment to treat with haughty disdain, and without reserving any compromise, the opinion of so many citizens, and to regard it as a. case of *epidemic aberration*.'

As a *technical term*, having reference to disease, the word 'epidemic' has several different meanings attached to it. All these meanings include the notion of general prevalence among a community or a people, but some of them would go on, beyond what etymology justifies, to attach a peculiar hypothetical or theoretical conception to the term. Thus (a) Mayne restricts the term to diseases which are contagious, making contagion the essence of epidemicity, as he would phrase it; (b) Dunglison implies by the term a particular constitution of the air ('*constitutio aeris*, or condition of the atmosphere '); (c) other authoritative writers use the term as signifying a widespread cause, telluric, atmospheric, cosmic, as the case may be, acting at the same moment of time on many individuals, or as something occult, regarding which speculation is vain, and which they designate *epidemic constitution or epidemic influence*. ... [Vol. 1, 589]

PANDEMIC DISEASES (*πᾶν*, all; and *δήμος*, the people). – Epidemic diseases which affect groups of several countries or the world generally. See *Epidemic*. [Vol. 2, 297]


INTERNATIONAL
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IN THREE VOLUMES

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https://archive.org/details/internationaldic0001unse_u0o0/page/963/mode/1up
https://archive.org/details/internationaldic0003unse/page/2067/mode/1up

Epidemic [Gk *epidēm(os)* (from *epi* on or among + *dēmos* the people) on or among the people]

1. An unusual increase, not necessarily within a short time, in the number of cases of a transmissible disease previously existing only at an endemic level in a region or population, or the appearance of an unusual number of cases of a disease which was not recognized as being endemic in a region or population.

In modern usage, this term has been extended to apply to any considerable increase in illness whether or not transmissible, or to an increase in other events such as accidents, suicides, etc.

2. Pertaining to or having the character of an epidemic. [Vol. 1, p. 963]

Pandemic [Gk pandēm(os) (from *pan*, neut. sing. of *pas* all + *dēmos* the people) pertaining to all the people]

1 An epidemic affecting a very high proportion of the population of a major geographic region. This term is customarily restricted to diseases such as cholera, plague, and influenza.

2. Relating to a pandemic. [Vol. 3, p. 2067].

World Health Organization

Chapter 3. The role of the World Health Organization (WHO)

Influenza pandemic preparedness plan:
the role of WHO and guidelines for national and regional planning

Geneva, Switzerland, World Health Organization, April 1999, p. 3-20
WHO/CDS/CSR/EDC/99.1 - https://apps.who.int/iris/handle/10665/66155

The Pandemic will be declared when the new virus sub-type has been shown to cause several outbreaks in at least one country, and to have spread to other countries, with consistent disease patterns **indicating that serious morbidity and mortality is likely in at least one segment of the population**. Onset shall be defined as that point in time when WHO has confirmed that a virus with a new haemagglutinin sub-type compared to recent epidemic strains is beginning to spread from one or more initial foci. Depending on the amount of early warning, this phase may or may not have been preceded by the above-described series of increasing levels of preparedness (p. 14).

3.3 Phase 1: Confirmation of onset of pandemic

The Pandemic will be declared when the new virus sub-type has been shown to cause several outbreaks in at least one country, and to have spread to other countries, with consistent disease patterns indicating that serious morbidity and mortality is likely in at least one segment of the population. Onset shall be defined as that point in time when WHO has confirmed that a virus with a new haemagglutinin sub-type compared to recent epidemic strains is beginning to spread from one or more initial foci. Depending on the amount of early warning, this phase may or may not have been preceded by the above-described series of increasing levels of preparedness.

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WHO/CDS/CSR/EDC/99.1 - https://apps.who.int/iris/handle/10665/66155

p. 18

TABLE 1: PREPAREDNESS LEVELS FOR INTER-PANDEMIC, PANDEMIC AND POST-PANDEMIC PERIODS

	PHASE	CHARACTERIZED BY:	EXPLANATION	ACTIONS TO BE TAKEN BY WHO
INTER-PANDEMIC PERIOD	**PHASE 0**		No indications of any new virus type have been reported	WHO will: **co-ordinate** a program of international surveillance for influenza in humans, with the assistance of four Collaborating Centres.
	PHASE 0, PREPAREDNESS LEVEL 1	Appearance of a new influenza strain in a human case	This Preparedness Level will exist following the first report(s) of isolation of a novel virus sub-type, without clear evidence of spread of such a virus or of outbreak activity associated with the new virus.	**announce**, with the help of its task force and after international consultation, this Preparedness Level 1. **co-ordinate** international efforts to assist national and local authorities reporting the potential pandemic virus in confirming the infection of a human by a novel strain. **heighten** activities of the laboratory surveillance laboratory network.
	PHASE 0, PREPAREDNESS LEVEL 2	Human infection confirmed	This Preparedness Level will exist when it has been confirmed that two or more human infections have occurred with a new virus sub-type, but where the ability of the virus to readily spread from person-to-person and cause multiple outbreaks of disease leading to epidemics remains questionable.	**announce**, with the help of its task force and after international consultation, this Preparedness Level 2. **encourage** and assist the country, where initial cases were detected, to enhance surveillance and diagnosis, and organize special investigations designed to increase understanding of the possible transmission and impact of the new virus. **develop** a case definition to be used in surveillance for a new virus sub-type. **invite** a group of countries to participate in determination of the prevalence of antibody to the new virus in the general population. **promote** enhanced surveillance activity regionally or internationally. **promote** development and evaluation of candidates for production of vaccines against the novel influenza strain. **promote** development of reagents necessary to determine the identity and potency of vaccines prepared with the new strain. **promote** contingency planning for pre-clinical and clinical trials of vaccines. **promote** the development of strategies for the most efficient use of newly developed vaccines. **recommend** that national health authorities take contingency steps that will facilitate activation of their National Pandemic Preparedness Plans.

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Geneva, Switzerland, World Health Organization, April 1999, p. 3-20
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TABLE 1: PREPAREDNESS LEVELS FOR INTER-PANDEMIC, PANDEMIC AND POST-PANDEMIC PERIODS, continued

PHASE	CHARACTERIZED BY:	EXPLANATION	ACTIONS TO BE TAKEN BY WHO	
PHASE 0, PREPAREDNESS LEVEL 3	Human transmission confirmed	This Preparedness Level will exist when human transmission of the new virus sub-type has been confirmed through clear evidence of person-to-person spread in the general population, such as secondary cases resulting from contact with an index case, with at least one outbreak lasting over a minimum two week period in one country.	**announce**, with the help of its task force and after international consultation, Preparedness Level 3. **disseminate** the case definition to be used in surveillance for the new virus sub-type. **facilitate** the distribution to all interested manufacturers of candidate vaccine viruses developed as part of the Preparedness Level 2 activities. **convene** its experts for influenza vaccine composition to develop, disseminate and encourage co-ordinated clinical trials of vaccines against the new strain. **convene** its experts for vaccine composition to develop ways most likely to make vaccines widely available throughout the world. **enhance** further its information dissemination to provide timely reports of the status of investigations of the new virus, its spread, and the development of responses to it. **contact** vaccine manufacturers and national governments about capacity and plans for production and international distribution of a vaccine to the new virus. **encourage** international co-ordination for purchase and distribution of vaccine among different countries. **provide** general guidelines to national health authorities based on the best available information to assist individual countries that are determining their course of action.	INTER-PANDEMIC PERIOD
PHASE 1	Confirmation of onset of pandemic	The onset of a new pandemic will be declared when WHO has confirmed that a virus with a new haemagglutinin sub-type compared to recent epidemic strains is beginning to cause several outbreaks in at least one country, and to have spread to other countries, with consistent disease patterns indicating that serious morbidity and mortality is likely in at least one segment of the population.	**announce**, with the help of its task force and after international consultation, the onset of a new influenza Pandemic: Phase 1. **make** recommendations for composition and use (doses and schedules) of vaccines, and organize consultations that are intended to facilitate vaccine production and distribution in the most equitable manner possible. **issue** guidance on the best use of available anti-viral drugs against the new virus. **national** response measures should be initiated as rapidly as possible according to pre-determined national pandemic plans, updated to take account of specific characteristics of the new sub-type and knowledge of vaccine availability. **enhance** further its monitoring and reporting of the global spread and impact of the virus. **seek** support in mobilization of resources for countries with limited capacities through partnership with different organizations and international relief agencies. **work** with regional offices as appropriate to encourage common activities among nations facing similar challenges from the pandemic.	PANDEMIC PERIOD

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Geneva, Switzerland, World Health Organization, April 1999, p. 3-20
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p. 20

TABLE 1: PREPAREDNESS LEVELS FOR INTER-PANDEMIC, PANDEMIC AND POST-PANDEMIC PERIODS, continued

	PHASE	CHARACTERIZED BY:	EXPLANATION	ACTIONS TO BE TAKEN BY WHO
PANDEMIC PERIOD	**PHASE 2**	Regional and multi-regional epidemics	This Preparedness Level will exist when outbreaks and epidemics are occurring in multiple countries, and spreading region by region across the world.	**announce**, with the help of its task force and after international consultation the onset of the influenza Pandemic: Phase 2. **continue** to work with regional offices as appropriate to encourage common activities among nations. **continue** monitoring and reporting of the global spread and impact of the virus. **continue** to organize the distribution of vaccines in the most equitable manner possible. **update** guidance on the best use of available anti-viral drugs against the new virus. **seek** further support in mobilization of resources for countries with limited capacities.
	PHASE 3	End of first pandemic wave	The increase in outbreak activity in the initially affected countries or regions has stopped or reversed, but outbreaks and epidemics of the new virus are still occurring elsewhere.	**announce**, with the help of its task force and after international consultation, the onset of the influenza Pandemic: Phase 3. **continue** to work with regional offices as appropriate to encourage common activities among nations. **continue** monitoring and reporting of the global spread and impact of the virus. **continue** to organize the distribution of vaccines in the most equitable manner possible. **update** guidance on the best use of available anti-viral drugs against the new virus. **seek** further support in mobilization of resources for countries with limited capacities.
	PHASE 4	Second or later waves of the pandemic	Based on past experiences, at least a second severe wave of outbreaks caused by the new virus would be expected to occur within 3-9 months of the initial epidemic in many countries.	**announce**, with the help of its task force and after international consultation, the onset of the influenza Pandemic: Phase 4. **continue** monitoring and reporting of the global spread and impact of the virus. **estimate** the remaining needs for vaccines. **estimate** the availability of anti-viral drugs. **seek** further support in mobilization of resources for countries with limited capacities.
POST-PANDEMIC PERIOD	**PHASE 5**	End of the pandemic (back to Phase 0)	WHO will report when the Pandemic Period has ended, which is likely to be after 2-3 years.	**Assessment** of the overall impact of the pandemic. **Evaluation** of "lessons learned" from the pandemic that will assist in responding to future pandemics. **Update** of the WHO influenza Pandemic Plan.

There is a definition of the Pandemic phases, but there is no definition of what 'Pandemic' means

World Health Organization

Informal consultation on influenza pandemic preparedness in countries with limited resources

Kuala Lumpur, WHO, 23–25 June 2004, p. 1.
WHO/CDS/CSR/GIP/2004.1
https://web.archive.org/web/20050429013329/http://www.who.int/csr/resources/publications/influenza/CDS_CSR_GIP_2004_1.pdf

Background

An influenza pandemic occurs with the appearance of a new influenza virus against which none of the population has any immunity. This results in several simultaneous epidemics worldwide with enormous numbers of cases and deaths. With the increase in global transport and communications, as well as urbanization and overcrowded conditions, epidemics resulting from a new influenza virus are likely to be established quickly around the world.

A new influenza virus: how it could cause a pandemic

Influenza A and B are two of the three types of influenza viruses associated with annual outbreaks and epidemics of influenza. These epidemics are the result of minor changes in the influenza viruses that enable them to evade the immunity people have developed after either previous infections with the viruses or in response to vaccinations.

Only influenza A virus can cause pandemics. When a major change in either one or both of the influenza A virus surface proteins occurs spontaneously, no one has immunity to this completely new virus. When the virus also has the capacity to spread from person to person, a pandemic can occur.

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World Health Organization

Dr. Lee Jong-Wook
Director-General World Health Organization

Foreword
Avian influenza: assessing the pandemic threat

Geneva, WHO, January 2005. WHO/CDS/2005.29
https://apps.who.int/iris/handle/10665/68985

Foreword.

Influenza pandemics are associated with high morbidity, excess mortality, and social and economic disruption. There were three such pandemics in the twentieth century: in 1918, 1957, and 1968. During 2004, the world moved closer to a further pandemic than it has been at any time since 1968.

In the past, pandemics have announced themselves with a sudden explosion of cases which took the world by surprise. This time, we have been given a clear warning. During 2004, large parts of Asia experienced unprecedented outbreaks of highly pathogenic avian influenza, caused by the H5N1 virus, in poultry. The virus crossed the species barrier to infect humans, with a high rate of mortality.

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Preparedness for a pandemic presents a dilemma: what priority should be given to an unpredictable but potentially catastrophic event, when many existing and urgent health needs remain unmet? In such a situation, it is useful to put together all the known facts that can help us to see where we stand, what can happen, and what must be done. That is the purpose of this publication. (p. 3)

Avian influenza: assessing the pandemic threat

Dr LEE Jong-wook
Director-General
World Health Organization

Foreword

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In the past, pandemics have announced themselves with a sudden explosion of cases which took the world by surprise. This time, we have been given a clear warning. During 2004, large parts of Asia experienced unprecedented outbreaks of highly pathogenic avian influenza, caused by the H5N1 virus, in poultry. The virus crossed the species barrier to infect humans, with a high rate of mortality. Monitoring of the evolving situation, coordinated by WHO, has produced many signs that a pandemic may be imminent. This time, the world has an opportunity to defend itself against a virus with pandemic potential before it strikes.

Preparedness for a pandemic presents a dilemma: what priority should be given to an unpredictable but potentially catastrophic event, when many existing and urgent health needs remain unmet? In such a situation, it is useful to put together all the known facts that can help us to see where we stand, what can happen, and what must be done. That is the purpose of this publication.

World Health Organization

Д-р Lee Jong-Wook
Генеральный директор ВОЗ

Предисловие

Птичий Грипп: оценка угрозы пандемии

Женева, ВОЗ, январь 2005. WHO/CDS/2005.29
https://apps.who.int/iris/handle/10665/68985

Предисловие

Пандемии гриппа характеризуются высокой заболеваемостью, значительной смертностью и социально-экономическими потрясениями. В 20-м веке было три таких пандемии: в 1918, 1967 н 1988 гг. В течение 2004 года мир, как никогда близко, начиная с 1968 г, подошел к порогу следующей пандемии.

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В прошлом пандемии «объявляли сами себя» путем неожиданного и стремительного нарастания числа заболеваний, и это было для всех сюрпризом. В настоящее же время мы подвергаемся обоснованному беспокойству. В 2004 г. на значительной территории Азии произошла большая вспышка птичьего гриппа, вызванного чрезвычайно патогенным для человека вирусом H5N1, распространенным среди домашней птицы. Вирус преодолел межвидовой барьер и вызвал тяжелые заболевания у людей с высоким процентом смертельных исходов. Наблюдение за развитием ситуации, инициированное ВОЗ, выявило множество признаков, указывающих на то, что может надвигаться пандемия. Сейчас человечество имеет возможности защитить себя от вируса, обладающего пандемическим потенциалом, до того как она начнется.

World Health Organization

Pandemic influenza preparedness planning
Report on a joint WHO/European Commission workshop Luxembourg

Luxembourg, WHO, 2–3 March 2005, p. 1.
https://web.archive.org/web/20070729102621/http://www.euro.who.int/Document/E86578.pdf

1. Introduction

Influenza pandemics (worldwide epidemics) have occurred at irregular and unpredictable intervals, and have been associated with substantial morbidity, mortality and economic cost.

The influenza A virus can cause pandemics and these occur as a result of changes in the virus leading to a sub-type to which no one has immunity, that can spread easily among humans and can give rise to serious disease. Appearance of such a subtype may lead to several simultaneous epidemics worldwide resulting in high numbers of cases and deaths and placing an immense burden on healthcare systems.

With increasing globalization and urbanization, epidemics caused by a new influenza virus are likely to spread rapidly around the world. It is not possible to state when an influenza pandemic is likely to occur but the risk is considered real enough to justify preparations being made

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World Health Organization

План готовности к пандемии гриппа

Отчет о совместном семинаре ВОЗ и Европейской комиссии

Люксембург, 2-3 марта 2005, с. 1
EUR/05/5058942
https://apps.who.int/iris/bitstream/handle/10665/107653/E86578R.pdf?sequence=2&isAllowed=y

1. Введение

В прошлом пандемии (глобальные эпидемии) гриппа развивались нерегулярно с непредсказуемыми интервалами между ними и сопровождались высокой заболеваемостью и смертностью, а также значительными экономическими потерями.

Пандемии могут быть вызваны вирусом гриппа типа А; они возникают в результате изменений вируса, которые приводят к появлению подтипов, к которым ни у одного человека нет иммунитета; вирусы этого подтипа могут легко распространяться среди людей и приводить к возникновению серьезных заболеваний.

Появление вирусов нового подтипа может приводить к одновременному развитию в мире нескольких вспышек, что приводит к появлению огромного числа случаев заболеваний и смертей; это оказывает выраженное негативное влияние на все системы здравоохранения.

По мере усиления глобализации и урбанизации эпидемии, обусловленные новыми типами вируса гриппа могут очень быстро распространяться по всему земному шару. Совершенно невозможно предсказать, когда может возникнуть очередная пандемия гриппа, однако существующий риск ее развития является достаточно реальным для того, чтобы считать проведенные подготовительные мероприятия оправданными.

1. Введение

В прошлом пандемии (глобальные эпидемии) гриппа развивались нерегулярно с непредсказуемыми интервалами между ними и сопровождались высокой заболеваемостью и смертностью, а также значительными экономическими потерями. Пандемии могут быть вызваны вирусом гриппа типа А; они возникают в результате изменений вируса, которые приводят к появлению подтипов, к которым ни у одного человека нет иммунитета; вирусы этого подтипа могут легко распространяться среди людей и приводить к возникновению серьезных заболеваний. Появление вирусов нового подтипа может приводить к одновременному развитию в мире нескольких вспышек, что приводит к появлению огромного числа случаев заболеваний и смертей; это оказывает выраженное негативное влияние на все системы здравоохранения. По мере усиления глобализации и урбанизации эпидемии, обусловленные новыми типами вируса гриппа могут очень быстро распространяться по всему земному шару. Совершенно невозможно предсказать, когда может возникнуть очередная пандемия гриппа, однако существующий риск ее развития является достаточно реальным для того, чтобы считать проведенные подготовительные мероприятия оправданными.

World Health Organization

Pandemic influenza preparedness planning

Report on the second joint WHO/European Commission workshop

Copenhagen, 24–26 October 2005, p. 1.
WHO/EURO:2006-4060-43819-61692; EUR/05/5058942
https://apps.who.int/iris/handle/10665/350056

1. Introduction

Influenza pandemics (worldwide epidemics) have occurred at irregular and unpredictable intervals and have been associated with substantial morbidity, mortality and economic cost. The influenza A virus can cause pandemics: these occur as a result of changes in the virus leading to a sub-type to which no one has immunity, which can spread easily among humans and which can give rise to serious disease.

Appearance of such a subtype may lead to several simultaneous epidemics worldwide, resulting in high numbers of cases and deaths and placing an immense burden on health care systems. With increasing globalization and urbanization, epidemics caused by a new influenza virus are likely to spread rapidly around the world.

The previous three pandemics occurred in 1918, 1957 and 1968 and although it is not possible to predict when an influenza pandemic is likely to occur, the risk is considered real enough to justify preparations being made. Preparing for the next influenza pandemic requires multidisciplinary support and collaboration from partners at the local, national, regional and international levels. National preparedness planning is not a quick or simple process and will require time, a multisectoral approach, the involvement of communities and commitment from the highest political levels. The failure to control the H5N1 avian influenza (AI) outbreak in south-east Asia, including incidental human cases, and the introduction of this virus into the European Region have put the Region on alert. As a result, controlling AI outbreaks and preventing the spread of the H5N1 virus to humans have placed avian influenza firmly on the agenda of influenza preparedness planning.

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World Health Organization

План готовности к пандемии гриппа
Отчет о втором совместном семинаре ВОЗ и Европейской комиссии

Копенгаген, 24–26 октября 2005, с. 1
EUR/05/5059783
https://apps.who.int/iris/handle/10665/350057

1. Введение

Пандемии гриппа (глобальные эпидемии) возникали в прошлом с различными непредсказуемыми интервалами и сопровождались высокими показателями заболеваемости и смертности, а также большими экономическими потерями.

Вирусы гриппа типа А могут вызывать развитие пандемий: это происходит в результате изменений вируса, которые приводят к появлению подтипа, к которому ни у кого нет иммунитета; поэтому он может легко распространяться среди людей и вызывать развитие серьезных заболеваний.

Появление такого подтипа вируса может приводить к одновременному возникновению нескольких вспышек в разных регионах земного шара, что сопровождается большим количеством случаев заболеваний и смертей, а также ложится огромным бременем на системы здравоохранения. В условиях все усиливающейся глобализации и урбанизации эпидемии, вызванные новыми вирусами гриппа, скорее всего очень быстро получат глобальное распространение на всей планете.

1. Введение

Пандемии гриппа (глобальные эпидемии) возникали в прошлом с различными непредсказуемыми интервалами и сопровождались высокими показателями заболеваемости и смертности, а также большими экономическими потерями. Вирусы гриппа типа А могут вызывать развитие пандемий: это происходит в результате изменений вируса, которые приводят к появлению подтипа, к которому ни у кого нет иммунитета; поэтому он может легко распространяться среди людей и вызывать развитие серьезных заболеваний. Появление такого подтипа вируса может приводить к одновременному возникновению нескольких вспышек в разных регионах земного шара, что сопровождается большим количеством случаев заболеваний и смертей, а также ложится огромным бременем на системы здравоохранения. В условиях все усиливающейся глобализации и урбанизации эпидемии, вызванные новыми вирусами гриппа, скорее всего очень быстро получат глобальное распространение на всей планете. Три предшествующих пандемии имели место в 1918, 1957 и 1968 годах; и хотя невозможно предсказать, когда возникнет новая пандемия гриппа, существующий риск ее

World Health Organization

WHO checklist for influenza pandemic preparedness planning

Geneva, WHO, 2005, p. vi
WHO/CDS/CSR/GIP/2005.4
https://web.archive.org/web/20051124223027/http://www.who.int/csr/resources/publications/influenza/FluCheck6web.pdf

An influenza pandemic

An influenza pandemic (or global epidemic) occurs when a new influenza virus subtype appears, against which no one is immune. This may result in several simultaneous epidemics worldwide with high numbers of cases and deaths. With the increase in global transport and urbanization, epidemics caused by the new influenza virus are likely to occur rapidly around the world.

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A new influenza virus: how it could cause a pandemic

Annual outbreaks and epidemics of influenza are caused by influenza A and B viruses. They are the result of minor changes in the influenza viruses that enable them to evade the immunity we have developed after previous infections with the viruses, or in response to vaccinations.

Only the influenza A virus can cause pandemics. When a major change in either one or both surface proteins of the influenza A virus occurs, no one will be immune, as this represents a completely new virus. When the virus also has the capacity to spread from person to person, a pandemic may develop.

Global pandemics have been reported for many hundreds of years. The best documented pandemics occurred in 1918 (H1N1, the Spanish flu), 1957 (H2N2, the Asian flu) and 1968 (H3N2, the Hong Kong flu).

World Health Organization

Liste de contrôle OMS pour la planification préalable à une pandémie de grippe
(Organisation mondiale de la Santé)

OMS, 2005, p. vi-vii
WHO/CDS/CSR/GIP/2005.4
https://web.archive.org/web/20060327095624/http://www.who.int/csr/resources/publications/influenza/FluCheck_F4web.pdf
https://www.africaefuture.org/files/fesbaci/PlanmondialOMSdePreparationPandemieGrippe.pdf

> **Une pandémie de grippe**
>
> Une pandémie (ou une épidémie mondiale) de grippe se produit lorsqu'apparaît un nouveau sous-type de virus grippal dont personne n'est à l'abri. Plusieurs épidémies peuvent se déclarer simultanément dans le monde, faisant un grand nombre de cas et de décès. Les épidémies dues au nouveau virus grippal sont d'autant plus susceptibles de se propager rapidement dans le monde que les transports internationaux et l'urbanisation s'intensifient.

...

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Un nouveau virus grippal: comment il pourrait provoquer une pandémie Des flambées et des épidémies de grippe sont imputables chaque année aux virus grippaux A et B. Elles résultent des légers changements qui s'opèrent dans les virus grippaux et qui leur permettent de faire fi de l'immunité que nous avons acquise à la suite d'infections antérieures dues à ces virus, ou par la vaccination.

Seul le virus grippal A est capable de provoquer des pandémies. En cas de changement majeur dans l'une des deux, ou les deux, protéines de surface du virus grippal A, personne n'est protégé car on se trouve en présence d'un virus entièrement nouveau. Lorsque le virus peut également se transmettre d'une personne à une autre, une pandémie est possible.

Des pandémies mondiales sont signalées depuis des siècles. Celles pour lesquelles on dispose des informations les plus complètes remontent à 1918 (H1N1, grippe espagnole), 1957 (H2N2, grippe asiatique) et 1968 (H3N2, grippe de Hong Kong).

Conséquences d'une pandémie de grippe

Les pandémies de grippe survenues au XXe siècle sont responsables de millions de décès, de bouleversements sociaux et de pertes économiques considérables dans le monde entier. Les spécialistes de la grippe conviennent de l'éventualité d'une autre pandémie mais ils ne peuvent dire quand elle se produira. (p. vi-vii)

World Health Organization

Контрольный вопросник ВОЗ для планирования готовности к пандемии гриппа

Женева, ВОЗ, 2005, с. 42-46
WHO/CDS/CSR/GIP/2005.4
https://apps.who.int/iris/bitstream/handle/10665/68980/CDS_CSR_GIP_2005.4R.pdf?sequence=2&isAllowed=y

В "Контрольном вопроснике ВОЗ" на русском языке
вышеупомянутый абзац отсутствует

Приложение 1

Рекомендации по проведению нефармацевтических мероприятий в области здравоохранения

...

Мероприятия по увеличению социальной дистанции

Популяционные меры по снижению многочисленных контактов взрослых (увольнение в отпуск менее значимых работников, закрытие рабочих мест, отмена массовых мероприятий).[d]

...

d) Принимая во внимание, что пандемический вирус вызывает значительную заболеваемость и смертность во всех возрастных группах, а также отсутствие вакцины, руководители здравоохранения должны со всей серьезностью подойти к вопросу о введении общенациональных мероприятий для сокращения количества заболеваний и смертей. ...

d Принимая во внимание, что пандемический вирус вызывает значительную заболеваемость и смертность во всех возрастных группах, а также отсутствие вакцины, руководители здравоохранения должны со всей серьезностью подойти к вопросу о введении общенациональных мероприятий для сокращения количества заболеваний и смертей. Математическое и экономическое моделирование могут помочь в принятии решения. Если моделирование указывает на сокращение количества заболеваний и смертных случаев, принятие решения о проведении мероприятий с вовлечением различных государственных секторов должно строится с учетом защиты приоритетных функций с одной стороны, и риска социальных и экономических потрясений с другой.

World Health Organization

Asheena Kualakdina, Jai P. Narain

Avian Influenza: Responding to the Pandemic Threat

Regional Health Forum, WHO South-East Asia Region, New Delhi, 2005, 9(2): 9
https://apps.who.int/iris/handle/10665/205801?search-result=true&query=Regional+health+forum&scope=&rpp=10&sort_by=score&order=desc&page=2

Introduction

The emergence of avian influenza caused by the highly pathogenic H5N1 Influenza A virus is a cause for grave concern since this virus has the potential to trigger a pandemic.

Since December 2003, when the current outbreak was first detected in the Republic of Korea, avian influenza has been expanding geographically causing disease in both poultry and humans in an unprecedented number of countries. So far, the virus is not easily transmitted from poultry to humans nor from human-to-human. Nevertheless, the continuous occurrence of H5N1 infection in birds and humans is raising concerns about the emergence of a new virus with a potential to spread rapidly among humans causing a pandemic like the ones which occurred in the past.

The influenza A virus is considered highly unstable. Every year it undergoes minor changes known as antigenic "drift" which result in evolution of a strain slightly different from the previous year. However, a major antigenic change occurs, either through mutation of the same virus or through reassortment or mixing of influenza viruses

This reassortment process, known as antigenic "shift", can create completely new subtypes of influenza viruses to which populations have no immunity. The lack of immunity coupled with a virus that can replicate in humans and that is able to transmit efficiently among humans can lead to a pandemic. Spreading at great speed the pandemic may cause high morbidity, excess mortality, social disruption and even economic collapse.

Avian Influenza: Responding to the Pandemic Threat

Asheena Kualakdina and Jai P. Narain*

Introduction

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belonging to humans and animals. This re-assortment process, known as antigenic "shift", can create completely new subtypes of influenza viruses to which populations have no immunity. The lack of immunity coupled with a virus that can replicate in humans and that is able to transmit efficiently among humans can lead to a pandemic. Spreading at great speed the pandemic may cause high morbidity, excess mortality, social disruption and even economic collapse.

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WHO global influenza preparedness plan: the role of WHO and recommendations for national measures before and during pandemics

Geneva, Switzerland, World Health Organization, 2005, p. 2
WHO/CDS/CSR/GIP/2005.5
https://apps.who.int/iris/handle/10665/68998

NEW PHASES	OVERARCHING PUBLIC HEALTH GOALS
Interpandemic period	
Phase 1. No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk[a] of human infection or disease is considered to be low.	Strengthen influenza pandemic preparedness at the global, regional, national and subnational levels.
Phase 2. No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk[a] of human disease.	Minimize the risk of transmission to humans; detect and report such transmission rapidly if it occurs.
Pandemic alert period	
Phase 3. Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.[b]	Ensure rapid characterization of the new virus subtype and early detection, notification and response to additional cases.
Phase 4. Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.[b]	Contain the new virus within limited foci or delay spread to gain time to implement preparedness measures, including vaccine development.
Phase 5. Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).	Maximize efforts to contain or delay spread, to possibly avert a pandemic, and to gain time to implement pandemic response measures.
Pandemic period	
Phase 6. Pandemic: increased and sustained transmission in general population.[b]	Minimize the impact of the pandemic.

[a] The distinction between ***phase 1*** and ***phase 2*** is based on the risk of human infection or disease resulting from circulating strains in animals. The distinction is based on various factors and their relative importance according to current scientific knowledge. Factors may include pathogenicity in animals and humans, occurrence in domesticated animals and livestock or only in wildlife, whether the virus is enzootic or epizootic, geographically localized or widespread, and/or other scientific parameters.

[b] The distinction between ***phase 3***, ***phase 4*** and ***phase 5*** is based on an assessment of the risk of a pandemic. Various factors and their relative importance according to current scientific knowledge may be considered. Factors may include rate of transmission, geographical location and spread, severity of illness, presence of genes from human strains (if derived from an animal strain), and/or other scientific parameters.

There is a definition of the Pandemic phases, but there is no definition of what 'Pandemic' means

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Comparison of phases published by WHO in 1999 and those in the present document

WHO global influenza preparedness plan: the role of WHO
and recommendations for national measures before and during pandemics

Geneva, Switzerland, World Health Organization, 2005, p. 7
WHO/CDS/CSR/GIP/2005.5
https://apps.who.int/iris/handle/10665/68998

Table 1 **Comparison of phases published by WHO in 1999 and those in the present document**

PHASES AS PUBLISHED BY WHO IN 1999	NEW PANDEMIC PHASES	ADDITIONAL NATIONAL SUBDIVISIONS OF NEW PHASES
Interpandemic period **Phase 0**	**Interpandemic period** **Phase 1**. No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk[a] of human infection or disease is considered to be low.	
	Phase 2. No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk[a] of human disease.	Affected or extensive travel/trade links with affected country.
		Not affected.
Phase 0. Preparedness level 1: human case.	**Pandemic alert period** **Phase 3**. Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.	Affected or extensive travel/trade links with affected country.
		Not affected.
Phase 0. Preparedness level 2: limited human transmission.	**Phase 4**. Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.[b]	Affected or extensive travel/trade links with affected country.
		Not affected.
Phase 0. Preparedness level 3: spread in general population.	**Phase 5**. Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).[b]	Affected or extensive travel/trade links with affected country.
		Not affected.
Pandemic period **Phase 1**. Multiple countries.	**Pandemic period** **Phase 6**. Pandemic phase: increased and sustained transmission in general population.[b]	Not yet affected.
Phase 2. Multiple regions.		Affected or extensive travel/trade links with affected country.
Phase 3. Subsiding in initially affected countries but not in other countries.		Subsided.
Phase 4. Next wave.		Next wave.
Postpandemic period **Phase 5**. Return to phase 0.	**Postpandemic period** Return to interpandemic period.	Return to interpandemic period.

[a] The distinction between *phase 1* and *phase 2* is based on the risk of human infection or disease resulting from circulating strains in animals. The distinction would be based on various factors and their relative importance according to current scientific knowledge. Factors may include: pathogenicity in animals and humans; occurrence in domesticated animals and livestock or only in wildlife; whether the virus is enzootic or epizootic, geographically localized or widespread; other information from the viral genome; and/or other scientific information.

[b] The distinction between *phase 3*, *phase 4* and *phase 5* is based on an assessment of the risk of a pandemic. Various factors and their relative importance according to current scientific knowledge may be considered. Factors may include: rate of transmission; geographical location and spread; severity of illness; presence of genes from human strains (if derived from an animal strain); other information from the viral genome; and/or other scientific information.

2. OVERVIEW OF NEW PANDEMIC PHASES 7

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ANNEX 1
Recommendations for nonpharmaceutical public health interventions

WHO global influenza preparedness plan: the role of WHO and recommendations for national measures before and during pandemics

Geneva, Switzerland, World Health Organization, 2005, p. 46
WHO/CDS/CSR/GIP/2005.5
https://apps.who.int/iris/handle/10665/68998

Given a pandemic strain causing significant morbidity and mortality in all age groups and the absence of a vaccine, authorities should seriously consider introducing population-wide measures to reduce the number of cases and deaths. Decisions can be guided by mathematical and economic modelling. If modelling indicates a reduction in the absolute numbers of cases and deaths, decisions to introduce measures involving multiple government sectors will then need to balance the protection of priority functions against the risk of social and economic disruption.

[a] Y = yes, should be done at this phase; N = no, not necessary at this phase; C = should be considered; NR = not relevant.

[b] Quality and type of mask depend on risk group. Cases: surgical mask; health-care workers: N95 or equivalent; others: depends on risk.

[c] Implementation depends on adequate supplies and may require a global stockpile with a prenegotiated targeting and delivery strategy to ensure availability in the area where a potential pandemic virus emerges. Prophylactic use will depend on evidence of effectiveness. Targeted use is required because of potential for drug resistance, side-effects and limited supplies. Targeted use might consider: public prevention; protection of health-care workers; protection of other essential service providers; individual treatment.

[d] Given a pandemic strain causing significant morbidity and mortality in all age groups and the absence of a vaccine, authorities should seriously consider introducing population-wide measures to reduce the number of cases and deaths. Decisions can be guided by mathematical and economic modelling. If modelling indicates a reduction in the absolute numbers of cases and deaths, decisions to introduce measures involving multiple government sectors will then need to balance the protection of priority functions against the risk of social and economic disruption.

[e] Could be considered as an emergency measure to avert or delay a pandemic.

=>
There is a definition of the pandemic phases but no definition of what 'Pandemic' means.
Nevertheless, there will be high morbidity and mortality if a pandemic strain emerges.

World Health Organization

Regional influenza pandemic preparedness plan (2006-2008)

WHO Regional Office for South-East Asia, New Dehli, 2006, p. 2-3.
https://apps.who.int/iris/handle/10665/205803

1. Background and Rationale

If the human-to-human transmission is not contained quickly the modern means of transportation will rapidly seed a pandemic. Experts estimate that the next pandemic may cause more than 1 billion cases and up to 7.4 million deaths. During the current H5N1 outbreaks more than 150 million birds have been destroyed or died and the direct economic costs to affected countries amount to $ 8-12 billion. A modest pandemic lasting over one year might cause a loss as high as 3% of Asian GDP and 0.5% of world GDP. This is presently equivalent to about $ 150-200 billion in GDP.

Therefore, in addition to high morbidity and mortality, the next pandemic may cause massive social, political and economic disruption. (p. 2)

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It is obvious that the countries with pandemic preparedness plans and pre-existing core capacities would respond promptly and limit the adverse impact of a pandemic. Effective preparedness would ensure that all the needed resources, expertise and services are mobilized and deployed rapidly to reduce the morbidity, mortality and social disruption to the minimum. Establishment/strengthening of core capacities to preempt and control the next pandemic would also be useful in dealing with other epidemic and public health emergencies. The countries need to accelerate strengthening their response mechanisms and to fill-up the existing gaps. (p. 3)

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It is obvious that the countries with pandemic preparedness plans and pre-existing core capacities would respond promptly and limit the adverse impact of a pandemic. Effective preparedness would ensure that all the needed resources, expertise and services are mobilized and deployed rapidly to reduce the morbidity, mortality and social disruption to the minimum. Establishment/strengthening of core capacities to preempt and control the next pandemic would also be useful in dealing with other epidemic and public health emergencies. The countries need to accelerate strengthening their response mechanisms and to fill-up the existing gaps.

World Health Organization

Pandemic influenza preparedness and mitigation in refugee and displaced populations

Geneva, WHO, 2008
WHO/HSE/EPR/DCE/2008.3
https://web.archive.org/web/20081112132223/http://www.who.int/diseasecontrol_emergencies/HSE_EPR_DCE_2008_3rweb.pdf

1. Rationale

An influenza pandemic occurs when a novel influenza virus appears against which the human population has limited or no immunity, and which transmits efficiently from person to person, resulting in several simultaneous epidemics worldwide with the potential for considerable morbidity and mortality. With the increase in global transport and communications, as well as in urbanization and overcrowded conditions, epidemics caused by the new influenza virus are likely to quickly take hold around the world. The impact of a novel pandemic influenza virus on refugee and displaced populations is expected to be severe. Risk factors for increased morbidity and mortality from pandemic influenza in these populations include:

- overcrowding, particularly in camp settings;
- poor access to basic health-care services that will be accentuated by a pandemic;
- limited or no access to hospitals for supportive care and treatment of complications;
- high prevalence of malnutrition;
- high incidence/prevalence of other communicable diseases, e.g. acute respiratory illnesses, malaria, diarrhoeal diseases;
- logistic challenges resulting from often remote locations or ongoing active conflict;
- lack of adequate surveillance/early warning systems to detect cases or clusters;
- poor links to national disease surveillance systems;
- possible exclusion from national influenza preparedness and response activities;
- lack of trained and equipped staff to investigate outbreaks and manage ill persons.

1. RATIONALE

An influenza pandemic occurs when a novel influenza virus appears against which the human population has limited or no immunity, and which transmits efficiently from person to person, resulting in several simultaneous epidemics worldwide with the potential for considerable morbidity and mortality. With the increase in global transport and communications, as well as in urbanization and overcrowded conditions, epidemics caused by the new influenza virus are likely to quickly take hold around the world. The impact of a novel pandemic influenza virus on refugee and displaced populations is expected to be severe. Risk factors for increased morbidity and mortality from pandemic influenza in these populations include:

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Pandemic influenza preparedness and response: a WHO guidance document

Geneva, Switzerland, World Health Organization, April 2009
https://www.who.int/publications/i/item/9789241547680
https://web.archive.org/web/20090509051754/http://www.who.int/csr/disease/influenza/PIPGuidance09.pdf
https://www.ncbi.nlm.nih.gov/books/NBK143062/

Executive Summary

Influenza pandemics are unpredictable but recurring events that can have severe consequences on human health and economic well being worldwide. Advance planning and preparedness are critical to help mitigate the impact of a global pandemic. This WHO guidance document Pandemic influenza preparedness and response significantly updates and replaces WHO global influenza preparedness plan: The role of WHO and recommendations for national measures before and during pandemics which was published in 2005. (p. 8)

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Overview of the major changes

The revised Guidance:

1. Retains the six-phase structure but regroups and redefines the phases to more accurately reflect pandemic risk and the epidemiological situation based upon observable phenomena. (8)

...

The WHO pandemic phases

The phases are applicable globally and provide a framework to aid countries in pandemic preparedness and response planning. The use of a six-phased approach has been retained to facilitate incorporation of new recommendations into existing national plans. However, the pandemic phases have been re-defined (Table 1). To facilitate planning at national and global levels, Phases 1-3 and 5-6 have been grouped to include common action points. In addition, the time after the first pandemic wave has been elaborated into post peak and post pandemic periods. When making a change to the global phase, WHO will carefully consider all available information to assess if the criteria for a new phase have been met. (10)

TABLE 1
PANDEMIC PHASE DESCRIPTIONS

	DESCRIPTION
PHASE 1	No animal influenza virus circulating among animals has been reported to cause infection in humans.
PHASE 2	An animal influenza virus circulating in domesticated or wild animals is known to have caused infection in humans and is therefore considered a specific potential pandemic threat.
PHASE 3	An animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks.
PHASE 4	Human-to-human transmission (H2H) of an animal or human-animal influenza reassortant virus able to sustain community-level outbreaks has been verified.
PHASE 5	The same identified virus has caused sustained community level outbreaks in two or more countries in one WHO region.
PHASE 6	In addition to the criteria defined in Phase 5, the same virus has caused sustained community level outbreaks in at least one other country in another WHO region.
POST-PEAK PERIOD	Levels of pandemic influenza in most countries with adequate surveillance have dropped below peak levels.
POSSIBLE NEW WAVE	Level of pandemic influenza activity in most countries with adequate surveillance rising again.
POST-PANDEMIC PERIOD	Levels of influenza activity have returned to the levels seen for seasonal influenza in most countries with adequate surveillance.

2. Background

Influenza pandemics are unpredictable but recurring events that can have severe consequences on societies worldwide. Since the 16th century, influenza pandemics have been described at intervals ranging between 10 and 50 years4 with varying severity and impact. (13)

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The precise timing and impact of a future influenza pandemic remains unknown. Developing and sustaining a country's preparedness is challenging, and carries a risk of complacency. (13)

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While the H5N1 virus is currently the most visible influenza virus with pandemic potential, it is not the only candidate. (14)

...

3.2.2 The designation of the global pandemic phase

The designation of the global pandemic phase will be made by the Director-General of WHO. The designation of a phase will be made consistent with applicable provisions of the IHR (2005) and in consultation with other organizations, institutions, and affected Member States.

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3.2.5. Providing an early assessment of pandemic severity on health

As soon as possible, WHO will provide an assessment of pandemic severity to help governments determine the level of interventions required as part of their response. As outlined in section 1.1, past influenza pandemics have been associated with varying levels of illness and death. (22)

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Pandemic severity may be assessed in many ways. One fundamental distinction is an assessment based on direct health effects as opposed to one based upon societal and economic effects. While societal and economic effects may be highly variable from country to country and dependent upon multiple factors (including the effects of the media and the underlying state of preparedness), WHO plans to assess pandemic severity based primarily on observable effects on health. (22)

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4. The Who Pandemic Phases

The WHO pandemic phases were developed in 1999 and revised in 2005.

The phases are applicable to the entire world and provide a global framework to aid countries in pandemic preparedness and response planning. In this revision, WHO has retained the use of a six-phased approach for easy incorporation of new recommendations and approaches into existing national preparedness and response plans. The grouping and description of pandemic phases have been revised to make them easier to understand, more precise, and based upon observable phenomena. Phases 1-3 correlate with preparedness, including capacity development and response planning activities, while Phases 4-6 clearly signal the need for response and mitigation efforts. Furthermore, periods after the first pandemic wave are elaborated to facilitate post pandemic recovery activities. (24)

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5. Recommended Actions Before, During and After a Pandemic

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The use of pharmaceutical interventions to prevent or treat influenza encompasses a range of approaches. Additionally, the successful prevention and treatment of secondary or pre-existing conditions will be a key factor in many settings for reducing the overall burden of illness and death. (28)

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WHO Pandemic Phase Descriptions and Main Actions by Phase (p. 27)

TABLE 3
WHO PANDEMIC PHASE DESCRIPTIONS AND MAIN ACTIONS BY PHASE

	ESTIMATED PROBABILITY OF PANDEMIC	DESCRIPTION	MAIN ACTIONS IN AFFECTED COUNTRIES	MAIN ACTIONS IN NOT-YET-AFFECTED COUNTRIES
PHASE 1	Uncertain	No animal influenza virus circulating among animals has been reported to cause infection in humans.	Producing, implementing, exercising, and harmonizing national pandemic influenza preparedness and response plans with national emergency preparedness and response plans.	
PHASE 2		An animal influenza virus circulating in domesticated or wild animals is known to have caused infection in humans and is therefore considered a specific potential pandemic threat.		
PHASE 3		An animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks.		
PHASE 4	Medium to high	Human-to-human transmission of an animal or human-animal influenza reassortant virus able to sustain community-level outbreaks has been verified.	Rapid containment.	Readiness for pandemic response.
PHASE 5	High to certain	The same identified virus has caused sustained community-level outbreaks in at least two countries in one WHO region.	Pandemic response: each country to implement actions as called for in their national plans.	Readiness for imminent response.
PHASE 6	Pandemic in progress	In addition to the criteria defined in Phase 5, the same virus has caused sustained community-level outbreaks in at least one other country in another WHO region.		
POST-PEAK PERIOD		Levels of pandemic influenza in most countries with adequate surveillance have dropped below peak levels.	Evaluation of response; recovery; preparation for possible second wave.	-
POSSIBLE NEW WAVE		Level of pandemic influenza activity in most countries with adequate surveillance is rising again.	Response	
POST-PANDEMIC PERIOD		Levels of influenza have returned to the levels seen for seasonal influenza in most countries with adequate surveillance.	Evaluation of response; revision of plans; recovery.	

There is a definition of the Pandemic phases, but there is no definition of what 'Pandemic' means

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Guidelines on regulatory preparedness for provision of marketing authorization
of human pandemic influenza vaccines in non-vaccine-producing countries

Annex 7, TRS No 1004. – Geneva, WHO, 31 January 2017. p. 460
https://www.who.int/publications/m/item/trs1004-annex7-pandemic-influenza-vaccine

1. Introduction

An influenza pandemic occurs when a novel influenza A virus emerges against which most people do not have immunity, and spreads rapidly around the world. A pandemic influenza A virus is significantly different from normally circulating human influenza A viruses, with a widespread absence of immunity against the virus observed in the population. As with seasonal influenza viruses, pandemic influenza viruses have the ability to spread easily from human to human and cause disease. This may result in several simultaneous epidemics worldwide with high numbers of cases of clinical disease and deaths, leading to considerable social disruption. Pandemic influenza viruses may evolve from subtypes that previously only circulated in animals or from subtypes currently circulating in humans but sufficiently different antigenically for pre-existing immunity in the population to be low or minimal (an example of the latter case is the 2009 H1N1 influenza pandemic). Influenza viruses that have caused past pandemics have typically originated from animals. Owing to the urgent public health need, strategies to shorten the time between the emergence of a human pandemic influenza virus and the availability of safe and effective pandemic influenza vaccines are one of the highest priorities in global health security.

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preparedness as one of the factors that delayed or prevented the deployment of pandemic influenza vaccine in non-vaccine-producing countries. This was especially the case for vaccine destined for donation or deployed by United Nations agencies in response to the pandemic emergency (*2–4*).

The present Guidelines were developed in response to requests from non-vaccine-producing countries for guidance on the identification of

1. Introduction

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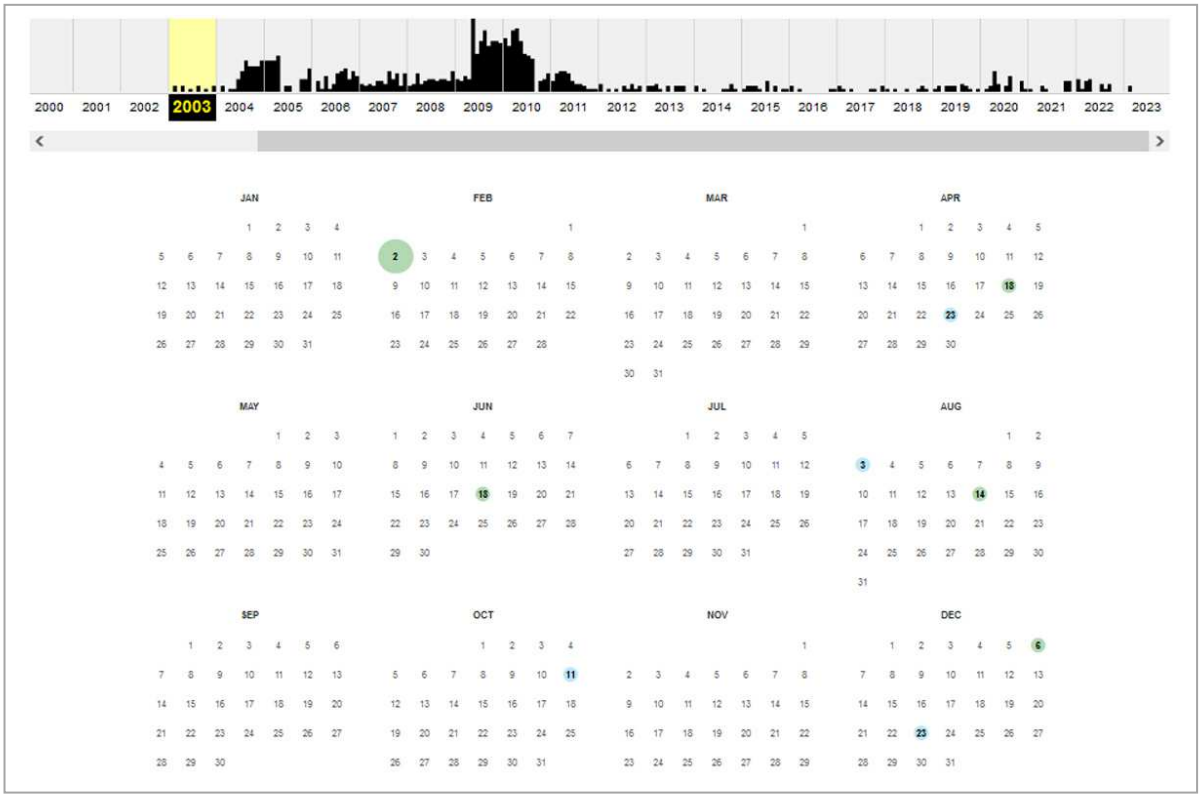
Part 4.2

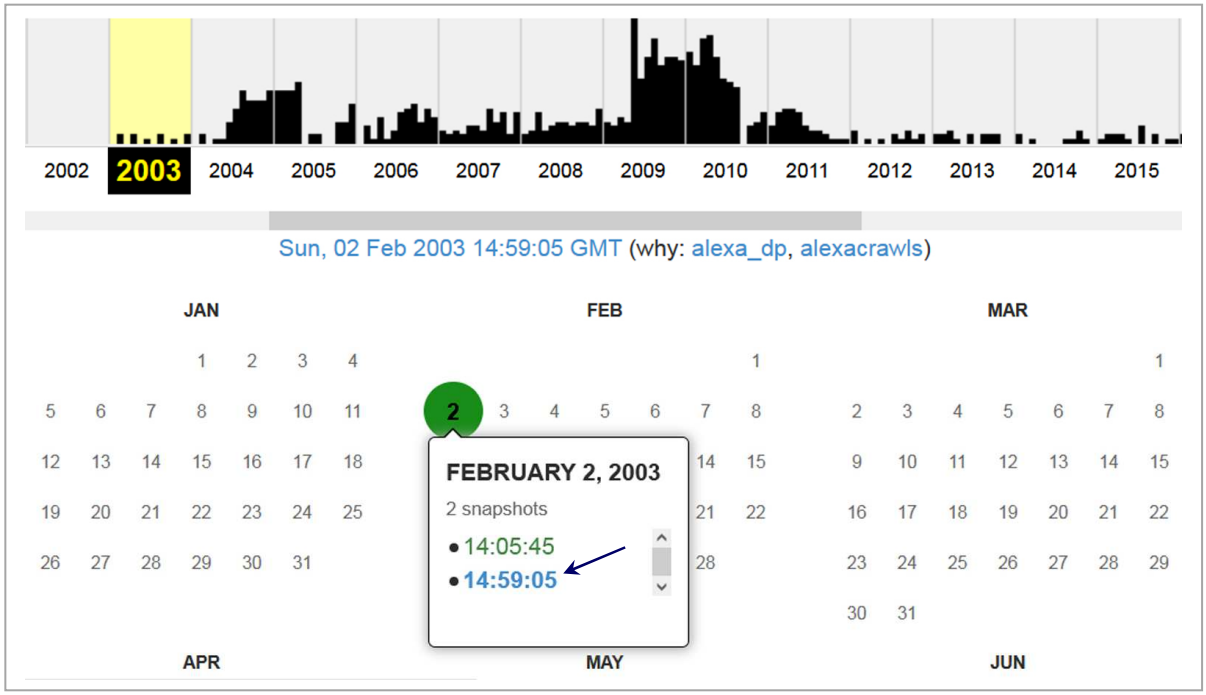
A Definition of a pandemic on the WHO website (2003 – 2011)

WHO influenza pandemic websites

Communicable Disease Surveillance & Response (CSR)



https://web.archive.org/web/20030701000000*/http://www.who.int/csr/disease/influenza/pandemic/en/



https://web.archive.org/web/20030701000000*/http://www.who.int/csr/disease/influenza/pandemic/en/

Communicable Disease Surveillance & Response (CSR)

Pandemic preparedness, Geneva, WHO, 2 February 2003; 14:05:45
https://web.archive.org/web/20030202145905/http://www.who.int/csr/disease/influenza/pandemic/en/

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Laboratory & Epidemiology Strengthening
Preparedness for Deliberate Epidemics
Public Health Mapping
Communicable Disease Surveillance & Response (CSR)
About CSR | Country Activities | Outbreak News | Resources | Media Centre
Location: WHO > WHO Sites > CSR home > Diseases > Influenza
printable version
Pandemic preparedness
- WHO Influenza Pandemic Preparedness plan
- National Influenza Pandemic Plans
• An influenza pandemic
• A new influenza virus: how it could cause a pandemic
• Consequences of an influenza pandemic
• Detecting a new pandemic virus
An influenza pandemic
An influenza pandemic occurs when a new influenza virus appears against which the human population has no immunity, resulting in several, simultaneous epidemics worldwide with enormous numbers of deaths and illness. With the increase in global transport and communications, as well as urbanization and overcrowded conditions, epidemics due the new influenza virus are likely to quickly take hold around the world.
A new influenza virus: how it could cause a pandemic
Influenza A and influenza B are 2 of the 3 types of influenza viruses associated with annual outbreaks and epidemics of influenza. The third type, influenza C, causes only mild disease and has not been associated with widespread epidemics or pandemics. Annual outbreaks of influenza are due to minor changes in the surface proteins of the viruses that enable the viruses to evade the immunity humans have developed after previous infections with the viruses or in response to vaccinations.
Only influenza A virus can cause pandemics. When a major change in either 1 or both of their surface proteins occurs spontaneously, no one will have partial or full immunity against infection because it is a completely new virus. If this new virus also has the capacity to spread from person-to-person, then a pandemic is most likely to occur.
Consequences of an influenza pandemic

An influenza pandemic

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A new influenza virus: how it could cause a pandemic

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Consequences of an influenza pandemic

During the last century, 3 influenza pandemics caused millions of death worldwide, social disruption and profound economic losses. Influenza experts agree that another pandemic is likely to happen . . .

Communicable Disease Surveillance & Response (CSR)

Pandemic preparedness, Geneva, WHO, 26 June 2004; 09:21:24
https://web.archive.org/web/20040626092138/http://www.who.int/csr/disease/influenza/pandemic/en/

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International Health Regulations
Laboratory & Epidemiology Strengthening
Preparedness for Deliberate Epidemics
Public Health Mapping
Communicable Disease Surveillance & Response (CSR)
About CSR | Country Activities | Outbreak News | Resources | Media Centre
Location: WHO > WHO sites > CSR Home > Diseases > Influenza
printable version
Pandemic preparedness
- WHO Guidelines on the Use of Vaccines and Antivirals during Influenza Pandemics
- WHO consultation on priority public health interventions before and during an influenza pandemic
- WHO Influenza Pandemic Preparedness plan
- National Influenza Pandemic Plans
• An influenza pandemic
• A new influenza virus: how it could cause a pandemic
• Consequences of an influenza pandemic
• Detecting a new pandemic virus
• Preparing for an influenza pandemic
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WHO consultation on priority public health interventions before and during an influenza pandemic
A new influenza virus: how it could cause a pandemic
Annual outbreaks of influenza are due to minor changes in the surface proteins of the viruses that enable the viruses to evade the immunity humans have developed after previous infections with the viruses or in response to vaccinations. When a major change in either one or both of their surface proteins occurs spontaneously, no one will have partial or full immunity against infection because it is a completely new virus. If this new virus also has the capacity to spread from person-to-person, then a pandemic will occur.
Outbreaks of influenza in animals, especially when happening simultaneously with annual outbreaks in humans, increase the chances of a pandemic, through the merging of animal and human influenza viruses. During the last few years, the world has faced several threats with pandemic potential, making the occurrence of the next pandemic just a matter of time.
An Interim biosafety risk assessment document
Production of pilot lots of inactivated
Consequences of an influenza pandemic

An influenza pandemic

An influenza pandemic occurs when a new influenza virus appears against which the human population has no immunity, resulting in several, simultaneous epidemics worldwide with enormous numbers of deaths and illness. With the increase in global transport and communications, as well as urbanization and overcrowded conditions, epidemics due the new influenza virus are likely to quickly take hold around the world.

A new influenza virus: how it could cause a pandemic

Annual outbreaks of influenza are due to minor changes in the surface proteins of the viruses that enable the viruses to evade the immunity humans have developed after previous infections with the viruses or in response to vaccinations. When a major change in either one or both of their surface proteins occurs spontaneously, no one will have partial or full immunity against infection because it is a completely new virus. If this new virus also has the capacity to spread from person-to-person, then a pandemic will occur.

Outbreaks of influenza in animals, especially when happening simultaneously with annual outbreaks in humans, increase the chances of a pandemic, through the merging of animal and human influenza viruses. During the last few years, the world has faced several threats with pandemic potential, making the occurrence of the next pandemic just a matter of time.

Consequences of an influenza pandemic

In the past, new strains have generated pandemics causing high death rates and great social disruption . . .

World Health Organization

Ten things you need to know about pandemic influenza

Geneva, WHO, 14 October 2005

https://web.archive.org/web/20051124014913/www.who.int/csr/disease/influenza/pandemic10things/en/

1. Pandemic influenza is different from avian influenza

Avian influenza refers to a large group of different influenza viruses that primarily affect birds. On rare occasions, these bird viruses can infect other species, including pigs and humans. The vast majority of avian influenza viruses do not infect humans. An influenza pandemic happens when a new subtype emerges that has not previously circulated in humans.

For this reason, avian H5N1 is a strain with pandemic potential, since it might ultimately adapt into a strain that is contagious among humans. Once this adaptation occurs, it will no longer be a bird virus--it will be a human influenza virus. Influenza pandemics are caused by new influenza viruses that have adapted to humans.

2. Influenza pandemics are recurring events

An influenza pandemic is a rare but recurrent event. Three pandemics occurred in the previous century: “Spanish influenza” in 1918, “Asian influenza” in 1957, and “Hong Kong influenza” in 1968. The 1918 pandemic killed an estimated 40–50 million people worldwide. That pandemic, which was exceptional, is considered one of the deadliest disease events in human history. Subsequent pandemics were much milder, with an estimated 2 million deaths in 1957 and 1 million deaths in 1968.

A pandemic occurs when a new influenza virus emerges and starts spreading as easily as normal influenza – by coughing and sneezing. Because the virus is new, the human immune system will have no pre-existing immunity. This makes it likely that people who contract pandemic influenza will experience more serious disease than that caused by normal influenza.

3. The world may be on the brink of another pandemic

Health experts have been monitoring a new and extremely severe influenza virus – the H5N1 strain – for almost eight years. The H5N1 strain first infected humans in Hong Kong in 1997, causing 18 cases, including six deaths. Since mid-2003, this virus has caused the largest and most severe outbreaks in poultry on record. In December 2003, infections in people exposed to sick birds were identified.

Since then, over 100 human cases have been laboratory confirmed in four Asian countries (Cambodia, Indonesia, Thailand, and Viet Nam), and more than half of these people have died. Most cases have occurred in previously healthy children and young adults. Fortunately, the virus does not jump easily from birds to humans or spread readily and sustainably among humans. Should H5N1 evolve to a form as contagious as normal influenza, a pandemic could begin.

4. All countries will be affected

Once a fully contagious virus emerges, its global spread is considered inevitable. Countries might, through measures such as border closures and travel restrictions, delay arrival of the virus, but cannot stop it. The pandemics of the previous century encircled the globe in 6 to 9 months, even when most international travel was by ship. Given the speed and volume of international air travel today, the virus could spread more rapidly, possibly reaching all continents in less than 3 months.

5. Widespread illness will occur

Because most people will have no immunity to the pandemic virus, infection and illness rates are expected to be higher than during seasonal epidemics of normal influenza. Current projections for the next pandemic estimate that a substantial percentage of the world's population will require some form of medical care. Few countries have the staff, facilities, equipment, and hospital beds needed to cope with large numbers of people who suddenly fall ill.

6. Medical supplies will be inadequate

Supplies of vaccines and antiviral drugs – the two most important medical interventions for reducing illness and deaths during a pandemic – will be inadequate in all countries at the start of a pandemic and for many months thereafter. Inadequate supplies of vaccines are of particular concern, as vaccines are considered the first line of defence for protecting populations. On present trends, many developing countries will have no access to vaccines throughout the duration of a pandemic.

7. Large numbers of deaths will occur

Historically, the number of deaths during a pandemic has varied greatly. Death rates are largely determined by four factors: the number of people who become infected, the virulence of the virus, the underlying characteristics and vulnerability of affected populations, and the effectiveness of preventive measures. Accurate predictions of mortality cannot be made before the pandemic virus emerges and begins to spread. All estimates of the number of deaths are purely speculative.

WHO has used a relatively conservative estimate – from 2 million to 7.4 million deaths – because it provides a useful and plausible planning target. This estimate is based on the comparatively mild 1957 pandemic. Estimates based on a more virulent virus, closer to the one seen in 1918, have been made and are much higher. However, the 1918 pandemic was considered exceptional.

8. Economic and social disruption will be great

High rates of illness and worker absenteeism are expected, and these will contribute to social and economic disruption. Past pandemics have spread globally in two and sometimes three waves. Not all parts of the world or of a single country are expected to be severely affected at the same time. Social and economic disruptions could be temporary, but may be amplified in today's closely interrelated and interdependent systems of trade and commerce. Social disruption may be greatest when rates of absenteeism impair essential services, such as power, transportation, and communications.

9. Every country must be prepared

WHO has issued a series of recommended strategic actions [pdf 113kb] for responding to the influenza pandemic threat. The actions are designed to provide different layers of defence that reflect the complexity of the evolving situation. Recommended actions are different for the present phase of pandemic alert, the emergence of a pandemic virus, and the declaration of a pandemic and its subsequent international spread.

10. WHO will alert the world when the pandemic threat increases

WHO works closely with ministries of health and various public health organizations to support countries' surveillance of circulating influenza strains. A sensitive surveillance system that can detect emerging influenza strains is essential for the rapid detection of a pandemic virus.

Six distinct phases have been defined to facilitate pandemic preparedness planning, with roles defined for governments, industry, and WHO. The present situation is categorized as phase 3: a virus new to humans is causing infections, but does not spread easily from one person to another.

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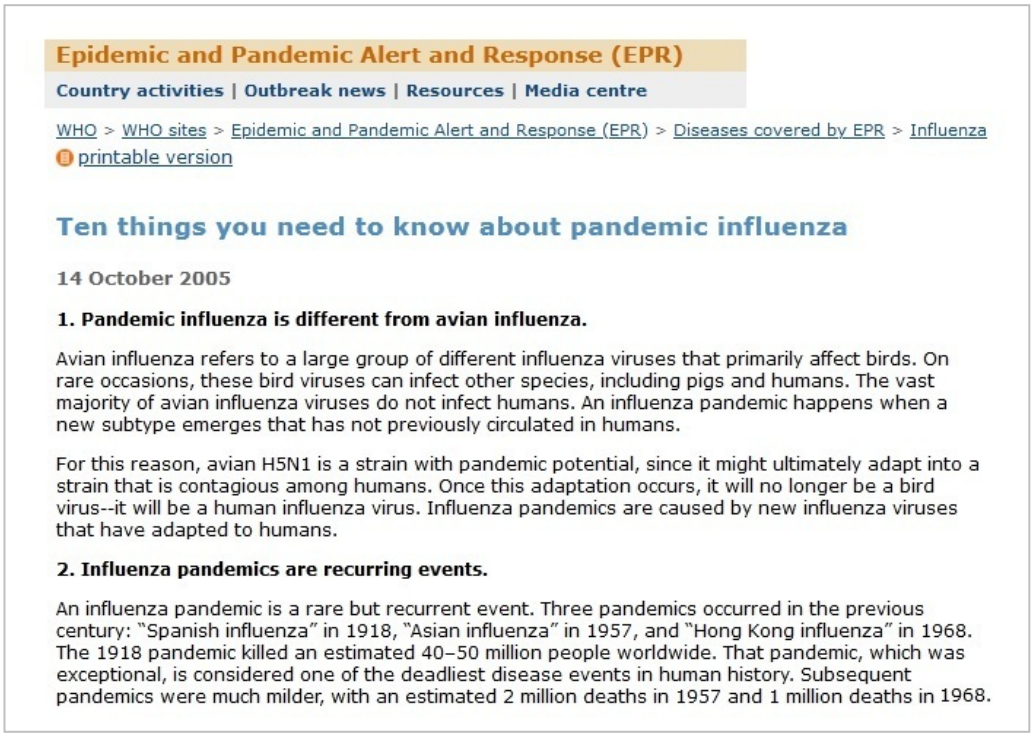
Geneva, WHO, 14 October 2005

https://web.archive.org/web/20051124014913/www.who.int/csr/disease/influenza/pandemic10things/en/



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14 October 2005

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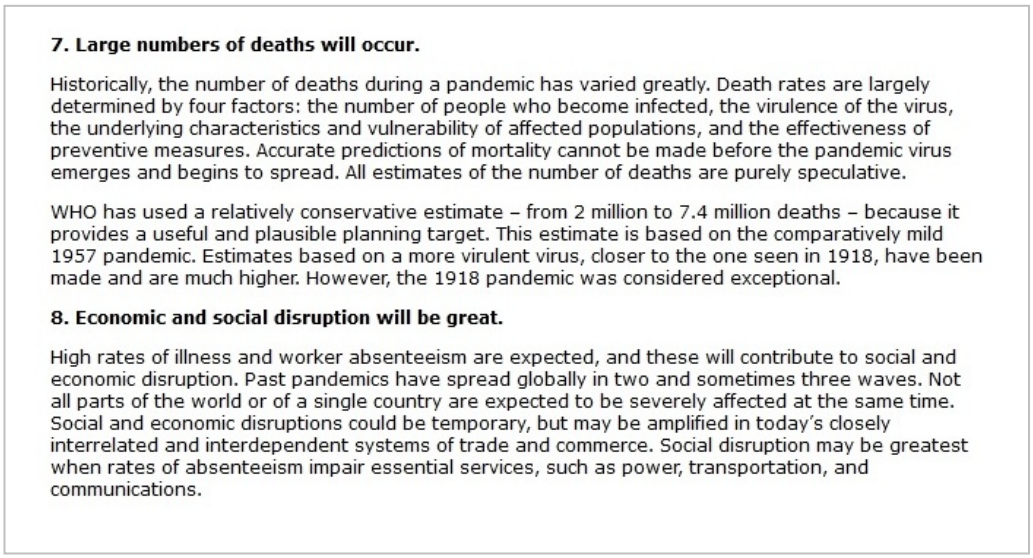

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World Health Organization

Dix choses qu'il faut savoir sur la grippe pandémique

Genève, OMS, 14 Octobre 2005

https://web.archive.org/web/20070106055414/www.who.int/csr/disease/influenza/pandemic10things/fr/

1. La grippe pandémique est à distinguer de la grippe aviaire

La grippe aviaire est une maladie provoquée par un important groupe de virus grippaux distincts affectant principalement les oiseaux. Ces virus peuvent très occasionnellement infecter d'autres espèces, notamment le porc et l'homme. Dans leur grande majorité, les virus de la grippe aviaire n'infectent pas l'homme. Une pandémie de grippe humaine survient en cas d'émergence d'un nouveau sous type qui n'a pas circulé auparavant chez l'homme.

Pour cette raison, le virus H5NI de la grippe aviaire est une souche susceptible de donner lieu à une pandémie, car elle pourrait en fin de compte s'adapter à l'homme et devenir contagieuse chez lui. Une fois que cette adaptation aura eu lieu, il ne s'agira plus d'un virus aviaire, mais d'un virus grippal humain. Les pandémies de grippe sont provoquées par de nouveaux virus grippaux qui se sont adaptés à l'homme.

2. Les pandémies de grippe sont des événements récurrents

Une pandémie de grippe est un phénomène rare mais récurrent. On a observé trois pandémies au cours du siècle dernier, la grippe dite espagnole en 1918, la grippe dite asiatique en 1957 et la grippe dite de Hong Kong en 1968. La pandémie de 1918 a fait entre 40 et 50 millions de morts dans le monde selon les estimations. Cette pandémie, tout à fait exceptionnelle, est considérée comme une des plus meurtrières de l'histoire de l'humanité. Le bilan des pandémies qui ont suivi était beaucoup plus léger puisque selon les estimations celle de 1957 a fait 2 millions de morts et celle de 1968 1 million de morts.

Une pandémie survient lors de l'émergence d'un nouveau virus grippal qui commence à se propager aussi facilement que celui de la grippe "normale" (saisonnière), c'est-à-dire par la toux et les éternuements. Comme il s'agit d'un nouveau virus, le système immunitaire de l'homme n'a aucune défense contre lui. La pathologie provoquée par ce virus de la grippe pandémique risque donc d'être plus grave que celle que provoque un virus grippal normal.

7. Le nombre de décès sera considérable

Les précédents historiques montrent que le nombre de décès au cours d'une pandémie est très variable. Les taux de mortalité sont principalement déterminés par quatre facteurs : le nombre de personnes infectées, la virulence du virus, les caractéristiques propres et la vulnérabilité des populations touchées et, enfin, l'efficacité des mesures de prévention. Il est impossible d'établir des prévisions exactes concernant la mortalité avant que le virus de la pandémie n'apparaisse et ne commence à se propager. Toutes les estimations relatives au nombre de décès qui lui seraient imputables sont purement spéculatives.

L'OMS a tablé sur une estimation relativement prudente – de 2 à 7,4 millions de décès – qui constitue une cible utile et plausible pour la planification. Cette estimation est fondée sur la pandémie relativement modérée de 1957. Les estimations fondées sur un virus plus virulent, plus proche de celui de 1918, sont beaucoup plus élevées. Toutefois, la pandémie de 1918 était considérée comme exceptionnelle.

8. Une importante désorganisation socio-économique est à prévoir

Il faut s'attendre à un nombre élevé de cas et, par conséquent, à un fort taux d'absentéisme, ce qui contribuera à une désorganisation socio économique. Les précédentes pandémies se sont propagées en deux et parfois en trois vagues. On ne s'attend pas à ce que toutes les parties du monde ou d'un même pays soient gravement touchées en même temps. Les perturbations socio-économiques peuvent être temporaires, mais elles peuvent être amplifiées par l'étroite interdépendance à laquelle on assiste aujourd'hui en matière d'échanges commerciaux. Elles risquent d'attendre un pic lorsque l'absentéisme entravera le fonctionnement des services essentiels – eau, gaz, électricité, transports et communications.

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World Health Organization

Десять фактов, которые вы должны знать о пандемическом гриппе

Женева, ВОЗ, 14 октября 2005

https://web.archive.org/web/20070107192045/http://www.who.int/csr/disease/influenza/pandemic10things/ru/index.html

1. Пандемический грипп отличается от птичьего гриппа

Переносчиком птичьего гриппа является большая группа различных вирусов гриппа, которые поражают главным образом птиц. В редких случаях вирусы птичьего гриппа могут инфицировать другие биологические виды, в том числе свиней и людей. В подавляющем большинстве случаев вирусы птичьего гриппа людей не инфицируют. Пандемический грипп возникает тогда, когда появляется новый подтип гриппа, который раньше у людей не наблюдался.

Вирус птичьего гриппа H5N1 представляет собой один из штаммов гриппа, обладающего пандемическим потенциалом, поскольку в конечном итоге он может адаптироваться и принять форму штамма, заразного для людей. После того как произойдет эта адаптация, он уже будет не вирусом птичьего гриппа, а вирусом гриппа, поражающего людей. Пандемии гриппа вызываются новыми вирусами гриппа, которые адаптировались к организму человека.

2. Пандемия гриппа - явление повторяющееся

Пандемия гриппа - явление редкое, но повторяющееся. В прошлом столетии было три таких пандемии: "испанский грипп" в 1918 г., "азиатский грипп" в 1957 г. и "гонконгский грипп" в 1968 году. В 1918 г. пандемия гриппа унесла, по оценкам, 40-50 миллионов человек во всем мире. Эта пандемия, которая носила исключительный характер, считается одной из самых крупных причин смертельных исходов в истории человечества. Последующие пандемии были гораздо слабее: приблизительно два миллиона смертей в 1957 г. и один миллион в 1968 году.

Пандемия возникает тогда, когда появляется новый вирус гриппа и начинает распространяться с той же легкостью, что и вирус обычного гриппа, - воздушно-капельным путем при кашле и чихании. Поскольку этот вирус новый, иммунная система человека не выработала иммунитет на этапе, предшествующем его появлению. Это может привести к тому, что в случае пандемического гриппа среди людей болезнь будет протекать гораздо тяжелее, чем в случае обычного гриппа.

3. Сегодня мир, возможно, стоит на грани очередной пандемии

Специалисты в области здравоохранения уже почти в течение восьми лет ведут наблюдение за новым и чрезвычайно опасным вирусом гриппа - штаммом H5N1. В 1997 г. штаммом H5N1 было инфицировано в Гонконге 18 человек, из которых шесть умерли. С середины 2000 г. этот вирус послужил причиной крупнейших и серьезнейших вспышек болезни среди домашней птицы, которые когда-либо были известны истории. В декабре 2003 г. были выявлены случаи инфицирования людей, работавших с больными птицами.

С тех пор в результате проведения лабораторных анализов было подтверждено свыше 100 случаев гриппа среди людей в четырех азиатских странах (Вьетнаме, Индонезии, Камбодже и Таиланде), причем более половины этих людей скончались. В большинстве случаев эта болезнь поражала детей и взрослых в молодом возрасте, которые ранее не болели. К счастью, этот вирус не может легко передаться от птицы к человеку или быстро и устойчиво распространяться среди людей. Если штамм H5N1 станет таким же заразным, как и вирус обычного гриппа, то это может положить начало новой пандемии.

4. Пандемия затронет все страны

После того как появится легко передающийся от человека к человеку вирус, его распространение по всему миру, как считается, будет неизбежным. Страны могут задержать появление вируса на своей территории, приняв такие меры, как перекрытие границ и ввод ограничений на международные поездки, однако остановить его они не смогут. В прошлом веке пандемии распространялись по всей планете за 6-9 месяцев, хотя в то время международные поездки осуществлялись в большинстве случае морским путем. С учетом сегодняшней скорости и объема международных перевозок воздушным транспортом этот вирус может распространиться гораздо быстрее, проникнув, по всей вероятности, на все континенты менее чем за три месяца.

5. Болезнь приобретет широкомасштабный характер

Поскольку никакого иммунитета против вируса пандемического гриппа у большинства людей не будет, показатели инфицирования и заболевания, как ожидается, будут выше, чем в случае сезонных эпидемий обычного гриппа. Нынешние прогнозы в отношении следующей пандемии дают основание сделать вывод о том, что значительной доле мирового населения потребуется медицинская помощь в той или иной форме. Помочь большому количеству внезапно заболевших людей могут лишь немногие страны, у которых есть необходимые для этого сотрудники, объекты инфраструктуры, оборудование и места в больницах.

6. Запасов товаров медицинского назначения будет недостаточно

На начальном этапе пандемии и в течение многих месяцев спустя все страны будут испытывать нехватку запасов вакцин и антивирусных препаратов - двух важнейших продуктов медицинского назначения, которые могут привести к снижению заболеваемости и смертности в ходе пандемии. Недостаточные запасы вакцин вызывают особую озабоченность, поскольку считается, что именно вакцины выполняют функцию "передовой линии обороны", которая может уберечь население. Исходя из нынешних тенденций, можно утверждать, что в течение всей пандемии у многих развивающихся стран не будет доступа к нужным вакцинам.

7. Пандемия унесет жизнь большого числа людей

Данные за прошедший период свидетельствуют о том, что количество смертельных случаев в ходе той или иной пандемии варьируется в широких пределах. Показатели смертности в значительной мере определяются четырьмя факторами: числом инфицированных людей, вирулентностью вируса, исходными характеристиками и уязвимостью затронутого населения и эффективностью профилактических мер. Точно предсказать уровень смертности до того, как появится и начнет распространяться пандемический вирус, невозможно. Все оценки по поводу количества смертей носят чисто гипотетический характер.

В этом плане ВОЗ использует относительно осторожную оценку - от 2 до 7,4 миллиона смертей, - поскольку с точки зрения планирования работы она представляет собой практичный и правдоподобный ориентир. В основе этой оценки лежат данные о сравнительно слабой пандемии 1957 года. Были также сделаны оценки в расчете на более вирулентный штамм вируса, близкий к тому, который свирепствовал в 1918 г., и они оказались гораздо выше. Вместе с тем считается, что пандемия 1918 г. носила исключительный характер.

8. Произойдет существенное нарушение социально-экономических связей

Следует ожидать, что уровень заболеваемости и невыхода на работу будет высоким, что будет способствовать нарушению социально-экономических связей. В прошлом пандемии распространялись по всему миру двумя и иногда тремя волнами. Вряд ли можно ожидать,

что все страны мира и все районы каждой отдельной страны будут серьезно затронуты в одно и то же время. Социально-экономические нарушения могут носить временный характер, однако сегодня, в условиях тесной связи и взаимозависимости производственных и коммерческих систем, они могут усилиться. Нарушения социальных связей проявятся особенно сильно в тех случаях, когда в результате невыхода на работу нарушится работа основных секторов, таких как энергоснабжение, транспорт и связь.

9. К пандемии должна подготовиться каждая страна

В порядке реагирования на угрозу пандемического гриппа ВОЗ публикует серию рекомендуемых стратегических мер. Эти меры предусматривают создание различных "эшелонов обороны", которые отражают степень сложности изменяющейся ситуации. На нынешнем этапе предупреждения о пандемии, на этапе появления пандемического вируса и на этапе объявления пандемии и ее последующего распространения в мире рекомендуемые меры будут разными.

10. ВОЗ будет оповещать мировое сообщество по мере увеличения угрозы пандемии

ВОЗ тесно сотрудничает с министерствами здравоохранения и различными государственными медико-санитарными организациями в целях оказания помощи странам в укреплении системы эпиднадзора за циркуляцией штаммов гриппа. Для быстрого обнаружения пандемического вируса нужны быстрореагирующие системы эпиднадзора, которые позволяют выявить новые штаммы вируса гриппа.

Для облегчения работы по обеспечению готовности к пандемии было определено шесть отдельных этапов, на каждом из которых правительствам, промышленности и ВОЗ отводится своя роль. По этой классификации нынешняя ситуация находится на этапе 3: новый вирус является причиной инфекции людей, но не передается с легкостью от одного человека к другому.

1. Пандемический грипп отличается от птичьего гриппа.

Переносчиком птичьего гриппа является большая группа различных вирусов гриппа, которые поражают главным образом птиц. В редких случаях вирусы птичьего гриппа могут инфицировать другие биологические виды, в том числе свиней и людей. В подавляющем большинстве случаев вирусы птичьего гриппа людей не инфицируют. Пандемический грипп возникает тогда, когда появляется новый подтип гриппа, который раньше у людей не наблюдался.

7. Пандемия унесет жизнь большого числа людей.

Данные за прошедший период свидетельствуют о том, что количество смертельных случаев в ходе той или иной пандемии варьируется в широких пределах. Показатели смертности в значительной мере определяются четырьмя факторами: числом инфицированных людей, вирулентностью вируса, исходными характеристиками и уязвимостью затронутого населения и эффективностью профилактических мер. Точно предсказать уровень смертности до того, как появится и начнет распространяться пандемический вирус, невозможно. Все оценки по поводу количества смертей носят чисто гипотетический характер.

Epidemic and Pandemic Alert and Response (EPR)

Pandemic preparedness, Geneva, WHO, 23 October 2005; 01:23:58
https://web.archive.org/web/20051023012358/http://www.who.int/csr/disease/influenza/pandemic/en/

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Pandemic preparedness
- WHO statement on modelling papers published in Science and Nature
4 August 2005
- WHO global influenza preparedness plan (2005)
- WHO checklist for influenza pandemic preparedness planning
- Strengthening pandemic influenza preparedness and response
Report by the Secretariat, World Health Assembly, 2005
- Influenza pandemic preparedness and response, Report by the Secretariat to the WHO Executive Board, January 2005
- Informal consultation on influenza pandemic preparedness in countries with limited resources
- WHO Guidelines on the Use of Vaccines and Antivirals during Influenza Pandemics
- WHO consultation on priority public health interventions before and during an influenza pandemic
- National Influenza Pandemic Plans
An influenza pandemic
A new influenza virus: how it could cause a pandemic
Consequences of an influenza pandemic
Detecting a new pandemic virus
Preparing for an influenza pandemic
:: Strengthening Pandemic Influenza Preparedness and Response
WHO Technical Briefing at the 58th World Health Assembly
18 May 2005
An influenza pandemic
An influenza pandemic occurs when a new influenza virus appears against which the human population has no immunity, resulting in several, simultaneous epidemics worldwide with enormous numbers of deaths and illness. With the increase in global transport and communications, as well as urbanization and overcrowded conditions, epidemics due the new influenza virus are likely to quickly take hold around the world.
A new influenza virus: how it could cause a pandemic
Annual outbreaks of influenza are due to minor changes in the surface proteins of the viruses that enable the viruses to evade the immunity humans have developed after previous infections with the viruses or in response to vaccinations. When a major change in either one or both of their surface proteins occurs spontaneously, no one will have partial or full immunity against infection because it is a completely new virus. If this new virus also has the capacity to spread from person-to-person, then a pandemic will occur.
WHO consultation on priority public health interventions before and during an influenza pandemic
Outbreaks of influenza in animals, especially when happening simultaneously with annual outbreaks in humans, increase the chances of a pandemic, through the merging of animal and human influenza viruses. During the last few years, the world has faced several threats with pandemic potential, making the occurrence of the next pandemic just a matter of time.
An Interim biosafety risk assessment document
Production of pilot lots of inactivated influenza vaccines from reassortants derived from avian influenza

An influenza pandemic

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Consequences of an influenza pandemic

In the past, new strains have generated pandemics causing high death rates and great social disruption . . .

Epidemic and Pandemic Alert and Response (EPR)

Pandemic preparedness, Geneva, WHO, 16 October 2008; 03:36:02
https://web.archive.org/web/20081016033602/http://www.who.int/csr/disease/influenza/pandemic/en/

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- WHO Guidance on Pandemic Influenza Preparedness and Response-Request for comments on draft document
- WHO Influenza Pandemic Task Force, report of the first meeting
- WHO global influenza preparedness plan (2005)
- WHO checklist for influenza pandemic preparedness planning
- National Influenza Pandemic Plans
- Considerations on exercises to validate pandemic preparedness plans [pdf 30kb]
An influenza pandemic
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:: Strengthening Pandemic Influenza Preparedness and Response
WHO Technical Briefing at the 58th World Health Assembly
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WHO consultation on priority public health interventions before and during an influenza pandemic

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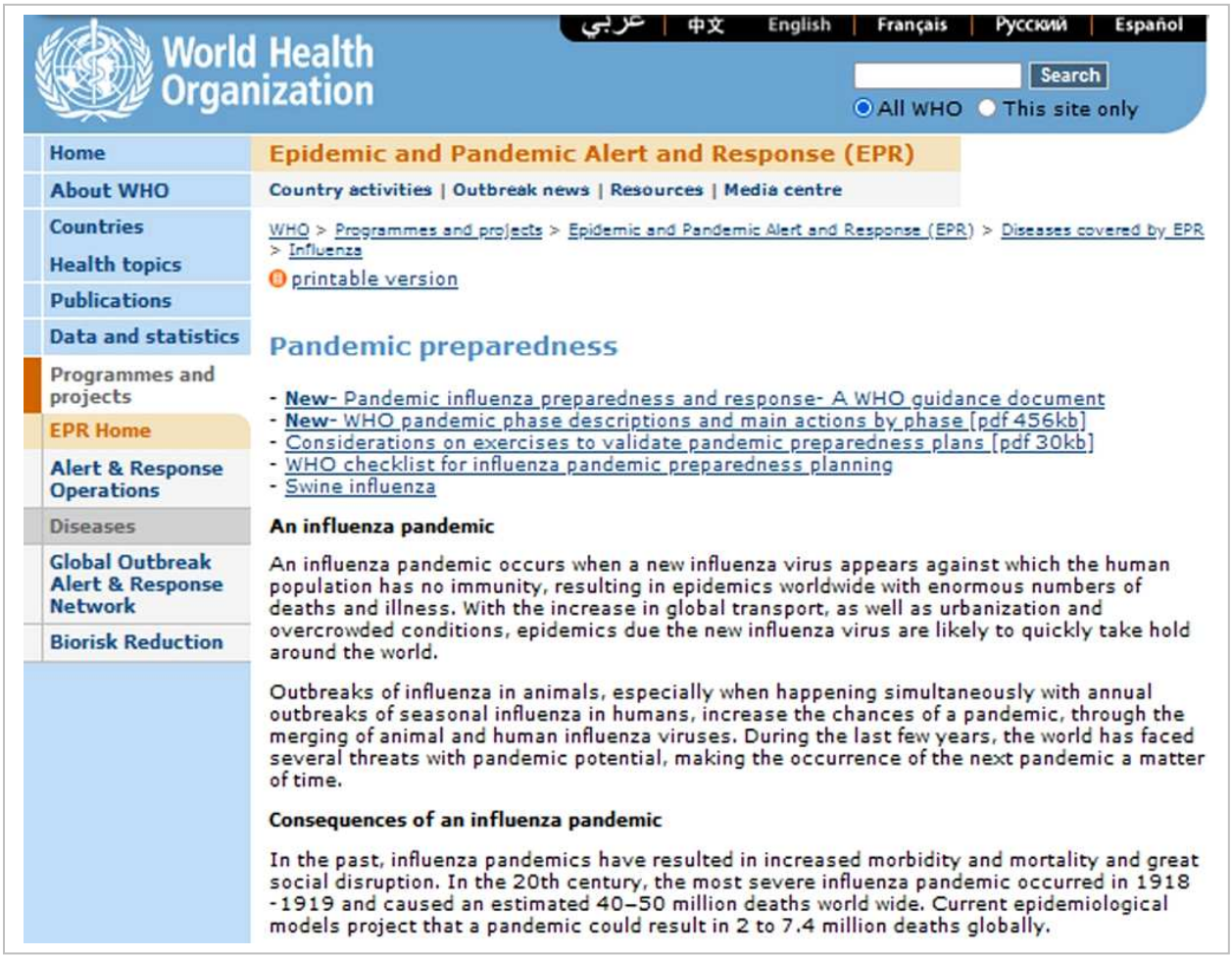
Epidemic and Pandemic Alert and Response (EPR)

Pandemic preparedness, Geneva, WHO, 4 May 2009; 00:56:05
https://web.archive.org/web/20090504005605/http://www.who.int/csr/disease/influenza/pandemic/en/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- New- WHO pandemic phase descriptions and main actions by phase [pdf 456kb]
- Considerations on exercises to validate pandemic preparedness plans [pdf 30kb]
- WHO checklist for influenza pandemic preparedness planning
- Swine influenza
An influenza pandemic
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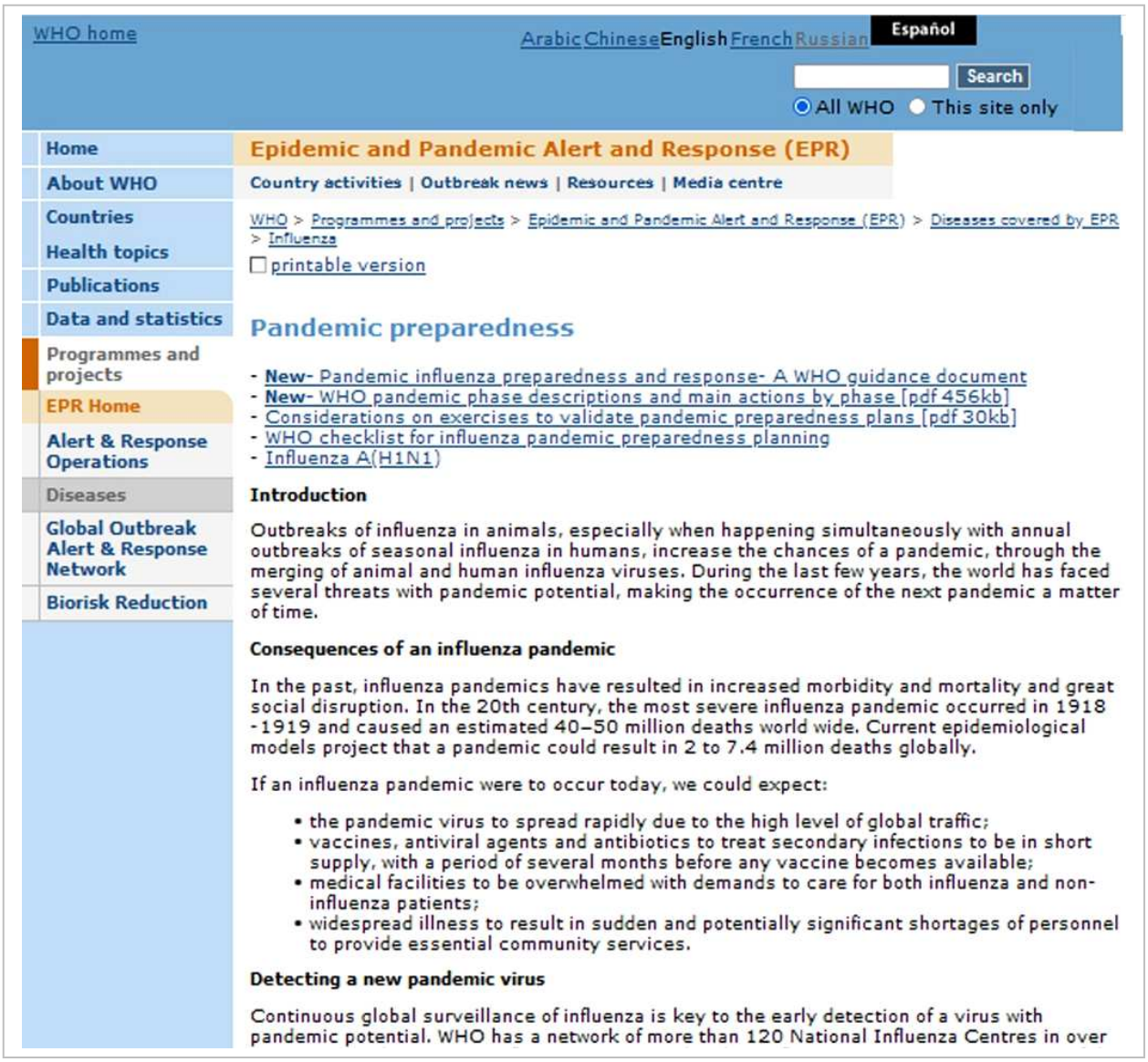
Epidemic and Pandemic Alert and Response (EPR)

Pandemic preparedness, Geneva, WHO, 4 May 2009; 20:58:39
https://web.archive.org/web/20090504205839/http://www.who.int/csr/disease/influenza/pandemic/en/



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Introduction

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If an influenza pandemic were to occur today, we could expect:

- the pandemic virus to spread rapidly due to the high level of global traffic;
- vaccines, antiviral agents and antibiotics to treat secondary infections to be in short supply, with a period of several months before any vaccine becomes available;
- medical facilities to be overwhelmed with demands to care for both influenza and non-influenza patients;
- widespread illness to result in sudden and potentially significant shortages of personnel to provide essential community services.

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Continuous global surveillance of influenza is key to the early detection of a virus with pandemic potential. WHO has a network of more than 120 National Influenza Centres in over

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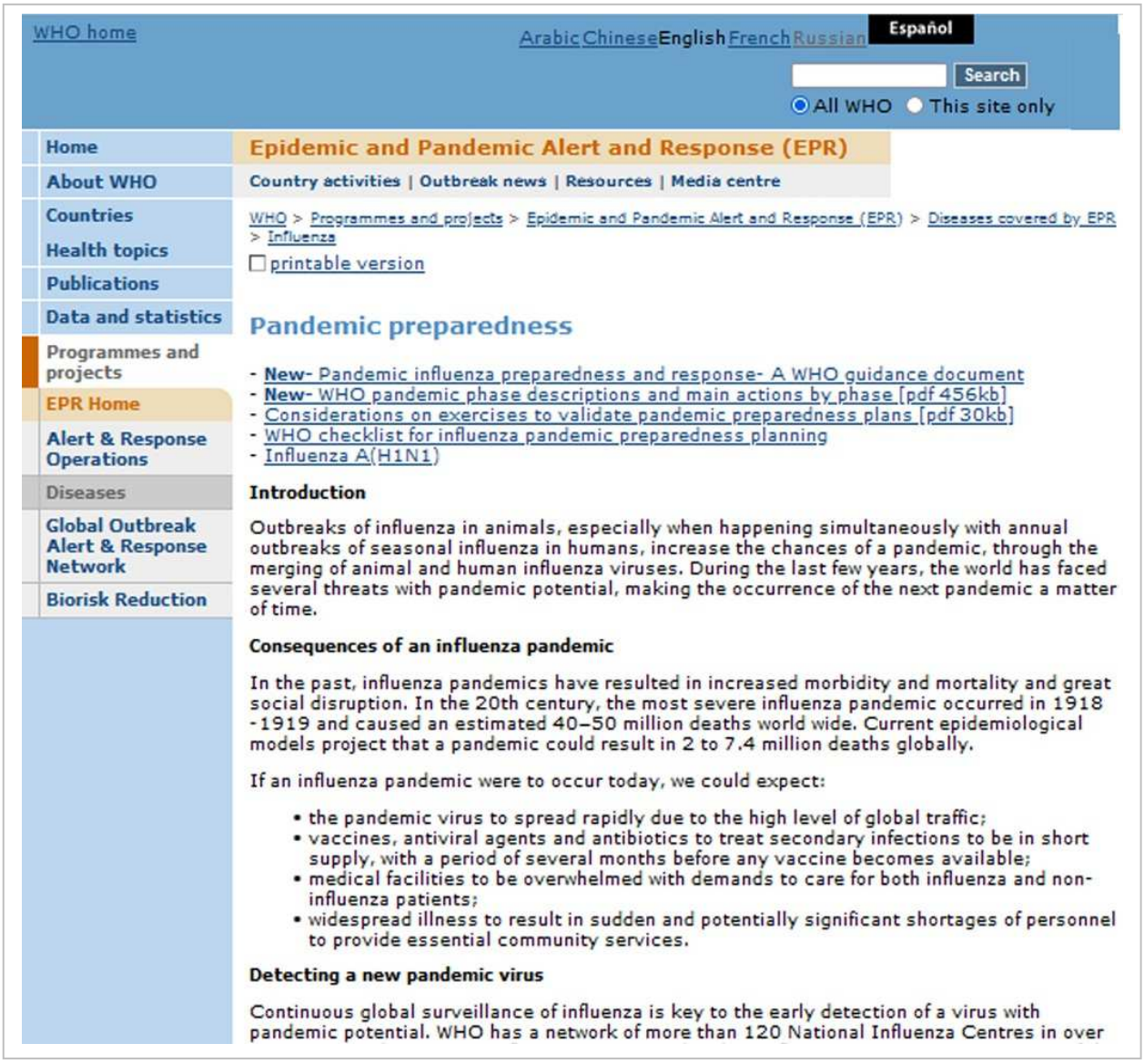
Epidemic and Pandemic Alert and Response (EPR)

Pandemic preparedness, Geneva, WHO, 5 May 2009; 01:03:31
https://web.archive.org/web/20090505010331/http://www.who.int/csr/disease/influenza/pandemic/en/



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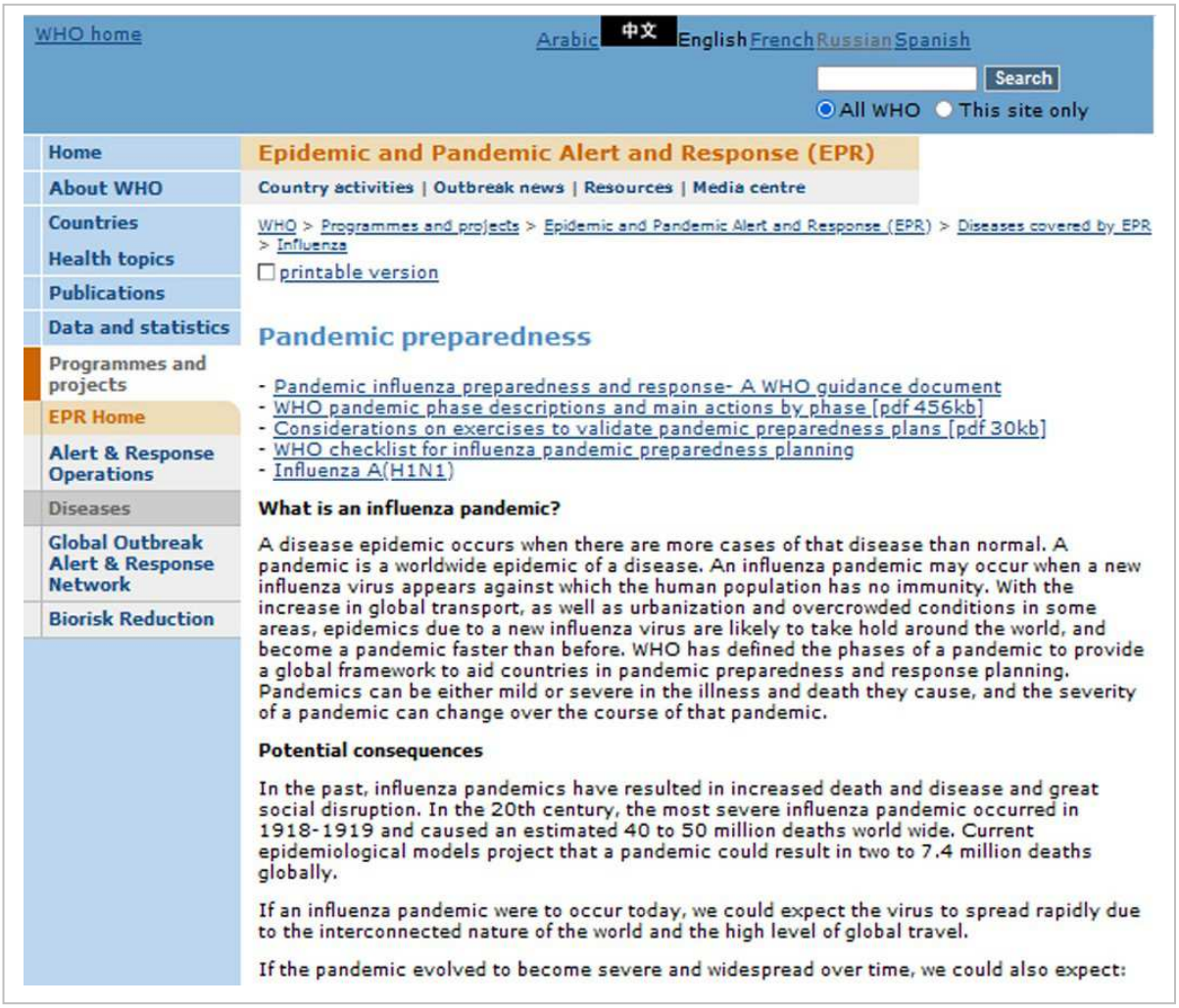
Pandemic preparedness, Geneva, WHO, 6 May 2009; 00:51:07
https://web.archive.org/web/20090506005107/http://www.who.int/csr/disease/influenza/pandemic/en/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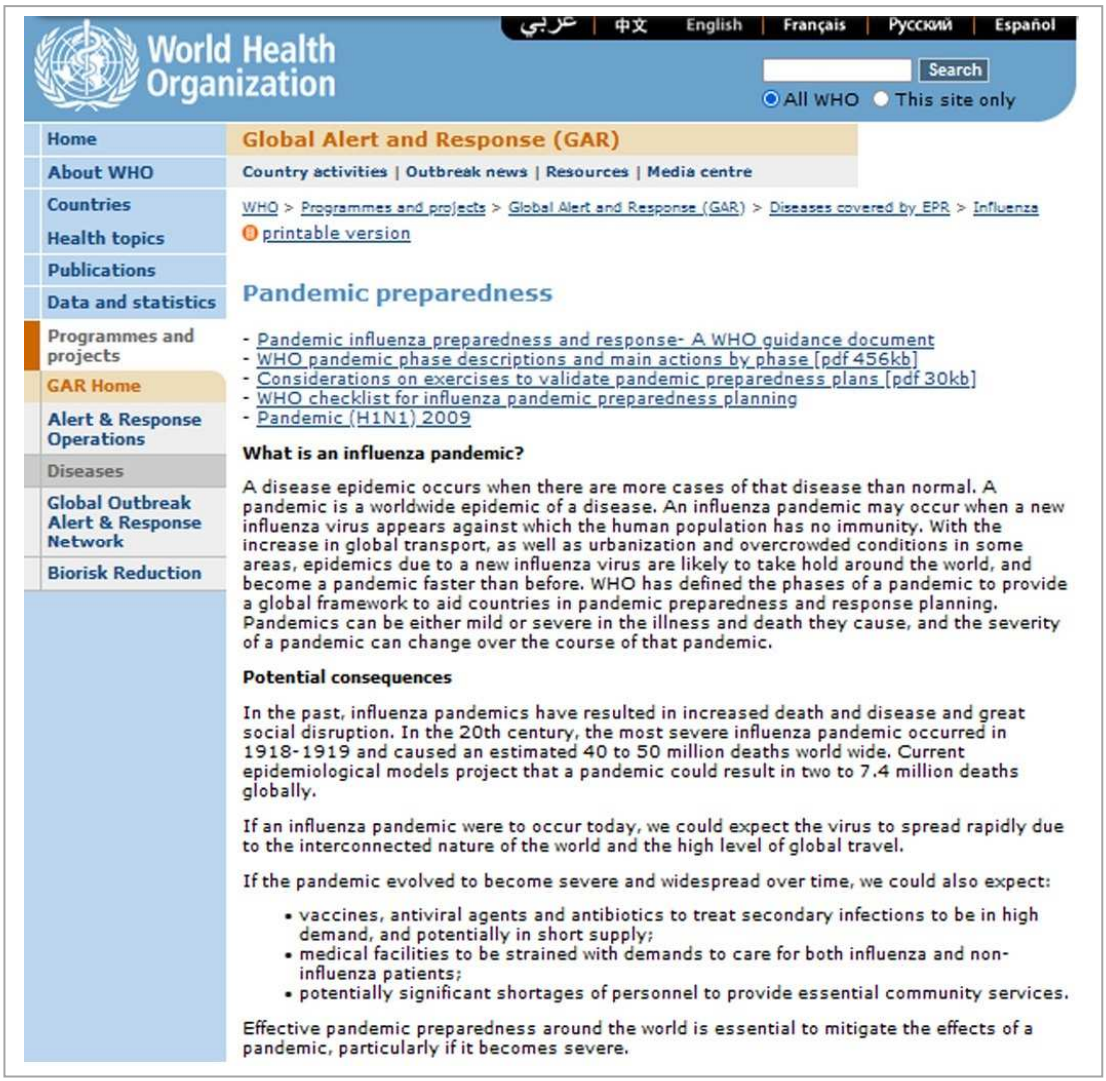
Pandemic preparedness, Geneva, WHO, 10 July 2009; 23:26:11
https://web.archive.org/web/20090710232611/http://www.who.int/csr/disease/influenza/pandemic/en/



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If an influenza pandemic were to occur today, we could expect the virus to spread rapidly due to the interconnected nature of the world and the high level of global travel.

If the pandemic evolved to become severe and widespread over time, we could also expect:

- vaccines, antiviral agents and antibiotics to treat secondary infections to be in high demand, and potentially in short supply;
- medical facilities to be strained with demands to care for both influenza and non-influenza patients;
- potentially significant shortages of personnel to provide essential community services.

Effective pandemic preparedness around the world is essential to mitigate the effects of a pandemic, particularly if it becomes severe.

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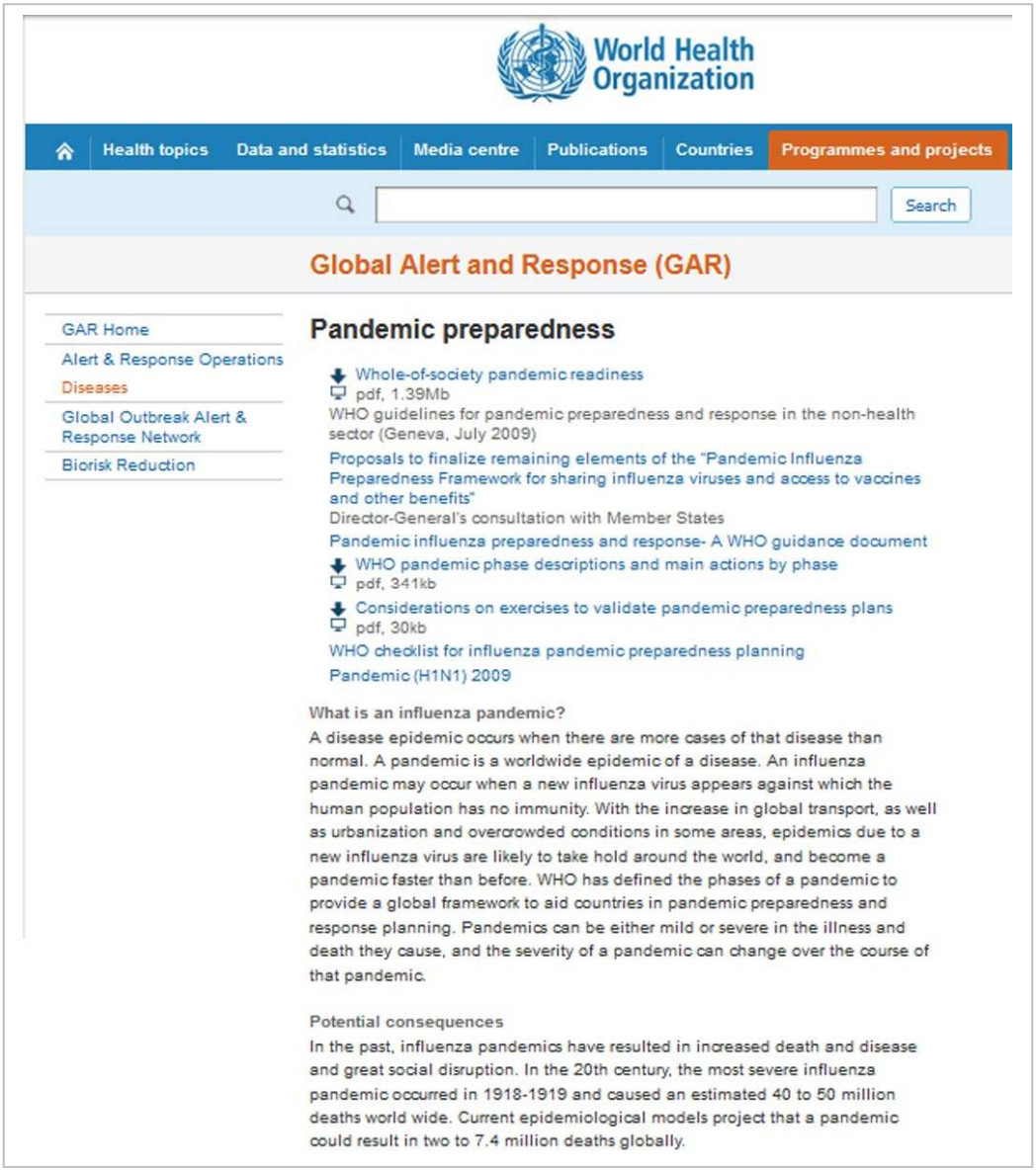
Pandemic preparedness, Geneva, WHO, 8 July 2011; 09:58:10
https://web.archive.org/web/20110708095810/http://www.who.int/csr/disease/influenza/pandemic/en/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WHO guidelines for pandemic preparedness and response in the non-health sector (Geneva, July 2009)
Proposals to finalize remaining elements of the "Pandemic Influenza Preparedness Framework for sharing influenza viruses and access to vaccines and other benefits"
Director-General's consultation with Member States
Pandemic influenza preparedness and response- A WHO guidance document
WHO pandemic phase descriptions and main actions by phase
pdf, 341kb
Considerations on exercises to validate pandemic preparedness plans
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In the past, influenza pandemics have resulted in increased death and disease and great social disruption. In the 20th century, the most severe influenza pandemic occurred in 1918-1919 and caused an estimated 40 to 50 million deaths world wide. Current epidemiological models project that a pandemic could result in two to 7.4 million deaths globally.

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Global Alert and Response (GAR)

Pandemic preparedness, Geneva, WHO, 7 Aug 2011; 06:08:18
https://web.archive.org/web/20110807060818/http://www.who.int/csr/disease/influenza/pandemic/en/

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Pandemic preparedness
New- Pandemic influenza preparedness and response- A WHO guidance document
New- WHO pandemic phase descriptions and main actions by phase
pdf, 341kb
Considerations on exercises to validate pandemic preparedness plans
pdf, 30kb
WHO checklist for influenza pandemic preparedness planning
Pandemic (H1N1) 2009
An influenza pandemic
An influenza pandemic occurs when a new influenza virus appears against which the human population has no immunity, resulting in epidemics worldwide with enormous numbers of deaths and illness. With the increase in global transport, as well as urbanization and overcrowded conditions, epidemics due the new influenza virus are likely to quickly take hold around the world.
Outbreaks of influenza in animals, especially when happening simultaneously with annual outbreaks of seasonal influenza in humans, increase the chances of a pandemic, through the merging of animal and human influenza viruses. During the last few years, the world has faced several threats with pandemic potential, making the occurrence of the next pandemic a matter of time.
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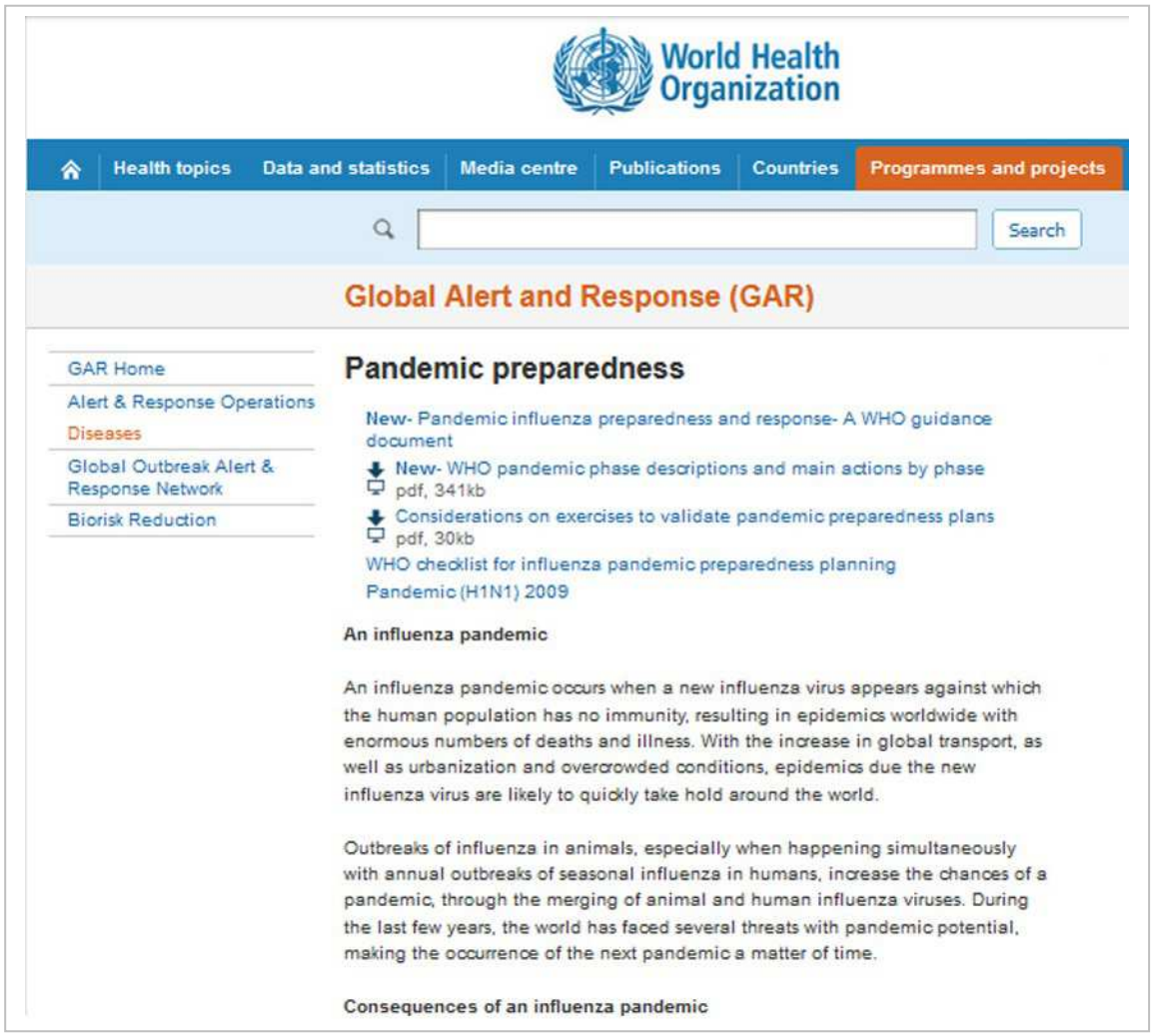
Global Alert and Response (GAR)

Pandemic preparedness, Geneva, WHO, 3 September 2011; 07:04:02
https://web.archive.org/web/20110903070402/http://www.who.int/csr/disease/influenza/pandemic/en/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Consequences of an influenza pandemic

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Global Alert and Response (GAR)

Geneva, WHO, 7 November 2011; 10:47:53
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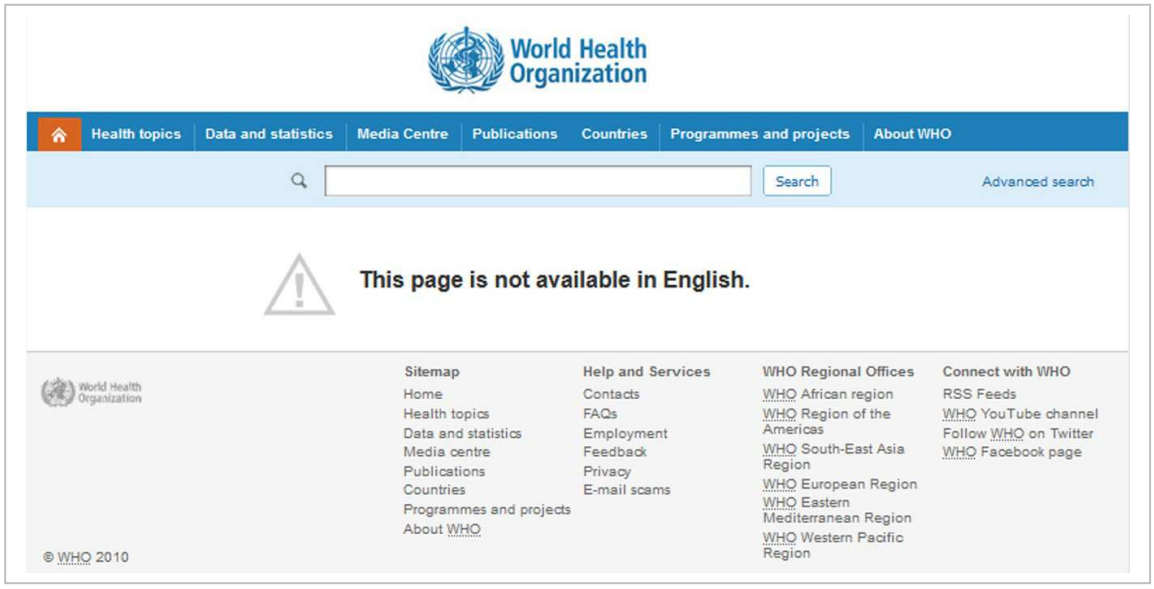

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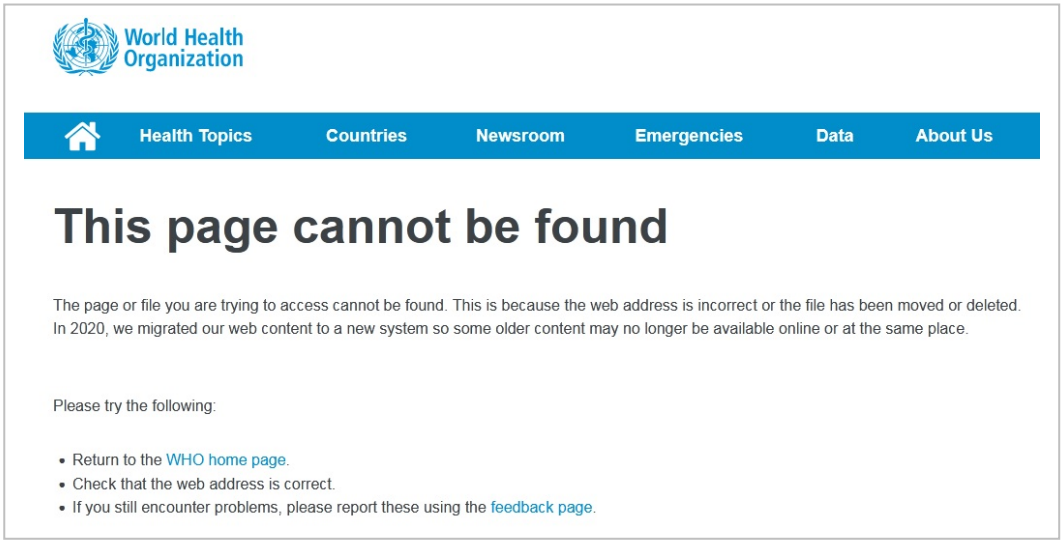
Geneva, WHO, 16 March 2022; 02:40:56
https://web.archive.org/web/20211230084103/https://www.who.int/influenza/pandemic10things/en/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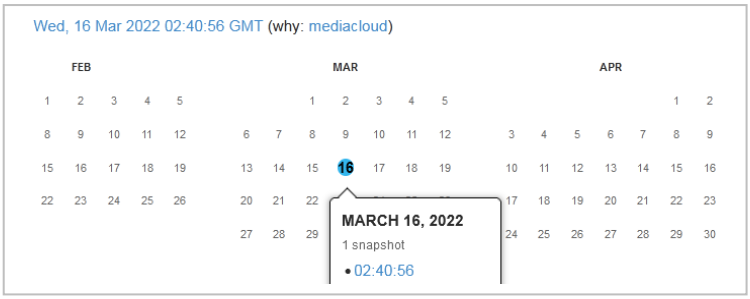

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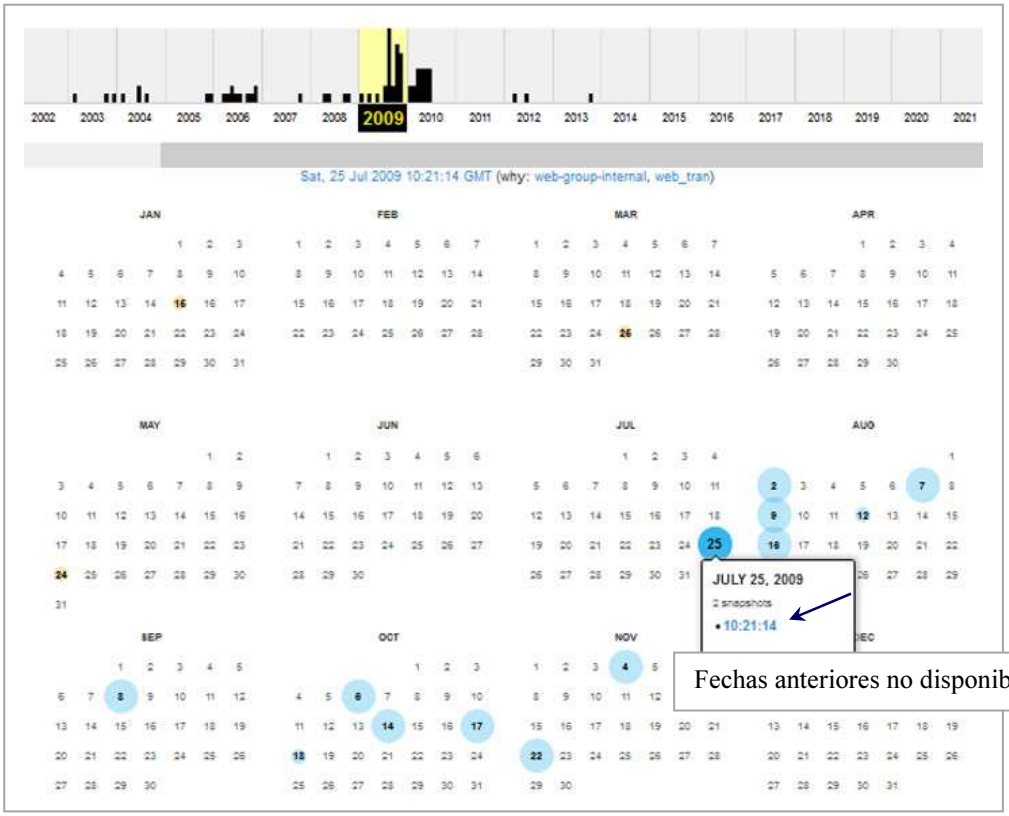
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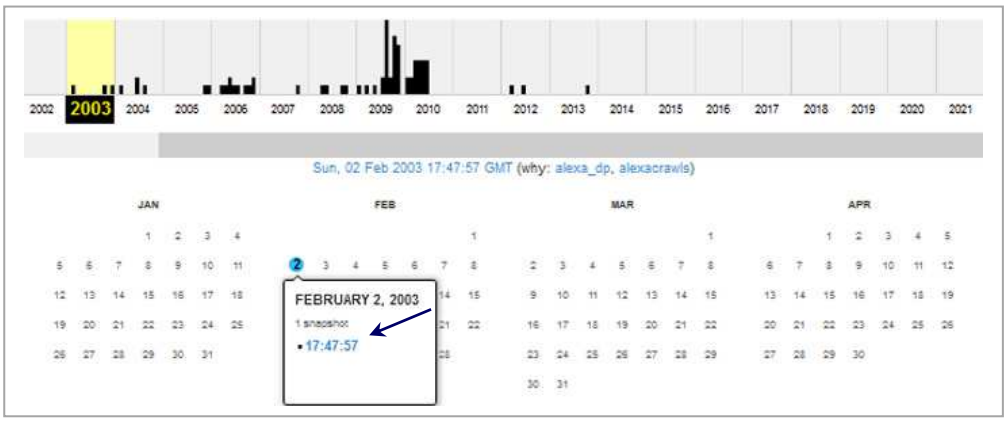

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Alerta y Respuesta Mundiales (GAR)

Preparación para una pandemia, ategory definitions

Ginebra, OMS, 25 de julio de 2009
https://web.archive.org/web/20090725102114/http://www.who.int/csr/disease/influenza/pandemic/es/index.html

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Versión impresora
Preparación para una pandemia
- Preparación y respuesta ante una pandemia de gripe - Documento de orientación de la OMS - en inglés
- Descripción de las fases de alerta de pandemia de la OMS y de las medidas principales en cada fase [pdf 456kb]
- Consideraciones sobre los ejercicios para validar los planes de preparación para una pandemia - en inglés [pdf 30kb]
- Gripe por A(H1N1)
¿Qué es una pandemia de gripe?
Se dice que hay una epidemia cuando el número de casos de una enfermedad es superior al normal. Una pandemia es una epidemia a escala mundial. Las pandemias de gripe se producen cuando aparece un nuevo virus de la gripe frente al cual la población humana carece de inmunidad. El aumento del transporte mundial y la urbanización, así como las condiciones de hacinamiento existentes en algunas zonas, aumentan la probabilidad de que las epidemias por nuevos virus de la gripe se mundialicen y conviertan en pandemias más rápidamente que antes. La OMS ha definido una serie de fases de una pandemia que sirven como marco mundial para ayudar a los países en la preparación contra una pandemia y la planificación de la respuesta. Las pandemias pueden ser leves o graves con respecto a la morbilidad y mortalidad que causen, y su gravedad puede cambiar a lo largo de una misma pandemia.
Posibles consecuencias
En el pasado las pandemias de gripe han producido un aumento de la morbilidad y mortalidad, y grandes trastornos sociales. En el siglo XX, la pandemia más grave fue la de 1918-1919, que causó unos 40 a 50 millones de muertos en todo el mundo. Los modelos epidemiológicos actuales prevén

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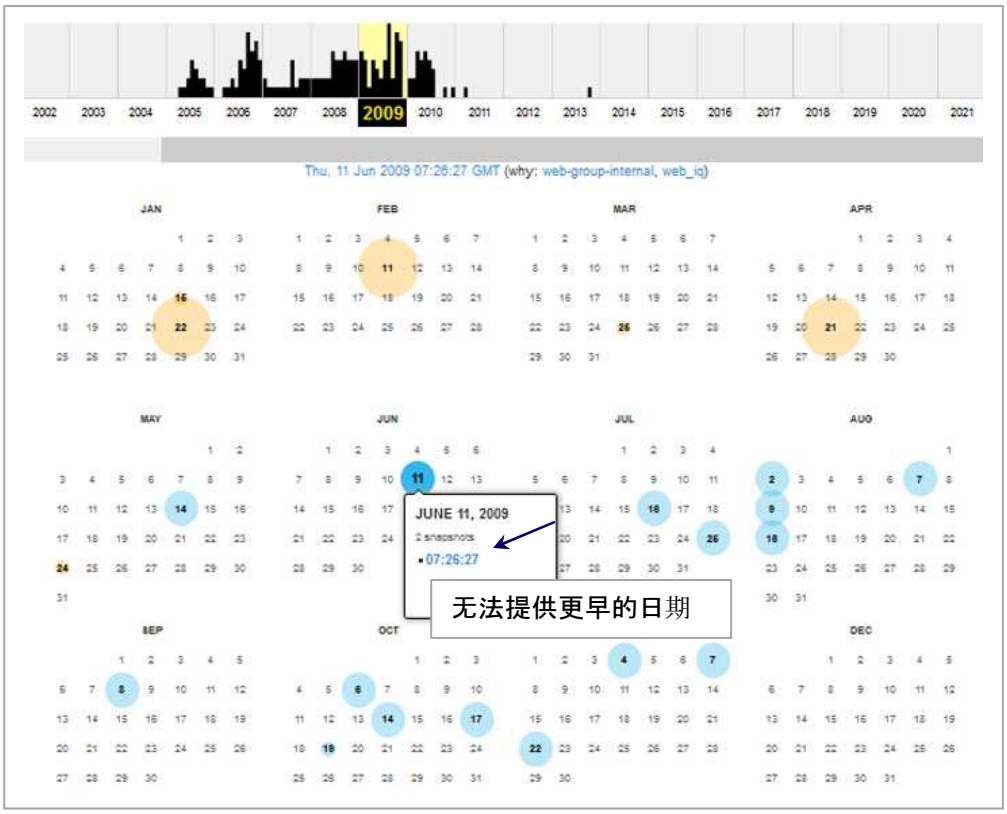
流行病和大流行病预警和反应 (EPR)



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https://web.archive.org/web/20071118112312/http://www.who.int/csr/disease/influenza/pandemic/zh/index.html

流行病和大流行病预警和反应 (EPR)

防范大流行

世界卫生组织，日内瓦，2009 年 7 月 25 日

https://web.archive.org/web/20090611072627/http://www.who.int/csr/disease/influenza/pandemic/zh/index.html

什么是流感大流行？

如果某一疾病的病例数超过正常水平，即为疾病流行疫情。大流行指全球范围内流行某一疾病。当一种新流感病毒出现且人类对其不具免疫力时，即可能发生流感大流行。随着全球交通运输更为便利以及一些地区的城市化和过度拥挤问题，新流感病毒导致的流行病可能会在世界各地肆虐，并以空前速度演变成为大流行病。世卫组织确定了大流行警戒级别，为协助各国制定大流行防范和应对计划提供了全球框架。从疾病和死亡人数看，有的大流行影响甚微，有的则造成严重后果。大流行的严重程度可能会在大流行期间有所变化。

可能造成的后果

历史上，**流感大流行导致大量人生病和死亡**，对社会造成严重冲击。1918-1919 年流感大流行是20世纪最严重的大流感疫情，估计世界各地约有4千万至5千万人丧生。目前，根据现有流行病学模型预测，大流行可导致全球200万至740万人死亡。

Alerte et réponse aux épidémies et pandémies (EPR)

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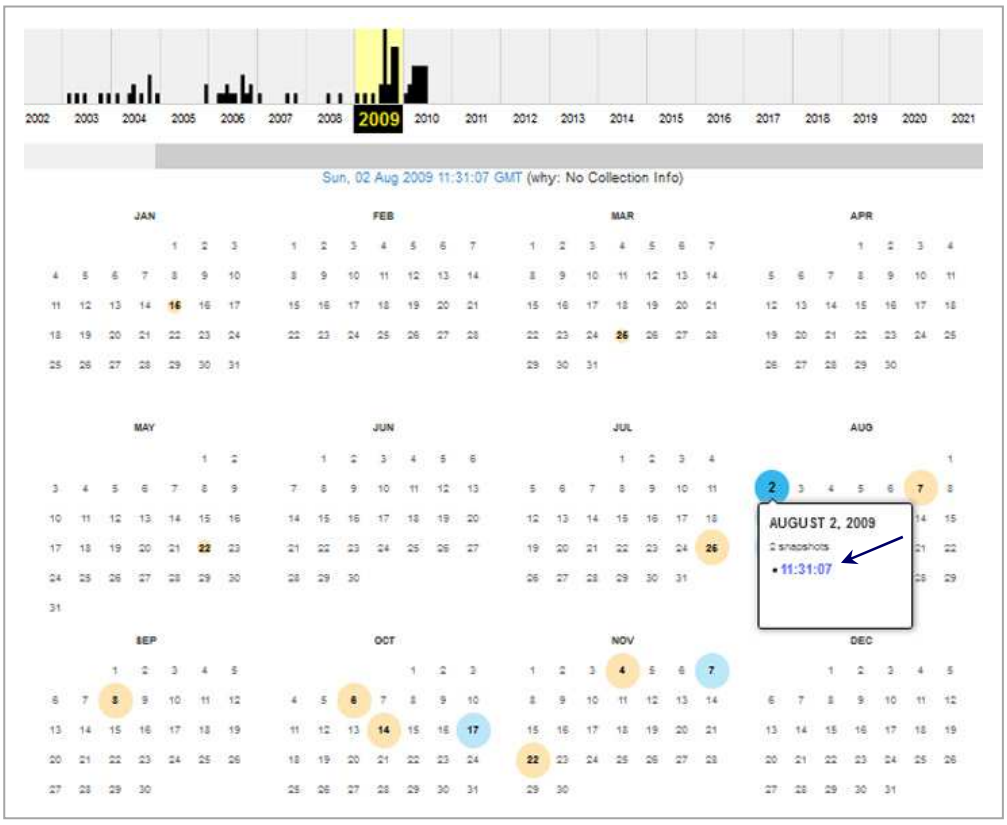

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Alerte et réponse aux épidémies et pandémies (EPR)

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Liste de contrôle OMS pour la planification préalable à une pandémie de grippe
(Organisation mondiale de la Santé)

OMS, 2005, WHO/CDS/CSR/GIP/2005.4, p. vi-vii
https://web.archive.org/web/20060327095624/http://www.who.int/csr/resources/publications/influenza/FluCheck_F4web.pdf

...

Une pandémie de grippe

Une pandémie (ou une épidémie mondiale) de grippe se produit lorsqu'apparaît un nouveau sous-type de virus grippal dont personne n'est à l'abri. Plusieurs épidémies peuvent se déclarer simultanément dans le monde, faisant un grand nombre de cas et de décès. Les épidémies dues au nouveau virus grippal sont d'autant plus susceptibles de se propager rapidement dans le monde que les transports internationaux et l'urbanisation s'intensifient.

Un nouveau virus grippal: comment il pourrait provoquer une pandémie Des flambées et des épidémies de grippe sont imputables chaque année aux virus grippaux A et B. Elles résultent des légers changements qui s'opèrent dans les virus grippaux et qui leur permettent de faire fi de l'immunité que nous avons acquise à la suite d'infections antérieures dues à ces virus, ou par la vaccination.

Seul le virus grippal A est capable de provoquer des pandémies. En cas de changement majeur dans l'une des deux, ou les deux, protéines de surface du virus grippal A, personne n'est protégé car on se trouve en présence d'un virus entièrement nouveau. Lorsque le virus peut également se transmettre d'une personne à une autre, une pandémie est possible.

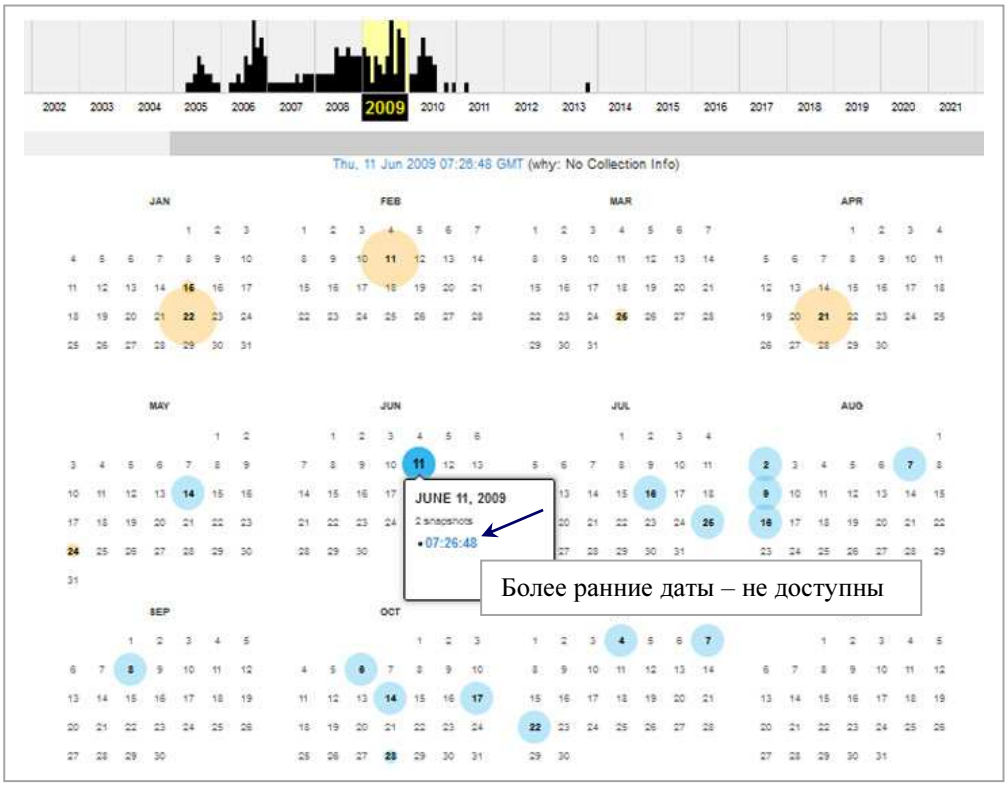
Des pandémies mondiales sont signalées depuis des siècles. Celles pour lesquelles on dispose des informations les plus complètes remontent à 1918 (H1N1, grippe espagnole), 1957 (H2N2, grippe asiatique) et 1968 (H3N2, grippe de Hong Kong).

Conséquences d'une pandémie de grippe

Les pandémies de grippe survenues au XXe siècle sont responsables de millions de décès, de bouleversements sociaux et de pertes économiques considérables dans le monde entier. Les spécialistes de la grippe conviennent de l'éventualité d'une autre pandémie mais ils ne peuvent dire quand elle se produira. (p. vi-vii)

Веб-сайт ВОЗ, посвященный пандемии гриппа

Оповещение об эпидемиях и пандемиях и ответные действия (EPR)



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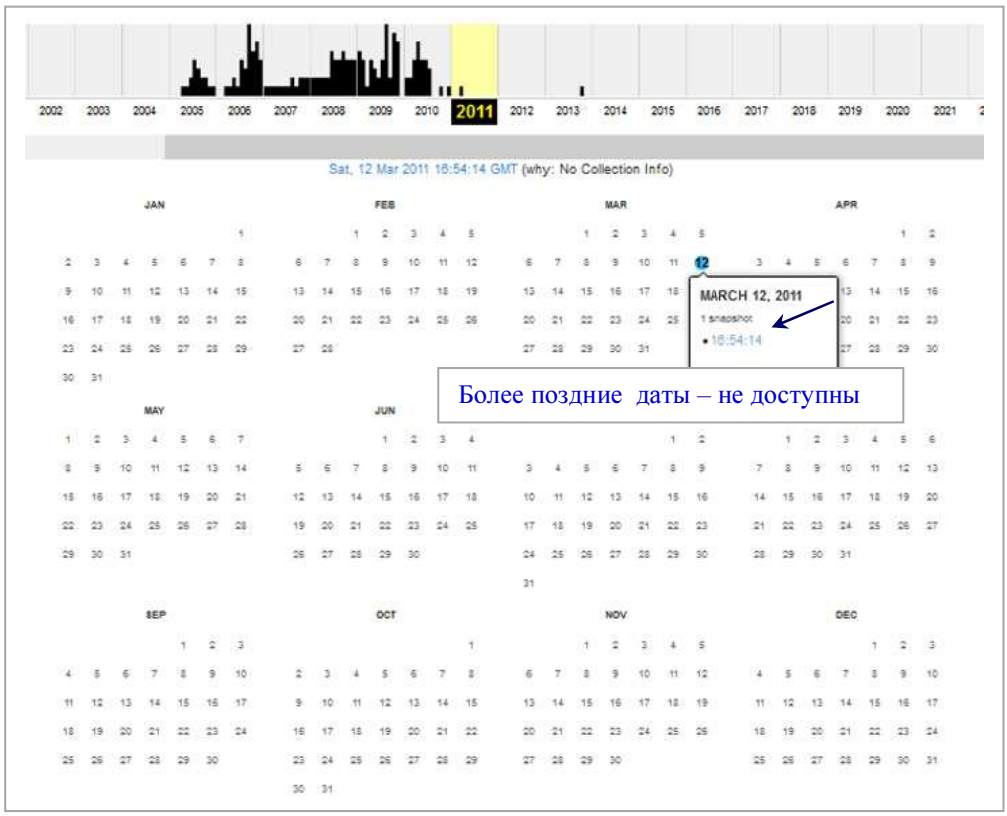

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Оповещение об эпидемиях и пандемиях и ответные действия (EPR)

Готовность к пандемии

Женева, ВОЗ, 11 июня 2009

https://web.archive.org/web/20090611072648/http://www.who.int/csr/disease/influenza/pandemic/ru/index.html

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- Контрольный вопросник ВОЗ для планирования готовности к пандемии гриппа [pdf 398kb]
- Полная информация о гриппе A(H1N1)
Что представляет собой пандемия гриппа?
Эпидемия той или иной болезни возникает тогда, когда число случаев этой болезни превышает обычный уровень. Пандемия представляет собой эпидемию той или иной болезни в мировом масштабе. Пандемия гриппа может возникнуть в том случае, когда появляется какой-либо новый вирус гриппа, против которого у людей нет иммунитета. В условиях увеличения масштабов перевозок на глобальном уровне, а также урбанизации и перенаселенности в некоторых районах, эпидемия, вызванная каким-либо новым вирусом гриппа, может распространиться во всем мире и превратиться в пандемию быстрее, чем это наблюдалось ранее. В целях создания глобальной системы оказания странам помощи в обеспечении готовности к пандемии и планирования необходимых мер ВОЗ определила соответствующие фазы пандемии. Пандемии - в зависимости от степени тяжести вызванной ими болезни и смертности - могут быть слабыми или серьезными, причем в ходе пандемии уровень ее серьезности может меняться.
Потенциальные последствия
В прошлом пандемии гриппа приводили к повышению уровня смертности и заболеваемости и существенным социальным нарушениям. В 20-м веке самая серьезная пандемия гриппа отмечалась в 1918-1919 гг. и, по оценкам, унесла жизнь от 40 до 50 миллионов человек в мире. В соответствии с нынешними эпидемиологическими моделями какая-либо пандемия может, по прогнозам, унести жизнь от двух до 7,4 миллиона человек на нашей планете.
Если бы пандемия гриппа возникла сегодня, то можно было бы вполне ожидать, что в связи с взаимосвязанным характером нашего мира и широкими масштабами глобальных перевозок вирус будет распространяться быстро.

Что представляет собой пандемия гриппа?

Эпидемия той или иной болезни возникает тогда, когда число случаев этой болезни превышает обычный уровень. Пандемия представляет собой эпидемию той или иной болезни в мировом масштабе. Пандемия гриппа может возникнуть в том случае, когда появляется какой-либо новый вирус гриппа, против которого у людей нет иммунитета. В условиях увеличения масштабов перевозок на глобальном уровне, а также урбанизации и перенаселенности в некоторых районах, эпидемия, вызванная каким-либо новым вирусом гриппа, может распространиться во всем мире и превратиться в пандемию быстрее, чем это наблюдалось ранее. В целях создания глобальной системы оказания странам помощи в обеспечении готовности к пандемии и планирования необходимых мер ВОЗ определила соответствующие фазы пандемии. Пандемии - в зависимости от степени тяжести вызванной ими болезни и смертности - могут быть слабыми или серьезными, причем в ходе пандемии уровень ее серьезности может меняться.

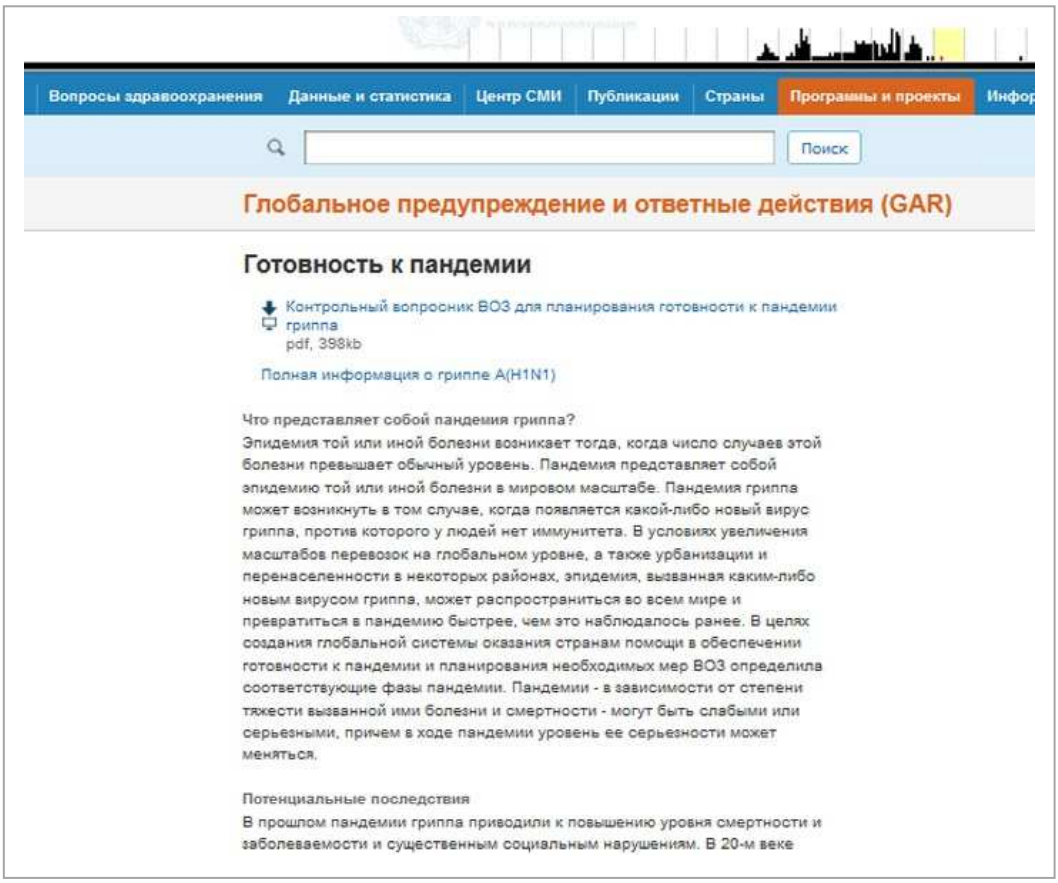
Потенциальные последствия

В прошлом пандемии гриппа приводили к повышению уровня смертности и заболеваемости и существенным социальным нарушениям.

Глобальное предупреждение и ответные действия (GAR)

Готовность к пандемии

Женева, ВОЗ, 12 марта 2011
https://web.archive.org/web/20110312165414/http://www.who.int/csr/disease/influenza/pandemic/ru/index.html


Вопросы здравоохранения
Данные и статистика
Центр СМИ
Публикации
Страны
Программы и проекты
Поиск
Глобальное предупреждение и ответные действия (GAR)
Готовность к пандемии
Контрольный вопросник ВОЗ для планирования готовности к пандемии гриппа
pdf, 398kb
Полная информация о гриппе A(H1N1)
Что представляет собой пандемия гриппа?
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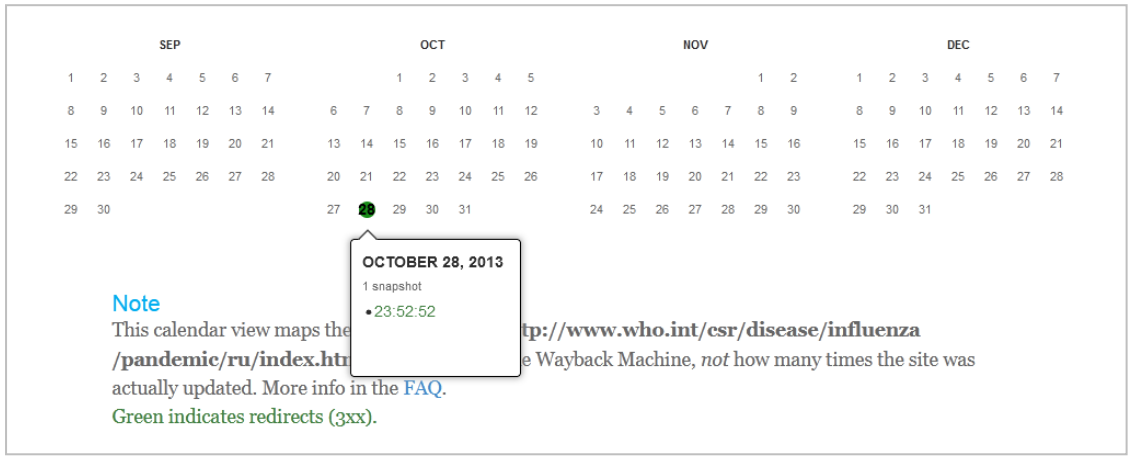
Готовность к пандемии

Женева, ВОЗ, 28 октября 2013
https://web.archive.org/web/20131028235306/http://www.who.int/influenza/pandemic/ru/index.html



Part 4.3

Documents
related to the changes of
a Definition of
a Pandemic
on the WHO website

CDC MEDIA RELATIONS

Emerging Infections: Influenza Pandemic Facts

CDC, Media Relations Division, 31 December 1997
http://web.archive.org/web/20050503194920/http://www.cdc.gov/od/oc/media/pressrel/panfacts.htm

Pandemics result from the emergence of an influenza A virus that is novel for the human population.

The hallmark of pandemic influenza is excess mortality – the number of deaths observed during an epidemic of influenza-like illness in excess of the number expected.

During this century, pandemics occurred in 1918, 1957, and 1968.

1918-19 "Spanish flu" A(H1N1) – caused the highest known influenza-related mortality – at least 500,000 deaths in the United States, and 20 million worldwide.

1957-58 "Asian flu" A(H2N2) – 70,000 deaths in the United States.

1968-69 "Hong Kong flu" A(H3N2) – 34,000 deaths in the United States.

Although mortality rates associated with the recent pandemics of 1957 and 1968 were confined primarily to the elderly and chronically ill, both pandemics were associated with high rates of illness and social disruption, with combined economic losses of approximately $32 billion (in 1995 dollars).

The potential impact of an influenza virus in humans depends on whether there is protective immunity in the population, the virus' ability to be passed from person to person and its virulence (ability to cause severe illness or death).

Influenza viruses undergo two kinds of change. One is a series of mutations overtime that cause a gradual evolution of the virus, known as antigenic drift. The other is an abrupt change in the surface antigen proteins, known as anitgenic shift, thus suddenly creating a new subtype of the virus.

When antigenic shift occurs, the population does not have antibody protection against the virus.

Birds are the primary reservoir for influenza viruses. All 15 recognized influenza A subtypes have been found in birds. Only 3 influenza subtypes have circulated widely in humans until this summer: H3N2, H1N1, and H2N2.

In most years in the United States, influenza is responsible for 10,000-40,000 excess deaths, 50,000-300,000 hospitalizations, and approximately $1-3 billion in direct costs for medical care.

Government of Canada | Gouvernement du Canada

Quarantine Act:
Regulations Amending the Quarantine Regulations
Registration - SOR/2004-31; 8 March 2004

Loi Sur La Quarantaine:
Règlement modifiant le Règlement sur la quarantaine
Enregistrement - DORS/2004-31; 8 mars 2004

Canada Gazette (Ottawa), 24 March 2004 // 24 Mars 2004, Part II, Vol. 138, N 6, p. 113
https://www.google.com.my/books/edition/The_Canada_Gazette/b1lKAQAAIAAJ?hl=en&gbpv=0&bsq=%22enormous%20numbers%20of%20deaths%20and%20illness%22

2004-03-24 *Canada Gazette Part II, Vol. 138, No. 6* *Gazette du Canada Partie II, Vol. 138, n° 6* **SOR/DORS/2004-31**

Influenza Pandemic

An influenza pandemic occurs when a new influenza virus appears against which the human population has no immunity, resulting in several, simultaneous epidemics worldwide with enormous numbers of deaths and illness[1].

Pandémie d'influenza

Une pandémie d'influenza se produit lorsqu'un nouveau virus grippal contre lequel la population humaine n'a aucune immunité apparaît et que ce virus cause plusieurs épidémies simultanées à l'échelle mondiale avec de nombreux morts et maladies[1].

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Influenza A and influenza B are 2 of the 3 types of influenza viruses associated with annual outbreaks and epidemics of influenza. The third type, influenza C, causes only mild disease and has not been associated with widespread epidemics or pandemics. Annual outbreaks of influenza are due to minor changes in the surface proteins of the viruses that enable the viruses to evade the immunity humans have developed after previous infections with the viruses or in response to vaccinations.[2]

Only the influenza A virus can cause pandemics. When a major change in either one or both of their surface proteins occurs spontaneously, no one will have partial or full immunity against infection because it is a completely new virus. If this new virus also has the capacity to spread from person-to-person, then a pandemic is most likely to occur.[3]

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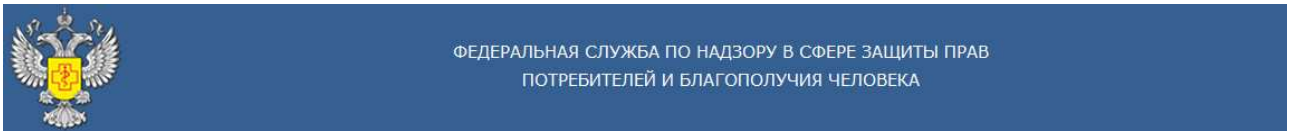
L'influenza de type A et l'influenza de type B sont deux des 3 types de virus grippaux associés aux flambées et aux épidémies annuelles d'influenza. Le troisième type, l'influenza de type C, cause seulement des maladies bénignes et n'a pas été associé à des épidémies ou des pandémies étendues. Les flambées annuelles d'influenza sont dues aux changements mineures dans les protéines de surface des virus qui leurs permettent d'esquiver l'immunité que les humains ont développé par suite d'infections antérieures des virus ou de vaccinations.[2]

Seul le virus d'influenza de type A peut causer des pandémies. Lorsqu'un changement important dans un ou les deux de leurs protéines de surface se produit, aucune personne ne sera immunisée, partiellement ou complètement, contre l'infection, car c'est une nouvelle forme du virus. Si ce nouveau virus a aussi la capacité de se propager d'une personne à une autre, alors les chances de pandémie sont très élevées.[3]

1. Pandemic Preparedness, World Health Organization, http://www.who.int/csr/disease/influenza/pandemic/en/
2. Ibid
3. Ibid



Геннадий Онищенко

О подготовке к возможной пандемии гриппа

Постановление № 11

Роспотребнадзор, 27 декабря 2004
http://62.rospotrebnadzor.ru/content/postanovlenie-ot-27122004-no-11-o-podgotovke-k-vozmozhnoy-pandemii-grippa

Я, Главный государственный санитарный врач Российской Федерации Г.Г.Онищенко, проанализировав эффективность действующей системы эпидемиологического надзора за гриппом и острыми респираторными заболеваниями (ОРЗ) установил, что в связи с вероятностью возникновения пандемии гриппа возникла необходимость внесения корректив с целью предотвращения или снижения ущерба здоровью населения и экономике страны от распространения нового высокопатогенного вируса гриппа.

В последние годы регистрируются локальные очаги гриппозной инфекции с высокой смертностью среди инфицированных людей, имевших контакт с инфицированными птицами. Такие вспышки гриппа имели место в 1997 г. в Гонконге (вирус гриппа А H5N1), в 2003 г. в Нидерландах (вирус гриппа А H7N7), в 2003-2004 гг. в Таиланде, Вьетнаме, Китае и других странах Юго-Восточной Азии (вирус гриппа А H5N1). Заболевания гриппом среди людей отличались крайне тяжелым клиническим течением и высокой летальностью, достигнув в Таиланде и Вьетнаме 70%, что свидетельствует об изменении биологических свойств птичьих вирусов в сторону усиления патогенности для человека.

Всемирная организация здравоохранения (ВОЗ) прогнозирует появление в ближайшие годы нового антигенного варианта вируса гриппа, что может привести к развитию крупной пандемии гриппа с 4-5 кратным ростом заболеваемости и 5-10 кратным ростом смертности.

Все это требует координации деятельности заинтересованных федеральных органов исполнительной власти, органов исполнительной власти субъектов Российской Федерации, органов управления здравоохранением, органов, осуществляющих государственный санитарно-эпидемиологический надзор, ветеринарный надзор с целью улучшения эпидемиологического надзора и повышения готовности к возможному возникновению пандемии гриппа.

В целях обеспечения готовности к пандемическому распространению вируса гриппа в Российской Федерации и в соответствии с Федеральным законом О санитарно-эпидемиологическом благополучии населения от 30.03.1999 г. № 52-ФЗ ст. 51 (Собрание законодательства Российской Федерации, 1999, № 14, ст. 1650) постановляю:

...

Los Angeles Times

Kathleen Doheny

Avian Flu risk low for tourists, but experts fear virus mutation

Los Angeles Times (Los Angeles, CA), 13 March 2005, Sun, p. L3.
https://www.newspapers.com/image/192659938/?terms=%22with%20enormous%20numbers%20of%20deaths%20and%20illness%22&match=1

As temperatures remain cool in Asian countries, the Centers for Disease Control and Prevention in Atlanta predicts more out-breaks of avian, or bird, flu among poultry there. Although the current outbreak is not considered risky for most tourists, epidemiologists are worried the viruses could mutate and acquire the ability to spread efficiently from person to person.

Last month, the CDC elevated its outbreak notice on avian influenza to a travel health precaution because the disease had spread in Vietnam. As of press time Tuesday, 60 human cases of avian flu had been diagnosed in Cambodia, Thailand and Vietnam, including 43 deaths. So few cases may not seem like cause for alarm, but health experts worldwide fear that if the avian flu virus and a human influenza virus were to simultaneously infect a person, it could form a new, mutated virus.

"And the new virus might acquire the ability to spread easily person to person in a sustained manner" and result in a global pandemic of the H5N1, the strain of bird flu now occurring, says Dr. Tim Uyeki, an epidemiologist with the CDC influenza branch.

"An influenza pandemic occurs when a new influenza virus appears against which the human population has no immunity, resulting in several, simultaneous epidemics worldwide with enormous numbers of deaths and illness," according to the World Health Organization.

For now, the risk for most tourists to Asia is minuscule, especially if they take simple precautions and aren't exposed to infected poultry.

Travelers shouldn't cancel their plans, Uyeki says. "There are no travel restrictions. We aren't saying, 'Don't visit those countries.' The situation right now is that H5N1 is going from poultry to people, and in a small number of cases there has been probably limited person-to-person transmission."

The viral infection typically strikes wild birds but can also affect chickens and other poultry. Humans are infected when exposed to sick birds, uncooked poultry or contaminated surfaces, the CDC says.

Symptoms include fever, cough and sore throat. The infection in people is often fatal, and no human vaccine is available. The human influenza vaccine offers "zero protection" against H5N1, Uyeki cautions.

The first documented human infections were in Hong Kong in 1997, WHO reports. In that outbreak, 18 people were hospitalized and six died.

"There has not been one case in an American," Uyeki says. The risk for an American who is going to these countries of get-ting infected with H5N1 is extremely low. It is extremely unlikely unless they are . . . having direct contact with a sick or dead [infected] chicken or duck or drinking raw duck blood, a delicacy in Vietnam. Avoid any con-tact with poultry, period."

For other recommendations, see the CDC website for travelers, *www.cdc.govItravel.*

An Orange County physician agrees with Uyeki. "There are so few human cases that I don't think restricting travel is an issue yet," says Dr. Cherie Hinchliffe, a Laguna Beach internist who specializes in travel medicine. She tells her patients, "Stay away from farms and open-air markets. Avoid domesticated birds. Stay away from zoos and aviaries." If you are taking children, she adds, supervise their hand washing "because they are usually poor hand washers and often have their hands in their mouths." If you are ill, cancel the travel plans, she says. "It might make you more susceptible."

UNITED STATES SENATE

On Examining an Effective and Immediate Public Health Response in the Aftermath of a Terrorism Attack

Hearing of the Committee on Health, Education, Labor, and Pensions,
United States Senate, One Hundred Ninth Congress, First Session.
Roundtable Discussion: When terror strikes –
Preparing an effective and Immediate Public Health Response

United States. Congress. Senate. July 14, 2005, p. 8
https://www.google.com.my/books/edition/Roundtable_Discussion/V3qRAAAAIAAJ?hl=en&gbpv=1&dq=%22with+enormous+numbers+of+deaths+and+illness%22&pg=PA8&printsec=frontcover

Response to questions of the committee by Leah Devlin

An important role for the Federal Government is to work collaboratively to assure a stable, predictable market for biodefense medical countermeasures and to address related liability issues. Public health, with an adequately built and maintained in-frastructure, can then guarantee timely distribution of these countermeasures to ul-timately protect the American population from preventable illness and death.

The three main strategies needed to maintain a robust public health infrastructure are a commitment to an all hazards approach, a trained workforce, and sustainable funding. These three factors, commitment, people and resources, will see the Nation into a safer, more protected, and better-prepared future. The multiple agencies and industries involved in the food chain must integrate and coordinate their surveillance, risk vulnerability, and mitigation plans. Human health, livestock and crop protection must be viewed as a single system for the development of surveillance systems, standardized plans, and training for local, State, Federal, and industry stakeholders.

Question 1. What additional incentives or other measures will ensure the timely availability of sufficient amounts of effective biodefense medical countermeasures, and is the cost of such incentives acceptable?

Answer 1. Biodefense medical countermeasures are one essential component of an effective preparedness and response effort which must also include surveillance, early detection, quarantine, isolation, distribution of biodefense medical counter-measures including mass vaccination, mass care and public communications. Having said this, at this critical point in history, the alignment of incentives in the produc-tion of biodefense medical countermeasures (mainly vaccines and anti-infective drugs) must hinge on the ability of Government, business, and public health to adequately plan together for these exigencies. This fundamental concept will be articulated using the examples of pandemic influenza, a natural event, and the dispersal of anthrax spores, a deliberate event.

An influenza pandemic occurs when a new influenza virus appears against which the human population has no immunity, resulting in simultaneous epidemics world-wide with enormous numbers of deaths and illness.

Because of the ongoing and unprecedented spread of highly pathogenic avian influenza type H5N1 in SE Asia, the global alarm for the next human influenza pandemic has been sounded by the WHO. The toll in the United States using a mid-point estimate of a 25 percent attack rate and a 5 percent mortality rate would result in 3 million deaths and 10 million hospitalizations, 10 to 100-fold greater than the numbers experienced during a typical wintertime flu season.

...

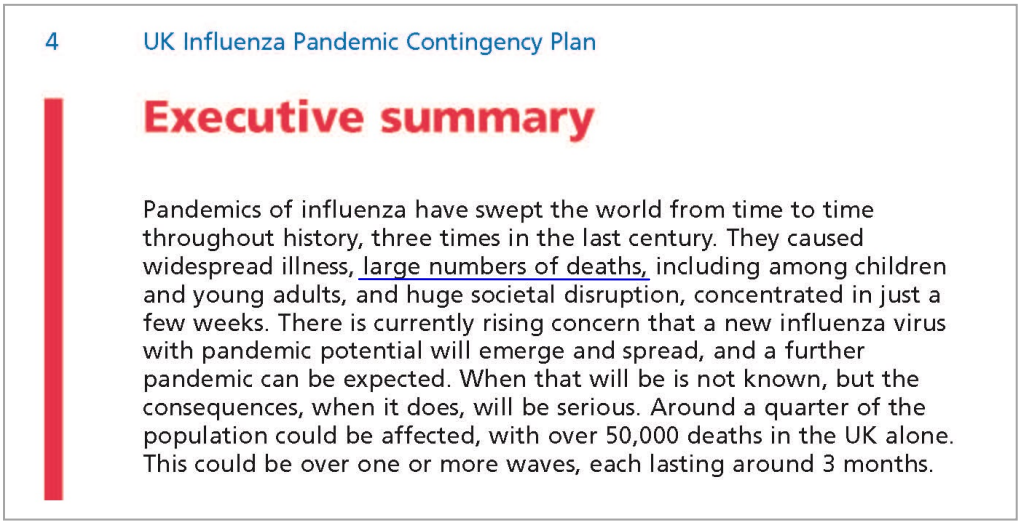
PANDEMIC FLU

[Jane Leese] DH/HPIH&SD/Immunisation Policy, Monitoring & Surveillance

UK Health Departments' Influenza pandemic contingency plan

London: NHS, Department of Health Publications; 20 October 2005, p. 4

https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwiBupuevtb_AhWUa2wGHX7HDcsQFnoECA4QAQ&url=https%3A%2F%2Fassets.publishing.service.gov.uk%2Fgovernment%2Fuploads%2Fsystem%2Fuploads%2Fattachment_data%2Ffile%2F61336%2Fintro_staffadvice_flu_planning.pdf&usg=AOvVaw3uIPsn4QSkk3z-f3vU8-ZH&opi=89978449



4 UK Influenza Pandemic Contingency Plan

Executive summary

Pandemics of influenza have swept the world from time to time throughout history, three times in the last century. They caused widespread illness, large numbers of deaths, including among children and young adults, and huge societal disruption, concentrated in just a few weeks. There is currently rising concern that a new influenza virus with pandemic potential will emerge and spread, and a further pandemic can be expected. When that will be is not known, but the consequences, when it does, will be serious. Around a quarter of the population could be affected, with over 50,000 deaths in the UK alone. This could be over one or more waves, each lasting around 3 months.

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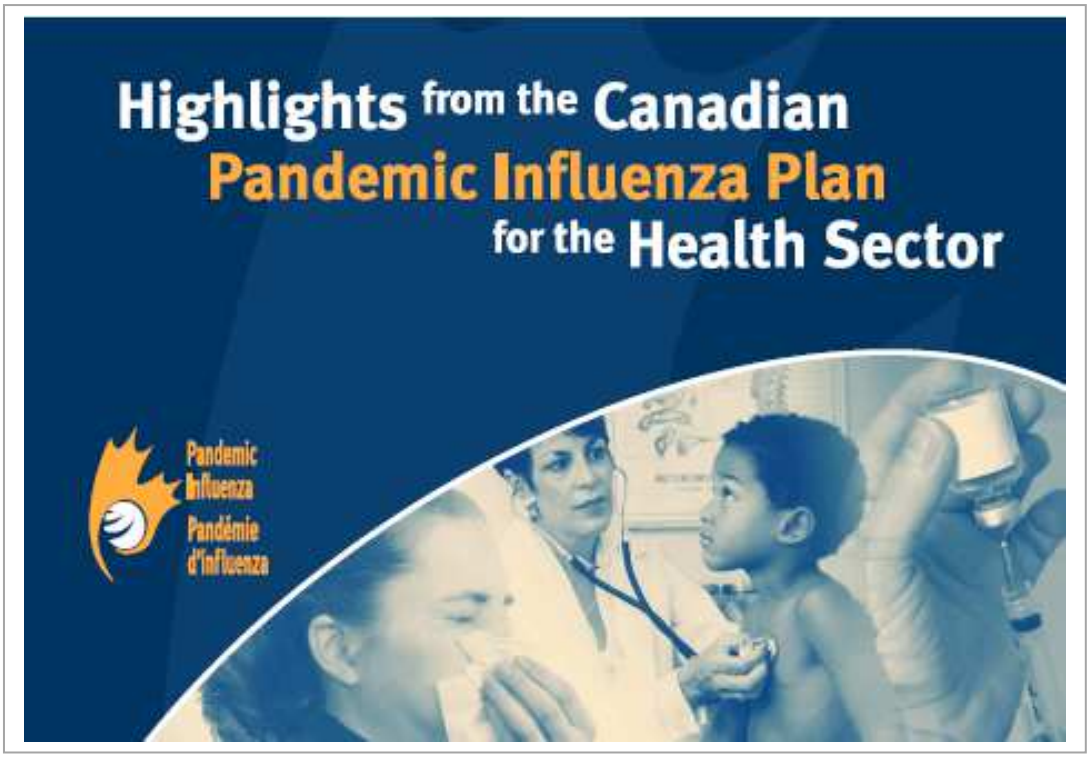
This document updates the March 2005 UK Influenza Pandemic Contingency Plan. It sets the scene and provides the overall framework for the UK's response to an influenza pandemic. It is based on current advice from the World Health Organization for national pandemic plans. The response is divided into phases, starting with work to be done before a pandemic or potential pandemic emerges, followed by a stepwise escalating response as a pandemic evolves.

UNIVERSITY of Prince Edward ISLAND | GovDocs

Highlights from the Canadian pandemic influenza plan for the Health Sector
Preparing for an influenza pandemic, the Canadian health perspective

Public Health Agency of Canada, 2006, p. 4
https://govdocs.vre3.upei.ca/islandora/object/govdocs%3A1098



Influenza Pandemic

Sometimes a completely new form of influenza virus appears and starts to cause illness in humans. When this happens, it is easy for this new subtype to spread from person to person since most people will not have immunity to the new strain of virus. An influenza pandemic results if many people around the world become ill and die from such a virus. Influenza pandemics have occurred three to four times per century.

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Maddula R. Reddy (editor)

Bird Flu: Health, Safety and Contingency Guidelines

Delhi, India: SBS Publishers, 1 December 2007, p. 16
https://www.google.com.my/books/edition/Bird_Flu/_0BWAAAAYAAJ?hl=en&gbpv=0&bsq=%22with%20enormous%20numbers%20of%20deaths%20and%20illness%22

An influenza pandemic occurs when a new influenza virus appears against which the human population has no immunity, resulting in several, simultaneous epidemics worldwide with enormous numbers of deaths and illness. With the increase in global transport and communications, as well as urbanization and overcrowded conditions, epidemics due the new influenza virus are likely to quickly take hold around the world.

gain the ability to spread easily from person to person, an "influenza pandemic" could begin.

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New Influenza Virus: How It Could Cause A Pandemic

Debbie Weston

Debbie Weston

Infection prevention and control:
Theory and clinical practice for healthcare professionals

Chichester, West Sussex, UK, John Wiley & Sons, Ltd., 2008, p. 241.
https://archive.org/details/infectionprevent0000west

Every year there are reports of seasonal epidemics of influenza. which are estimated to kill between 500,000 and 1 million people globally,[594] and in the UK alone 10-15 % of the population arc affected, with 12,000 deaths oncoming predominately among the elderly and those with pre-existing respiratory disease.

Influenza viruses have an amazing ability to change their genetic make-up and essentially recreate themselves, and they are described as 'the chameleons of the microbial world'. [594]

Pandemics of influenza have been reported since the sixteenth century, and are associated with high morbidity, excess mortality and social and economic disruption. Pandemic influenza is now regarded by many experts as the most significant global public health emergency caused by a naturally occurring pathogen.[595] and the problems seen in Asia and other parts of the world since 2003 with the highly pathogenic H_5N_1 avian influenza virus, now capable of causing severe disease in humans, suggests that the world is closer now to a pandemic than at any time since the 1960s. [596]

...

594. Department of Health (2002) *Explaining Pandemic Flu: A Guide from tire Chief Medical Officer*. DoH. London.
595. World Health Organization (2005) *Avian influenza*: *Assessing the pandemic threat*. WHO. Geneva.
596. House of Lords Select Committee on Science and Technology (2006) Fourth Report. *Pandemic Influenza*. www.publications.parlimentuk/pafld200506/1dselecifldsctechr 88/8805.htm.

INTRODUCTION

Every year there are reports of seasonal epidemics of influenza, which are estimated to kill between 500,000 and 1 million people globally[594], and in the UK alone 10–15 % of the population are affected, with 12,000 deaths occurring predominately among the elderly and those with pre-existing respiratory disease. Influenza viruses have an amazing ability to change their genetic make-up and essentially recreate themselves, and they are described as 'the chameleons of the microbial world'.[594] Pandemics of influenza have been reported since the sixteenth century, and are associated with high morbidity, excess mortality and social and economic disruption. Pandemic influenza is now regarded by many experts as the most significant global public health emergency caused by a naturally occurring pathogen[595], and the problems seen in Asia and other parts of the world since 2003 with the highly pathogenic H_5N_1 avian influenza virus, now capable of causing severe disease in humans, suggests '. . . that the world is closer now to a pandemic than at any time since the 1960s'.[596] Pandemic influenza has the potential to circle the globe

DEFENSE TECHNICAL INFORMATION CENTER
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Getting Beyond Getting Ready for Pandemic Influenza

Committee on Homeland Security, U.S. ADA493591
House of Representatives, Washington, DC, January 2009. Endnote # 5. P. 21
https://apps.dtic.mil/sti/citations/ADA493591 ; https://apps.dtic.mil/sti/pdfs/ADA493591.pdf

Executive Summary

Overview

Pandemic influenza is not a new phenomenon. Historically, there have been other influenza pandemics,[1] enough so that we now believe the planet is well overdue.[2] We watch avian influenza move across the world,[3] worry about how more than 60% of those people that contract the disease die from it,[4] and realize that further mutations in currently circulating strains could cause them to easily infect human beings.[5] If that happens, with an already high death rate,[6] we expect that hundreds of thousands if not millions would die,[7] that every country would be affected,[8] and that society would function poorly at best.[9] Expressions of culture and government – scenarios, exercises, movies, fiction, and nonfiction – have articulated our fears of an infectious disease for which we have no immediately available cure.

EXECUTIVE SUMMARY

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Pandemic influenza is not a new phenomenon. Historically, there have been other influenza pandemics,[1] enough so that we now believe the planet is well overdue.[2] We watch avian influenza move across the world,[3] worry about how more than 60% of those people that contract the disease die from it,[4] and realize that further mutations in currently circulating strains could cause them to easily infect human beings.[5] If that happens, with an already high death rate,[6] we expect that hundreds of thousands if not millions would die,[7] that every country would be affected,[8] and that society would function poorly at best.[9] Expressions of culture and government – scenarios, exercises, movies, fiction, and nonfiction – have articulated our fears of an infectious disease for which we have no immediately available cure.

5. “An influenza pandemic occurs when a new influenza virus appears against which the human population has no immunity, resulting in epidemics worldwide with enormous numbers of deaths and illness.” World Health Organization. Pandemic Preparedness: consequences of an influenza pandemic.
See: *http://www.who.int/csr/disease/influenza/pandemic/en/*.

A Link to this document in the Goggle:
https://www.google.com.my/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwi97Nbpsd3_AhV5xzgGHQ34BKYQFnoECA0QAQ&url=http%3A%2F%2Ffirstrespondercongress.com%2Fpandemic-flu.pdf&usg=AOvVaw2kmL0XZe9_HFmHBF0lQMg9&opi=89978449

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BSCTC

Pandemic Influenza Preparedness & Response Plan

Big Sandy Community & Technical College Environmental Health & Safety Committeeю
Incorporated as an Appendix To Big Sandy Community &
Technical College Safety Manual & Crisis Management Plan

Big Sandy, Community 8c Technical College, April 2009, p. 2.
https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwjWt8K7xOr_AhUESmwGHZG-AXA4ChAWegQIDRAB&url=https%3A%2F%2Fbigsandy.kctcs.edu%2Fcurrent-students%2Fmedia%2Fpandemicinfluenzaplan.pdf&usg=AOvVaw3mpzjlB-oAS-o5UgZMZv3i&opi=89978449

Planning Overview

The Office of the President for Kentucky Community and Technical College System (KCTCS) having recognized the potential threat of a world-wide influenza pandemic, and the potential impact it could have on all Kentucky Community and Technical Colleges instructed all locations to develop a plan to respond to the effects such an outbreak would create.

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This Pandemic Influenza Plan was written specifically for Big Sandy Community and Technical College (BSCTC) by the appointed Crisis Management Team. It is the intent of this plan to identify key important actions BSCTC may need to undertake for the preparation of, and response to an influenza outbreak resulting in business interruption. Continued plan surveillance and updating will be required to ensure that the Pandemic Influenza Plan effectively addresses the unique needs of BSCTC.

Background

According to the World Health Organization (WHO), “An influenza pandemic occurs when a new influenza virus appears against which the human population has no immunity, resulting in several simultaneous epidemics worldwide with enormous numbers of deaths and illness. With the increase in global transport and communications, as well as urbanization and overcrowded conditions, epidemics due to the new influenza virus are likely to quickly take hold around the world.”

Influenza is a highly contagious respiratory virus that is responsible for annual epidemics in the United States and other countries. Each year an average of 200,000 people are hospitalized and 36,000 die in the U.S. from influenza infection or a secondary complication. During an influenza pandemic the level of illness and death from influenza will likely increase dramatically worldwide.

The impact of an influenza pandemic on the local economy and business processes could be devastating. It is estimated that 15-35% of the population will be affected. There is a potential for high levels of illness and death, as well as significant disruption to society and our economy, making planning for the next influenza pandemic imperative.

The August Forecast

Patrick Wood and Dr. Russell Blaylock, MD

Pandemic Nonsense: Flying Pig Flu

Are globalist fear-mongers driving the media to panic the public into universal healthcare solutions?
Or federally-mandated vaccinations?

The August Forecast, 28 April 2009
https://web.archive.org/web/20090710180814/http://www.augustreview.com/news_commentary/general/pandemic_nonsense:_flying_pig_flu_20090428118/

By definition, a "pandemic" is an epidemic that is geographically widespread. Fear-mongers are always careful to add the innuendo that millions of people could and probably will die, as in the Spanish Flu pandemic of 1918 that killed between 20 and 100 million people worldwide.

Excuse me, but how does the death of even a few hundred equate to 20 million?

Mexico, not the usual Southeast Asia, is the origin of the latest flu outbreak. It has spread in limited numbers to several continents. Almost all of the deaths, limited as they are, are in Mexico. The ratio of deaths to infections is very small.

Again, how does this outbreak even remotely qualify as a pandemic?
Answer: It does not!

Scientists and virus researchers are baffled because the genetic makeup of the virus contains elements of human, swine and bird flu from three geographic regions: North America, Europe and Asia. Until now, this has been unknown in nature, but not theoretically impossible.

see: New flu combines pig, bird, human virus
https://web.archive.org/web/20090731105917/http://www.globalresearch.ca/index.php?context=va&aid=14550
see: Mexico Seeks to Stop Spread of Deadly Flu
https://web.archive.org/web/20090429114232/http://www.npr.org/templates/story/story.php?storyId=103459566

Because of its unique genetic makeup, this writer proposes calling it the "flying pig flu", or FPF, instead.

This writer is hardly qualified to write with authority about the scientific side of viruses. However, after reading several authoritative papers on swine and avian flu, several observations can be made.

In the world of virus experts, there are two types of researchers: *Observers* and *Experimenters*.

Observers

Most researchers are highly trained scientific observers. These "Sherlock Holmes" scientists examine the pathology of virus development. Where did it originate? What animals or human were involved? Did the infected humans handle animals? Are certain strains limited to geography? You get the idea.

Without good observers, we would know little about the source or spread of different viral strains.

There are several good Internet resources where the findings of research observers are published. (For instance, see H5N1 - Ultimate News on mutation)

We should be thankful for astute observers who can untangle mysteries that would otherwise not be understood.

Experimenters

A minority of researchers are experimenters. This group is worrisome.

Experimenters establish their playground in trying to create different types of viruses in order to measure their effect on test animals.

Such was the case at Baxter AG, when such an experiment was "accidentally" released as a live virus in a vaccine distributed to 18 countries. (See Baxter: Product contained live bird flu virus). In this case, the live H5N1 virus (avian flu) was combined with the much more contagious (human) H3N2 virus.

Experts say that it is almost impossible for Baxter to make such a grievous error by accident. Czech newspapers, where the story was originally broken, suggest it was a rogue employee or a mole that purposely mixed the virus' together, but nothing has been proven as yet. Baxter is now under great suspicion that it is attempting to foment a pandemic that would bring hundreds of millions of dollars in revenue to supply its normal H5N1 vaccine.

Another example is the Center for Disease Control in Atlanta, Georgia. In a 2004 report, CDC to mix avian, human flu viruses in pandemic study, it was noted that,

"*The Centers for Disease Control and Prevention (CDC) will soon launch experiments designed to combine the H5N1 virus and human flu viruses and then see how the resulting hybrids affect animals. The goal is to assess the chances that such a "reassortant" virus will emerge and how dangerous it might be."*

Critics worried that such a "franken-virus" could itself cause a pandemic if it escaped from its creators. The CDC's only response is that their facilities were more secure than others who had experienced breaches of some sort in years past.

Why would the CDC risk world exposure to an artificially created virus? According to the above report, it was done in the name of preparedness.

As mentioned above, experimenters are a worrisome lot. Real world experience indicates that they are generally overconfident in their scientific prowess and in their abilities to contain the unpredictable fruit of their experiments.

Conclusion

There are some big problems with the current outbreak of flying pig flu. If there has been foul play, it may never be brought to light. Still, tough questions need to be asked:

- While it is not unknown for pigs to become infected with the H5N1 virus, the result has *always* been a less-lethal and less-contagious virus than avian flu by itself. Why is this epidemic so obviously contagious?
- How would genetic code from three continents find its way into a single strain in Mexico City?
- Is this virus an escaped experiment from a project gone awry?
- If man-made and not accidentally released, then who released it, and why?

As we contemplate these questions, watch the stock prices of major pharma companies skyrocket as they gear up to sell billions in vaccines. Watch governments as they declare mandatory vaccination programs. Watch the Obama administration as it railroads universal healthcare through Congress.

Indeed, *flying pig flu* may be just the right name for whatever is responsible for this particular flu outbreak.

In the meantime, we can reopen this case when pigs fly or when 10 million or so people have died, whichever comes first.

Boston University

Chris Berdik

Discussing the Scary Word 'Pandemic': Public Health prof. David Ozonoff is keeping cool, but yes, he's worried

Boston University Today, 29 April 2009
https://www.bu.edu/articles/2009/discussing-the-scary-word-pandemic/

As swine flu continues to spread, the World Health Organization yesterday raised its alert level to Phase 4, indicating that "the likelihood of a pandemic has increased, but not that a pandemic is inevitable." Phase 6 would mean that a global pandemic is under way.

...

People in Mexico were wearing face masks in public yesterday. Photo by hmerinomx

For insights into the swine flu scare, BU Today put some questions to epidemiologist David Ozonoff, a School of Public Health professor of environmental health. BU Today:

What is swine flu and is this the first time it's been transmitted from human to human?

Ozonoff: Influenza is actually a group of viruses, and most infect animals. A few infect humans. Pigs get the flu and have for a long time. It has been true that there have been times when swine influenza has passed to human beings. In fact, the current strain, H1N1, was at one point thought to be the source of the 1918 pandemic. But more recent thinking is that it was likely the other way around – that we gave it to pigs in 1918, and that we likely got it from an avian source.

Pigs infected with H1N1 get sick, but it usually doesn't pass to humans. Every year, the CDC gets a report of one or two cases of people infected with swine flu, but in recent years it's been a couple or three. And there have been instances – in 1976 and 1988 – when there was a small outbreak with human-to-human transmission, but it burned itself out after one generation. The current situation seems to be different. It's probable that several generations of this virus have been passed through human-to-human transmission, and it seems to be more easily transmissible.

Don't thousands of people die every year from "normal" flu? Why is swine flu more dangerous?

So far, it seems to look a lot like seasonal influenza. But the difference is that it's a type of flu to which humans have never, or very rarely, been exposed. We have a globe's worth of immunologically naïve people. So any flu virus for which there's basically no natural immune response is a recipe for a pandemic virus, which means a sustained human-to-human transmission happening in many places in the world. Now, "pandemic" is a scary word, because it's applied to the 1918 flu, but it's also applied to other things that aren't as deadly, like head lice. It really isn't a reflection of the severity of the disease, but that a lot of people are getting the disease in a lot of places at once.

How concerned should we be?

There are three broad possibilities. First, it could just burn itself out and go away and we'll never see it again. That's the best scenario. The other two scenarios are more likely. This could develop into a full-fledged pandemic, and we'd be off to the races. The third possibility has lots more uncertainty, but may be the most likely, and that is that we don't have too much flu around in the summertime in the northern hemisphere. We don't know where it goes really. But then it comes back again in late summer or early fall. That's sort of what happened in 1918. There was a relatively mild outbreak in the spring, and when it poked its head up again in August, it was a full-fledged monster.

...

Which precautions do you think are worth taking?

Hand and cough hygiene doesn't cost much, and makes people feel better. I don't know how much good it does, but it's reasonable. Then there are the things described as personal responsibility, such as don't go to work if you're sick or don't send your kid to school sick. But if I'm teaching a class and there are two classes left and a final exam and I don't feel well, am I going to abandon the students? It's one thing to say it's my responsibility not to go to work sick, but another thing to understand what it's like on the ground for people.

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CNN Health

Elizabeth Cohen

When a pandemic isn't a pandemic

CNN, Health, 4 May 2009; Updated 22:42 GMT (06:42 HKT)
https://edition.cnn.com/2009/HEALTH/05/04/swine.flu.pandemic/index.html

Atlanta, Georgia (CNN) – When the World Health Organization raised its influenza pandemic alert from a Phase 4 to a Phase 5 last week, there was a bit of a gasp heard round the world.

News about the pandemic sent people to line up at a mobile health clinic in Mexico City.

After all, Phase 5 "is a strong signal that a pandemic is imminent," according to WHO.

"All countries should immediately activate their pandemic preparedness plans," the organization's director-general, Dr. Margaret Chan, said Wednesday. "After all, it really is all of humanity that is under threat during a pandemic."

But the word "pandemic" isn't quite as scary as it sounds, explained **David Ozonoff**, professor of environmental health at the Boston University School of Public Health.

"When people hear the words 'pandemic' and 'flu,' the first thing that comes to mind is 1918, which was a real horror show," Ozonoff said, referring to the flu pandemic that killed some 50 million people 91 years ago. But you can have a pandemic without a large number of deaths, he said. "The word pandemic refers to how widely dispersed a disease is, not to how severe the disease is," he said.

Confusion about the meaning of "pandemic" is understandable, Ozonoff said, considering the definition of the word is "not set in stone."

Until Monday morning, the WHO *had a definition* on its Web site saying that a pandemic flu causes "enormous numbers of deaths and illness." After a CNN reporter pointed this out, WHO spokeswoman *Natalie Boudou*[1] called back to say the *definition was in error* and had been pulled from the WHO Web site.

"It was a mistake, and we apologize for the confusion," she said. "(That definition) was put up a while ago and paints a rather bleak picture and could be very scary."

The correct definition is that "pandemic" indicates outbreaks in at least two of the regions into which WHO divides the world, but has nothing to do with the severity of the illnesses or the number of deaths.

Based on lessons from the past, "influenza may cause mild disease in affluent countries, but more severe disease, with higher mortality, in developing countries," Chan said at Wednesday's news conference.

There have been three influenza pandemics in this century, said Andrew Pekosz, associate professor of microbiology and immunology at Johns Hopkins University's Bloomberg School of Public Health. The other two, in 1957 and 1968, also were caused by new viruses to which no one had immunity, but didn't cause nearly the number of deaths as the one in 1918.

"I think people need to be reminded that this current H1N1 outbreak is going to resemble much more the pandemics in 1957 and 1968, where there was an increase in deaths from other years, but nothing like the millions of deaths we saw in 1918," Pekosz said.

[1] Natalie Boudou-Jacobs, Communications Officer, WHO Geneva, email: boudoun@who.int See: https://web.archive.org/web/20130617215844/http://www.who.int/mediacentre/news/notes/2008/np11/es/

ST. CLOUD Times

Learn from brush with swine flu

St. Cloud Times (Saint Cloud, MN), 11 May 2009, Mon, p. 9
https://www.newspapers.com/image/224944553/?terms=%22with%20enormous%20numbers%20of%20deaths%20and%20illness%22&match=1

Pick the basic definition of pandemic:

A. literally one "dem" away from panic!

B. causing enormous numbers of deaths and illness.

C. affecting or tending to affect a disproportionately large number of individuals within a population, community, or region at the same time.

D. occurring over a wide geographic area and affecting an exceptionally high proportion of the population.

OK, first, we're just kidding with 'A."

If you picked "B," it might have been because up until a week ago today, the World Health Organization's definition of pandemic included those exact terms.

If you picked C, well, that's the definition for epidemic.

So the correct answer is D, according to Merriam-Webster's online dictionary.

We bring these terms to your attention because today marks two weeks since the global "swine flu" pandemic began to reach its peak, at least in terms of creating uncertainty, hype and even panic. With the Worst hopefully past, it's 'important to glean a couple of lessons.

Words matter

The first lesson focuses on definitions, especially "pandemic."

A pandemic essentially describes an illness that has spread beyond just one country. The WHO now says its definition indicates outbreaks in at least two of the six regions into which it divides the world, but it is not defined by severity or the number of deaths.

Epidemic means the illness is contained to a smaller region, perhaps a single country or even community. And like pandemic, the word has nothing to with severity of the illness or if it's fatal.

So is this H1N1 bug an influenza pan-demic?

By definition, the answer appears to be yes, although more research will be need-ed to determine if it impacts high enough proportions of the global population.

Still, if H1N1 is a flu pandemic, at this point it remains one far removed from historical proportions.

Health experts generally agree the only three flu pandemics since 1900 occurred in 1918-19, 1957-58 and 1968-69. Their death tolls respectively were estimated at 20 million to 40 million in 1918-19 and from 1 million to 4 million for the other two. As of Friday, WHO reported 1,112 laboratory confirmed human cases of H1N1, including 42 deaths worldwide.

Overhyped? Such numbers allow for another lesson: Keep things in perspective.

Central Minnesota and especially the Cold Spring area experienced firsthand how today's relentless 24/7 media culture can quickly overshadow common sense. From the governor traveling to Cold Spring for a simple news conference to the national airwaves being filled with constant expert analysis, perhaps the most important thing to remember is to avoid media overload.

The future

Please don't think we are trying to close the book on H1N1. History shows that would be foolish. What people should do is learn from these experiences the past few weeks. That starts with knowing "pandemic" is not a synonym for "panic" and that sooner or later we will face similar circumstances again.

nature

Declan Butler

When is a pandemic not a pandemic?

Nature, 21 May 2009, 453(7194): https://doi.org/10.1038/news.2009.501
https://www.nature.com/articles/news.2009.501#citeas

Arguments about the pandemic status of swine flu are a distraction from tackling the outbreak, warns Declan Butler.

As the influenza A (H1N1) swine flu virus fans out across the globe, there can be little doubt that we are already in the early stages of a flu pandemic. Nonetheless, there is considerable resistance to calling it a pandemic.

On 29 April, the World Health Organization (WHO) moved its assessment of the pandemic threat to phase 5 on its six-point scale, indicating that the new virus had caused "sustained community level outbreaks in two or more countries in one WHO region".

And that is where the threat level has sat ever since – one point short of official global pandemic status. The current definition of phase 6 requires that there are "sustained community level outbreaks in at least one other country in a different WHO region". That criterion will almost certainly be met sooner or later.

Level 6 does not mean that we are facing the end of the world. Margaret Chan , WHO ...

Yet this week Margaret Chan, director-general of the WHO, came under pressure from member states – including the United Kingdom and Japan – to move the goalposts to delay or prevent a move to phase 6, by redefining it to include an assessment of the severity of the disease, and not only its geographical spread.

Adding that requirement of severity may sound like common sense. But it is not, because the severity of a pandemic is unpredictable. The flu might fizzle out; or it could go away for months only to come back with a vengeance, creating as much devastation as the 1918 flu outbreak, which caused an estimated 50 to 100 million deaths worldwide.

Moreover, the WHO has pointed out that adding that criterion at a global level would be largely meaningless – what might be deemed a mild disease in a rich country with many doctors, drugs and intensive-care units might be more severe and cause considerable mortality in a poor country with little health infrastructure, and where underlying diseases may worsen outcomes of a flu infection.

So what's the big hang-up with calling a pandemic a pandemic? Those fretting over the term include news pundits in denial about the scale of the threat, along with politicians and scientists who fear that using the word may induce public panic.

Action, not phases

The importance of the phase 6 designation is overrated. It is not some alert threshold that, when passed, triggers an automatic and unstoppable series of draconian measures. As Chan says, "Level 6 does not mean that we are facing the end of the world."

The World Health Organization's Margaret Chan is under pressure over the pandemic status of swine flu. Credit: WHO

The WHO revised its pandemic preparation guidelines in April to make it clear that the organization's role is limited to the following: defining the extent of the virus's spread; coordinating the international public-health response; selecting the pandemic vaccine strains and recommending when large-scale vaccine production should start; and coordinating the gathering of scientific data on the outbreak.

Individual nations then take responsibility for deciding an appropriate course of action. The United States, for example, plans different responses depending on where a pandemic falls on its hurricane-like scale of severity, ranging from category 1 (denoting case-fatality rates of less than 0.1%) to category 5 (denoting case-fatality rates of 2% or above).

Richard Besser, acting head of the US Centers for Disease Control and Prevention (CDC), said in a media briefing on 28 April that from a US perspective, the WHO phases have very little meaning. "What we do means a lot more than what it is called," he told reporters. That involves "looking at what's going on at the community level and adjusting and adapting our guidance and our actions based on what's taking place on the ground". Besser is essentially saying that for practical purposes the US is acting as if it faces a pandemic threat, and other governments should be displaying similar candour.

Indeed, the WHO's expectations of national response are the same for phases 5 and 6. Both call for "each country to implement actions as called for in their national plans", and to be ready for an "imminent response".

Period of grace

Yet the debate over moving to phase 6 goes on. Chan was obliged to meekly acknowledge concerns about moving too quickly to phase 6 in her address on 18 May to the annual meeting in Geneva, Switzerland, of the World Health Assembly – the WHO's supreme decision-making body.

But she reminded delegates that the move to phase 5 had already activated several preparedness measures, and had helped to put public-health services, labs and industry on alert. She reiterated the definition of a pandemic: "A defining characteristic of a pandemic is the almost-universal vulnerability of the world's population to infection. Not all people become infected, but nearly all people are at risk."

The truth is that this defining characteristic has largely been met. As of 21 May, the WHO had reported some 11,034 lab-confirmed cases and 85 deaths in 41 countries. Moreover, although the official tally of lab-confirmed cases in the United States is 5,710, the CDC points out that the true number is probably well over 100,000.

Now that swine flu is everywhere in the United States, the CDC says that counting confirmed cases has become largely irrelevant. It has switched instead to its traditional surveillance systems for monitoring flu-like symptoms by looking for patterns, clusters and changes in flu activity nationwide. Other countries will surely follow suit as their outbreaks progress. Heavy surveillance teamed with rapid isolation and treatment of individual cases only makes sense at the very earliest stage of an outbreak in a region, when there is a possibility of slowing the initial spread. It becomes irrelevant once the virus is spreading widely within the community, as it is in the United States.

As Chan implied in her address, there are more pressing issues at hand than quibbling over phase definitions, such as helping poorer countries to prepare for the pandemic.

"This virus may have given us a grace period, but we do not know how long this will last," says Chan. "I strongly urge the international community to use this grace period wisely. I strongly urge you to look closely at anything and everything we can do, collectively, to protect developing countries from, once again, bearing the brunt of a global contagion."

This morning, Chan told the World Health Assembly that despite pressure to hold off from phase 6, she would not hesitate to raise the level if needs be. Chan is right - it is time to call a pandemic a pandemic.

The New York Times

Lawrence K. Altman

Is This a Pandemic? Define 'Pandemic'

The New York Times, 8 June 2009, p. D1
https://www.nytimes.com/2009/06/09/health/09docs.html

After decades of warnings about the inevitability of another pandemic of influenza, it is astonishing that health officials have failed to make clear to the public, even to many colleagues, what they mean by the word pandemic.

Generations of people have used the term to describe widespread epidemics of influenza, cholera and other diseases. But as the new H1N1 swine influenza virus spreads from continent to continent, it is clear that a useful definition is far more complicated and elusive than officials had thought. And what is at stake is far more than an exercise in semantics. A clear understanding of the term is central to the World Health Organization's six-level staging system for declaring a pandemic, which in turn informs countries when to set their control efforts in motion.

Dictionaries and medical journals offer little guidance. Their definitions can be too vague or too narrow, contradictory and clouded by jargon. "There is a lot of misinformation in the medical literature, and it is really quite hard to figure out what is and what is not a pandemic," said Dr. David M. Morens, an epidemiologist at the National Institute of Allergy and Infectious Diseases who has been studying the history of pandemics. The word implies the rapid spread of an infectious disease to many countries in different regions, hitting each with more or less the same severity. But in fact, severity varies – not all people are infected at the same time, and not every country need be affected.

And there can be many other factors, including the numbers and percentages of people falling ill and dying; a population's vulnerability to the disease, based on previous rates of infection; and the quality of health care facilities and disease monitoring systems. Not least is that scientists do not know precisely how pandemics arise, what fuels them, why they vary in their lethality, why some occur in waves and why they stop.

Health officials have long preached that with influenza, the only sure bet is to expect the unexpected. The new swine influenza virus, which appeared suddenly after years of warning about a potential pandemic of avian influenza, upset the W.H.O.'s assumptions that most people have the same understanding of the word pandemic. For years, the organization's Web site defined an influenza pandemic as causing "enormous numbers of deaths and illness." But the agency recently pulled the definition, apologizing for causing confusion and anxiety.

One of the biggest problems in public health is communicating risk assessment.

United States and W.H.O. officials say their preparedness plans are intended for governments, not people in the street. Officials bristle at criticism that their messages and plans have led the public to equate the word pandemic with the Spanish influenza of 1918-19, the worst recorded pandemic in history, killing 20 million to 100 million people.

In preparing for the worst, officials have considered milder pandemics, said Dr. Nancy J. Cox, chief of the influenza division at the Centers for Disease Control and Prevention in Atlanta. But Dr.

William Schaffner, the chairman of preventive medicine at Vanderbilt University, said that "we, the public health community, deserve to be chided" about the confusion. "We ought to be able to do a better job in communicating in an understandable way," he said in an interview. Scientists like to assert that theirs is an exact discipline. But like the terms "evidence-based medicine" and "peer review," pandemic turns out to be another example of imprecise vocabulary that doctors use every day, assuming everyone understands their meaning.

Journals, textbooks and reference works use pandemic in discussing certain diseases, but rarely define the word. For example, the definition section of the Control of Communicable Diseases Manual, a standard reference work, includes "endemic" (said of a disease that is usually present in an area or a population group) and "epidemic" (more cases of an illness than would normally be expected) but not "pandemic."

The disease manual's editor, Dr. David L. Heymann, a retired assistant director-general of the W.H.O., said the term had not caused confusion in the past, but assured me in an interview that "pandemic will be defined in the next edition."

Even the indexes of most major medical textbooks do not list pandemic. One is Harrison's Principles of Internal Medicine, of which Dr. Anthony S. Fauci, who directs the National Institute of Allergy and Infectious Diseases, is a main editor. "It's a mistake, and I'm surprised it's not there because it should have been," Dr. Fauci said in an interview.

Government agencies do not have official lists of pandemics. Textbooks cite many recent and old ones, including these:

- AIDS. Many experts have called H.I.V. a pandemic. Others disagree, saying the virus is pandemic only in Africa.
- Cholera. Since 1817, most experts agree, the world has had seven pandemics of this bacterial illness, which causes severe diarrhea and dehydration. Acute hemorrhagic conjunctivitis. Beginning in 1969, an enterovirus has caused tens of millions of cases of a highly contagious, acute, painful, but rarely blinding, form of hemorrhagic eye inflammation.
- Dengue. Since World War II, this mosquito-borne viral disease has spread widely in Asia and Latin America.
- Syphilis. A pandemic of the bacterial disease raced through Europe and Asia after Columbus's return from America and during mass movements of armies in Europe.

Although pandemics have been classically limited to infectious diseases, the term has spread to noninfectious, chronic ones. For example, many health officials now speak of pandemics of obesity and heart disease.

Knowledge about past pandemics is necessarily incomplete; historical accounts cannot make up for the absence of modern disease monitoring and laboratory tests. About 14 pandemics of influenza have been described since the 16th century, with the first indisputable one occurring in 1889.

In 1580, an influenza pandemic swept through Asia into Europe within six weeks, and at least 10 percent of Rome's 81,000 residents died in the first week, said Dr. Michael T. Osterholm, director of the Center for Infectious Disease Research and Policy at the University of Minnesota. Some Spanish cities were almost totally depopulated.

Dr. Morens, of the infectious diseases institute, said his studies of influenza pandemics left a confusing track record and "are rewiring our brains about thinking about influenza." "The medical literature will tell you there were three pandemics in the 1830s," he said – "one from 1830 to 1832, a second in 1833 to 1834 and a third in 1836 to 1837. But I am beginning to think they were all one pandemic."

Dr. Morens said he was puzzled as to why no influenza pandemics were recorded for nearly 150 years after the one in 1580, although there were some severe localized epidemics. "A period of

pandemic stability makes us wonder whether a pandemic comes at any time by chance," he said, "or whether something about epidemic situations prevents pandemics," or at least delays them.

The W.H.O.'s staging system has long been part of its plan for an influenza pandemic.

Deep concern about a potential pandemic of the H5N1 avian influenza virus led the organization to convene a large meeting of experts in 2005. Among other things, the experts recommended simplifying the staging system.

A number of doctors ask why health agencies do not declare seasonal influenza a pandemic when it spreads around the world.

But Dr. Osterholm, the Minnesota expert, said that "you can't use the terminology for just worldwide transmission, because if you did that, you would say every seasonal flu year is a pandemic." "To me," he continued, "a pandemic is basically a new or novel agent emerging with worldwide transmission."

Dr. Keiji Fukuda, an influenza expert who is an assistant director-general at the W.H.O., said in an interview that "as difficult as things are right now," the problem of defining a pandemic and communicating risk "would be magnitudes worse and more confusing" if the agency had not dealt with AIDS, SARS and avian influenza.

Those experiences prompted new international health regulations and pandemic plans, and allowed critical scientific information to be disseminated quickly, he said.

The process was "painful, sure," he said. "But you can't really do anything like this without having some amount of pain."

Los Angeles Times

Michael Fumento

WHO's flu

Los Angeles Times, 14 June 2009, 12 AM // 9, p. 21.
https://www.latimes.com/archives/la-xpm-2009-jun-14-oe-fumento14-story.html

How bizarre! The World Health Organization has declared swine flu a "pandemic," signaling governments worldwide to launch emergency response plans.

The mildest pandemics of the 20th century killed at least a million people worldwide, according to the WHO's data, while old-fashioned seasonal flu strikes every nation yearly and kills an estimated 250,000 to 500,000. As of Thursday, when the pandemic was declared, H1N1 swine flu had killed only 144 people total – fewer than succumb daily to seasonal flu annually. And in Mexico, where the outbreak began and where it has been the most severe, cases peaked quickly, in just four weeks.

A pandemic declaration will be costly when we can least afford it and could prompt severe restrictions on human activities (think China). Perhaps most important, such a declaration could render the term "flu pandemic" essentially meaningless – risking lethal public complacency if a bona fide one hits.

So how can the WHO say swine flu qualifies as a pandemic? And why?

The WHO definition for "influenza pandemic" once required "several, simultaneous epidemics worldwide with enormous numbers of deaths and illness." But in 2005, it promulgated a definition that virtually ignores the number of cases and completely ignores deaths. Now it requires "sustained chains of human-to-human transmission leading to community-wide outbreaks" in two parts of the world, with this addition: The cause must be an animal or human-animal flu virus; the latter is known as genetic reassortment.

Thus, under this definition, "community-wide outbreaks" of swine flu in two South American countries and somewhere in China could qualify as a pandemic. No deaths required. And a pure human flu that killed 20 million people would not qualify.

The obvious presumption is that viruses with animal genes pose a greater threat. But that's "a matter of faith more than science," says James Chin, a UC Berkeley epidemiologist who was in charge of surveillance and control of communicable diseases at the WHO in the late 1980s.

Indeed, the science indicates the presumption is false. The WHO first warned of an H5N1 avian flu pandemic in 2004, projecting up to 150 million deaths. Yet a 2007 study found H5N1 – though detected in 1959 – was many mutations away from the ability to become readily transmissible among humans.

We're also repeatedly warned that if H5N1 reassorted with human flu, it would produce a combination with the alleged severity of the bird virus and the infectiousness of the human one. Yet a 2006 Centers for Disease Control and Prevention study found the opposite: that a genetically engineered reassortment given to ferrets – the best animal models for human flu – produced milder and less infectious flu than did pure H5N1. Reassortment didn't create a "super flu" but rather a 98-pound weakling.

As to human-pig hybrids, a 1976 New Jersey swine flu outbreak in the dead of winter, when flu is most contagious, infected just 230 soldiers, killing one, on a crowded Army base.

At some level, the WHO knows its definition is faulty. The online "WHO Handbook for Journalists" still states: "A pandemic virus can emerge" by adapting "during human infections." And the WHO has warned that one way avian flu could become pandemic is through a purely human mutation.

But it's also true that the worst influenza pandemic in history, the Spanish flu of 1918-19, did involve an animal-human hybrid virus; that episode has become a popular obsession. Never mind that "each subsequent novel flu that sweeps through the world has been milder," Chin observes. "The public health community keeps waiting for the second coming" of Spanish flu, he says.

So, in 2005, the WHO apparently redefined "flu pandemic" to reflect the popular angst as well as its own.

A less generous observation is that the WHO's "when, not if" avian flu pandemic failed to materialize, and it has now put swine flu in its stead. In her pandemic announcement Thursday, WHO's director-general, Margaret Chan, declared: "The world can now reap the benefits of investments over the last five years in pandemic preparedness." Not really. Swine flu, being no more contagious and far milder than seasonal flu, calls for absolutely no actions that wouldn't apply to seasonal varieties.

"I think they're going to have to go back to the drawing board," says Chin of the WHO definition. For now, we'll pay in told and untold ways because the WHO has cried "havoc" and let slip the dogs of pandemic.

=> the same text

Michael Fumento. WHO created latest pandemic flu outbreak. – Journal & Courier (Lafayette, IN), 18 June 2009, V 91, N 196, p. 6. https://www.newspapers.com/image/265461953/?terms=enormous%20&match=1

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Michael Fumento. How mild swine flu became a 'pandemic'. – The Philadelphia Inquirer (Philadelphia, PA), 19 June 2009, 181st, N 19, p. A27.
https://www.newspapers.com/image/199408028/?terms=%22with%20enormous%20numbers%20of%20deaths%20and%20illness%22&match=1

Michael Fumento. 'Pandem,ic' label for swine flu only costs us money, angst. – The News Tribune (Tacoma, WA), 19 June 2009, p. A15.
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Michael Fumento. WHO declareation of pandemic risky. – The Herald-Sun (Durham, NC), 21 June 2009, p. D6, D8.
https://www.newspapers.com/image/796059560/?terms=%22with%20enormous%20numbers%20of%20deaths%20and%20illness%22&match=1

WHO must rewrite itsa definition of 'pandemic'. – The Press of Atlantic City (Atlantic City, NJ), 21 June 2009, V MMIX, N 173, p. A9.
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WHO's definition of 'pandemic' faulty. – Bangor Daily News (Bangor, ME), 22 June 2009, V 121, N 4, p. A5.
https://www.newspapers.com/image/664291047/?terms=%22with%20enormous%20numbers%20of%20deaths%20and%20illness%22&match=1

=> the similar text, but not the identical one

Michael Fumento. Who' worried about WHO's flu"? – Portland Press Herald (Portland, ME), 18 June 2009, V 147, N 313, p. 11.
https://www.newspapers.com/image/851066374/?terms=%22with%20enormous%20numbers%20of%20deaths%20and%20illness%22&match=1

The Marshall NEWS MESSENGER
Marshall, Texas
16 pages · 50¢
We're There For You — Every Day
Vol. 132, No. 20

A bad decision.
Declaring pandemic now makes no sense.

The Marshall News Messenger (Marshall, TX), 20 June 2009, V 132, N 20, p. 4A.
https://www.newspapers.com/image/335150226/?terms=%22with%20enormous%20numbers%20of%20deaths%20and%20illness%22&match=1

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(*Michael Fumento is director of the Independent Journalism Project*)

Government of Canada | Gouvernement du Canada

Government of Canada. H1N1 flu virus
Frequently Asked Questions

Public Health Agency of Canada, 25 August 2009, p. 13.

https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwiY3Zivgff_AhVO-2EKHbdnDsYQFnoECA0QAQ&url=https%3A%2F%2Fwww.kpu.ca%2Fsites%2Fdefault%2Ffiles%2FOccupational%2520Health%2520%2526%2520Safety%2FH1N1_FAQ_-_General13655.pdf&usg=AOvVaw1O806mj5beR8aKHw3G-XVf&opi=89978449

General Information

H1N1 Flu Virus has been reported around the world, and the World Health Organization (WHO) has declared it a pandemic influenza virus.

Governments around the world and the World Health Organization are engaged to investigate and address this situation.

The Public Health Agency of Canada continues to work with federal, provincial and international governments to address this situation, and will share more information with Canadians as it becomes available.

...

International Actions

Q1. The World Health Organization (WHO) has raised the pandemic alert level to Phase Six. What are these phases?

WHO currently identifies six stages of Pandemic Preparedness and Response.

Phase 1: Influenza viruses are circulating in animals, especially birds. No reports of animal viruses infecting humans.

Phase 2: Human infection by an animal influenza virus. Potential pandemic threat.

Phase 3: An animal or animal-human influenza virus has caused limited disease in people. Isolated human to human transmission may occur – but not widespread.

Phase 4: Verified human to human transmission of an animal or human-animal virus causing widespread or "community-level" outbreaks. Risk of pandemic is considered much higher but not a foregone conclusion.

Phase 5: Human to human spread of the virus is confirmed in at least two countries in one WHO region. It is likely that a pandemic is imminent. Time to finalize organization, communication, and implementation of planned mitigation strategies is short.

Phase 6: The Pandemic Phase. Community outbreaks in at least one country from a second WHO region – indicating that a global pandemic is underway. The Director-General of the WHO makes the decision about an elevation of pandemic phases based on reports from countries of the impact of disease.

...

Q4. Are all pandemics severe?

No. An influenza pandemic may be mild, moderate or severe. An influenza pandemic means the virus is spread easily between humans, and affects a wide geographic area. An influenza pandemic does not necessarily cause more severe illness than seasonal influenza. (p. 13)

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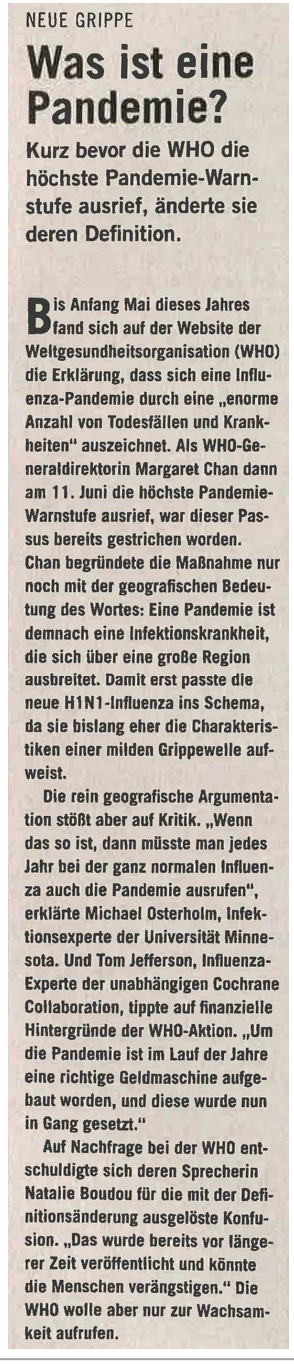
Profile

Neue Grippe: Was ist eine Pandemie?
Kurz bevor die WHO die höchste Pandemie-Warnstufe ausrief,
änderte sie deren Definition.

Profil (Wien), 2009, Bd. 40, August, p. 86
https://www.google.com.my/books/edition/Profil/_EZOAQAAIAAJ?hl=en&gbpv=1&bsq=Kurz+bevor+die+WHO+die+h%C3%B6chste+Pandemie&dq=Kurz+bevor+die+WHO+die+h%C3%B6chste+Pandemie&printsec=frontcover



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Bis Anfang Mai dieses Jahres fand sich auf der Website der Weltgesundheitsorganisation (WHO) die Erklärung, dass sich eine Influenza-Pandemie durch eine „enorme Anzahl von Todesfällen und Krankheiten" auszeichnet. Als WHO-Generaldirektorin Margaret Chan dann am 11. Juni die höchste Pandemie-Warnstufe ausrief, war dieser Passus bereits gestrichen worden. Chan begründete die Maßnahme nur noch mit der geografischen Bedeutung des Wortes: Eine Pandemie ist demnach eine Infektionskrankheit, die sich über eine große Region ausbreitet. Damit erst passte die neue H1N1-Influenza ins Schema, da sie bislang eher die Charakteristiken einer milden Grippewelle aufweist.

Die rein geografische Argumentation stößt aber auf Kritik. „Wenn das so ist, dann müsste man jedes Jahr bei der ganz normalen Influenza auch die Pandemie ausrufen", erklärte Michael Osterholm, Infektionsexperte der Universität Minnesota. Und Tom Jefferson, Influenza-Experte der unabhängigen Cochrane Collaboration, tippte auf finanzielle Hintergründe der WHO-Aktion. „Um die Pandemie ist im Lauf der Jahre eine richtige Geldmaschine aufgebaut worden, und diese wurde nun in Gang gesetzt."

Auf Nachfrage bei der WHO entschuldigte sich deren Sprecherin Natalie Boudou für die mit der Definitionsänderung ausgelöste Konfusion. „Das wurde bereits vor längerer Zeit veröffentlicht und könnte die Menschen verängstigen." Die WHO wolle aber nur zur Wachsamkeit aufrufen.

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Richard C. Larson, Karima R. Nigmatulina

Engineering Responses to Pandemics
Working Paper Series; ESD-WP-2009-14, 14 August 2009
http://dspace.mit.edu/handle/1721.1/102848

Engineering the System of Healthcare Delivery
William B. Rouse, Denis A. Cortese, editors
Amsterdam, Berlin, Tokyo, Washington, DC., IOS Press, 2010, p. 314
https://ebooks.iospress.nl/volume/engineering-the-system-of-healthcare-delivery

2. Background: What is a pandemic?

Influenza pandemics are usually associated with *high morbidity, excess mortality* as well as economic and social disruptions. As defined by the World Health Organization (WHO), influenza pandemics arise when:

1. A "novel" influenza virus, to which the general population has no pre-existing immunological protection, emerge.[2]
2. The virus infects humans and causes serious illness.
3. It spreads efficiently amongst people with sustained chains of transmission.

Once such an event starts and reaches a certain level of local or regional spread, continued worldwide spread of the virus is considered inevitable especially given the highly interconnected nature of today's world.

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thebmj

Peter Doshi

Calibrated response to emerging infections

BMJ, 3 September 2009; 9; 339(sep 03 2):b3471-b3471.
http://www.bmj.com/cgi/content/full/339/sep03_2/b3471

WHO has revised its definition of pandemic flu in response to current experience with A/H1N1. Peter Doshi argues that our plans for pandemics need to take into account more than the worst case scenarios.

The current flu pandemic raises a public health policy question that could have been asked after the emergence of severe acute respiratory syndrome (SARS): what is the proper response to clinically mild or epidemiologically limited (small number) outbreaks caused by new viruses? Over the past four years, pandemic preparations have focused on responding to worst case scenarios. As a result, officials responded to the H1N1 outbreak as an unfolding disaster. Measures were taken that in hindsight may be seen as alarmist, overly restrictive, or even unjustified. Assumptions about the nature of emerging infections along with advanced laboratory surveillance have changed the way we understand epidemics and we need a new framework for thinking about epidemic disease.

Predictions that missed the mark

Before the arrival of novel A/H1N1 virus, pandemics were said to occur when a new subtype of influenza virus to which humans have no immunity enters the population, begins spreading widely, and causes severe illness.[1, 2] Reference was often made to the catastrophic pandemic of 1918 and the ongoing threat of highly pathogenic avian influenza H5N1 that has killed over half of the 456 people with recorded infection since 1997. Without proper preparation, "The loss of human life even in a mild pandemic will be devastating, and the cost of a world economy in shambles for several years can only be imagined," one highly cited article concluded in 2005.[3] The large sums of public money spent on pandemic preparedness (over $7bn (£4bn; €5bn) in the US) underlined the seriousness of the threat, and often repeated phrases such as "not a question of IF a pandemic will happen, but WHEN"[4] characterised the next flu pandemic as a high probability, high consequence event.

But the 2009 pandemic, taken as a whole, bears little resemblance to the forecasted pandemic. Pandemic A/H1N1 virus is not a new subtype but the same subtype as seasonal A/H1N1 that has been circulating since 1977. Furthermore, a substantial portion of the population may have immunity. The US Centers for Disease Control and Prevention (CDC) found that 33% of those aged over 60 had cross reactive antibody to novel A/H1N1,[5] which may explain why cases have been rare in elderly people.

There is also far less certainty today regarding the severity of the threat of pandemic flu. Experts are unsure that the 2009 pandemic – which the World Health Organization presently characterises as moderate[6] – will be any worse than seasonal flu.[7,8,9] Since the emergence of novel A/H1N1, descriptions of pandemic flu (both its causes and its effect) have changed to such a degree that the difference between seasonal flu and pandemic flu is now unclear (table ⇓).[10] WHO, for example, for years defined pandemics as outbreaks causing "enormous numbers of deaths and illness",[10] but in early May, removed this phrase from the definition.[11]

Changing views of pandemic flu, before and after emergence of influenza A/H1N1 virus

Aspect	Before A/H1N1	Since A/H1N1
One line summary	WHO 2003-9: "An influenza pandemic occurs when a new influenza virus appears against which the human population has no immunity, resulting in epidemics worldwide with enormous numbers of deaths and illness".[10]	WHO: "An influenza pandemic may occur when a new influenza virus appears against which the human population has no immunity".[10]
Virus and immunity	WHO 2005:"Most people will have no immunity to the pandemic virus".[1]	WHO: "The vulnerability of a population to a pandemic virus is related in part to the level of pre-existing immunity to the virus".[12]
	US CDC 1997: "When antigenic shift occurs, the population does not have antibody protection against the virus"[13]	US CDC: "Cross-reactive antibody [to A/H1N1] was detected in 6%-9% of those aged 18-64 years and in 33% of those aged >60 years".[5]
Impact (health, social, economic)	WHO 2005: "Large numbers of deaths will occur . . . WHO has used a relatively conservative estimate—from 2 million to 7.4 million deaths . . . Economic and social disruption will be great"[1]	WHO: "H5N1 has conditioned the public to equate an influenza pandemic with very severe disease and high mortality. Such a disease pattern is by no means inevitable during a pandemic. On the contrary, it is exceptional".[14]
	CDC 1997: "The hallmark of pandemic influenza is excess mortality"[13]	CDC: "There are some pandemics that look very much like a bad flu season"[8]
	Canada 2006: "An influenza pandemic results if many people around the world become ill and die from such a [new form of influenza] virus"[15]	Canada: "An influenza pandemic does not necessarily cause more severe illness than seasonal influenza"[9]

On 29 April 2009, one week after news of the outbreak first surfaced, WHO declared a phase 5 pandemic alert (the highest threat level short of global pandemic), urging all countries to "immediately activate their pandemic preparedness plans".[16] Epidemiological information at this time was mixed, suggesting a severe disease in Mexico but mild everywhere else. Actions were thus taken in an environment of high public attention and low scientific certainty.[17,18] Some countries erected port of entry quarantines. Others advised against non-essential travel to affected areas. Some closed schools and businesses. Many held daily press briefings. The wisdom of many of these actions, particularly in response to what has largely been a clinically mild illness, will undoubtedly be debated in the future. What these actions more clearly show, however, is that the public health response to, as well as impact and social experience of a pandemic, is heavily influenced by longstanding planning assumptions about the nature of pandemics as disaster scenarios.

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Forbes

Michael Fumento

The Pandemic Is Political

Forbes, 16 October 2009, 7:15 pm EDT
https://www.forbes.com/2009/10/16/swine-flu-world-health-organization-pandemic-opinions-contributors-michael-fumento.html?sh=474767ae6899

As evidence continues to mount that swine flu is more of a piglet than a raging razorback, why isn't curiosity mounting as to why the World Health Organization declared it a pandemic? And definitions aside, why does the agency continue to insist we're going to get hammered? The answers have far less to do with world health than with redistribution of world wealth.

Medically, the pandemic moniker is unjustifiable. When the sacrosanct World Health Organization (WHO) made its official declaration in June, we were 11 weeks into the outbreak, and swine flu had only killed 144 people worldwide--the same number who die of seasonal flu worldwide every few hours. The mildest pandemics of the 20th century killed at least a million people worldwide. And even after six months, swine flu has killed about as many people as the seasonal flu does every six days.

So how could WHO make such an outrageous claim? Simple. It rewrote the definition of "pandemic."

A previous official definition (and widely used unofficial one) required "simultaneous epidemics worldwide with enormous numbers of deaths and illness." Severity – that is, the number – is crucial, because seasonal flu *always* causes worldwide simultaneous epidemics. But one promulgated in April just days before the announcement of the swine flu outbreak simply eliminated severity as a factor.

That's also how we can have a "pandemic" when six months of epidemiological data show swine flu to be far milder than the seasonal variety. New York City statistics show it to be perhaps a 10th as lethal. In Australia and New Zealand, flu season has ended, and almost all cases have been swine flu. Yet even without a vaccine, these countries are reporting fewer flu deaths than normal. (In New Zealand, that's just 18 confirmed deaths compared with 400 normally.) Swine flu is causing negative deaths! The best explanation is that infection with the milder strain (swine flu) is inoculating against the more severe strain (seasonal flu) it has displaced.

This all makes sense once you realize that swine flu isn't some sort of alien from outer space as we've been led to believe, but rather "the same subtype as seasonal A/H1N1 that has been circulating since 1977," as the BMJ (formerly the British Medical Journal) observes. It's "something our immune systems have seen before," echoes Peter Palese of New York's Mount Sinai School of Medicine.

The older you are, the more you've been exposed and the higher your immunity level – hence the need to give two swine flu vaccinations to those under age 10.

Nevertheless, because WHO dubbed this a "pandemic," vaccination plans, emergency response measures and frightening predictions have been based on comparisons with true pandemics that by definition were especially severe. That includes the August report from the President's Council of Advisors on Science and Technology with its "plausible scenario" of "30,000 - 90,000 deaths" peaking in "mid-October."

Check your calendar. So, then, why did WHO do it?

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Майкл Фументо

Пандемия политическая

3rm.info / Forbes, 9 ноября 2009
перевод с английского
Fumento M. The Pandemic Is Political. – Forbes, 16 October 2009.
https://3rm.info/main/622-forbes-pandemiya-politicheskaya.html

По мере появления доказательств того, что свиной грипп скорее Пятачок, чем клыкастый монстр, хочется поинтересоваться: зачем Всемирная организация здравоохранения объявила пандемию? Почему продолжает настаивать на том, что нам крышка? Ответы, к сожалению, имеют значительно меньше общего с миром здравоохранения, нежели с перераспределением мировых капиталов. С точки зрения медицины пандемии сейчас нет. Когда в июне Всемирная организация здравоохранения (ВОЗ) официально объявила пандемию, прошло 11 недель с начала вспышки, а свиной грипп убил 144 человека.

Именно столько человек умирает от сезонного гриппа во всем мире каждые несколько часов. При наиболее легких пандемиях XX столетия погибли как минимум миллион человек. И даже через 6 месяцев свиной грипп убил приблизительно столько же людей, сколько сезонный грипп уничтожает за каждые шесть дней.

Как тогда ВОЗ могла сделать такое возмутительное заявление? А просто. Она переписала определение «пандемии». Предыдущее официальное определение (широко распространенное неофициально) предполагало «одновременную эпидемию по всему миру с огромным количеством смертей и болезней».

Серьезность – то есть, цифры – важна, поскольку сезонный грипп всегда вызывает во всем мире одновременные эпидемии. Но из определения, обнародованного в апреле за несколько дней до объявления про вспышку свиного гриппа, просто вычеркнута серьезность как фактор. Именно потому мы можем иметь «пандемию», когда эпидемиологические данные за 6 месяцев показывают, что свиной грипп будет гораздо мягче, чем сезонный штамм.

Статистические данные из Нью-Йорка показывают, что его показатель смертность может составлять - 10. В Австралии и Новой Зеландии сезон гриппа завершился, и почти во всех случаях диагнозом был свиной грипп. Но даже без вакцинирования эти страны сообщают про меньшее количество смертей, чем обычно. (В Новой Зеландии подтверждено 18 случаев смерти по сравнению с обычными 400).

Тем не менее, поскольку ВОЗ объявила «пандемию», планы вакцинации, меры реагирования на чрезвычайные ситуации и запугивания отталкиваются от сравнения с настоящими пандемиями, которые были особо тяжелыми по определению. К ним принадлежит и августовский доклад Совета по вопросам науки и техники Президента США с ее «вероятным сценарием» с «30000 – 90000 смертей» и пиком в «середине октября».

Но на календаре уже ноябрь... Так зачем ВОЗ это делает?

...

Майкл Fumento - сотрудник проекта в области некоммерческой независимой журналистики

THE GLOBE AND MAIL
• News

Globe Life | H1N1

Stuart Paterson

WHO pandemic definition too broad, doctor contends

Infectious disease specialist suggests in article that World Health Organization's loose definition could lead to false alarms

Globe and Mail, 2 November 2009, 10:39AM EST
https://web.archive.org/web/20091106131943/http://www.theglobeandmail.com/life/health/h1n1-swine-flu/who-pandemic-definition-too-broad-doctor-contends/article1348100/

The World Health Organization's definition of what constitutes a pandemic is too broad, according to an article published this week.

Peter Gross, infectious disease specialist with the Hackensack University Medical Center in New Jersey, has penned an editorial for the British Medical Journal's Clinical Evidence in which he suggests that the WHO's loose definition could lead to false alarms.

The WHO changed their definition last year, Dr. Gross said. Previously, a “shift” in the virus would have to occur, meaning a new subtype of the virus would have to appear in order for a pandemic to be declared.

A subtype is represented in the H and N numbers of a flu virus' name, such as H1N1. Another example is avian flu, which is categorized as H5N1 or, technically, as Influenza A/H5N1.

Now, with their recent change, Dr. Gross said the WHO has made the definition too vague. “They said a new animal or human-animal strain could qualify as a pandemic strain. That's too non-specific.” He said neither shifts nor drifts, which are subtle changes in the virus' makeup, are mentioned specifically in the guidelines for declaring a pandemic.

As of this year, the WHO defines a pandemic as occurring “when an animal influenza virus to which most humans have no immunity acquires the ability to cause sustained chains of human-to-human transmission leading to community-wide outbreaks. Such a virus has the potential to spread worldwide, causing a pandemic.”

Dr. Gross says the new definition could lead to false alarms and that “any minor change, any minor drift could be considered a pandemic.”

He also pointed out that, even in a medical dictionary, the definitions for the terms “pandemic” and “epidemic” are not clear, with no guidelines set on the number of people who need to be affected to reach either status, and no specific mortality rate.

In their 2009 Pandemic Influenza Preparedness and Response document, the WHO defined a pandemic as simply “an epidemic on a global scale.”

Dr. Gross said, “H1N1 has been around for most of this century, except for 20 years mid-century, from 1957 to 1976. Nobody knows where it went, but then it re-appeared in '76.”

He said that since 1977, H1N1 has been included in seasonal flu vaccines, along with H3N2.

However, Dr. Gross said the current strain of H1N1 has undergone a significant drift in its makeup, thereby making humans less resistant to it.

“A seasonal flu causes about 36,000 deaths,” he said, referring to statistics in the United States. “The difference with what's going on right now is we have more morbidity and mortality among young children and young adults. Usually, it's the other end of the age-spectrum that's affected.”

The WHO pandemic document includes statistics for the three major pandemics of the 20th century. The worst was the Spanish Flu of 1918-1919, which also targeted young adults and killed 2 to 3 per cent of those who contracted it, worldwide.

“Influenza is different from most other human viruses,” he said. “When you get the measles vaccine, that lasts for a lifetime because the virus is genetically stable.” Influenza, on the other hand, is not as stable because its genetic makeup is split into pieces. If one strain meets another, the pieces mix together. “When it comes out, who knows what it's going to look like?”

“We just need a better definition of all of this,” Dr. Gross said. “It's really kind of amazing after all these years that it's not clearer.”

Information

Louise Voller, Kristian Villesen

Mystisk ændring af WHO's definition af en pandemi

Information, 16. november 2009
https://www.information.dk/udland/2009/11/mystisk-aendring-whos-definition-pandemi?lst_cntrb

WHO har pludselig ændret definitionen på en pandemi på sin hjemmeside. Nu kan stort alle influenzaer kaldes for pandemier, mener kritikere. Dermed vil medicinalindustrien også fremover kunne tjene milliarder på vaccine til relativt ufarlige sygdomme

På WHO's hjemmeside er definitionen af en pandemi blevet ændret. I maj var det et krav, at en influenza skulle forsage et 'enormt antal af døde eller syge', før den kunne betegnes som en pandemi. Men det er ikke længere en del af definitionen. I dag er disse linjerne klippet ud, og det er betænkeligt, mener flere forskere:

»WHO forudsagde svineinfluenza i 2005, men det var først, da de ændrede definitionen for en pandemi i 2009, at de fik ret,« siger epidemiolog Tom Jefferson, der har arbejdet i Rom for det uafhængige forskningsinstitut, Cochrane, i 15 år.

Han finder det mærkværdigt, at netop de linjer er klippet ud, fordi svineinfluenzaen foreløbig kun har kostet 6.071 mennesker livet i modsætning til den almindelige influenza, der ifølge WHO hvert år koster op mod 500.000 mennesker livet.

»Vi er nødt til at vide, hvorfor definitionen blev ændret? Hvem, der ændrede den og hvornår? Efter min mening bør det hele undersøges af et uafhængigt værn,« siger Tom Jefferson.

Forsker på Massachusetts Institute of Technology (MIT) Peter Doshi, kritiserede for nylig definitionsændringen i en analyse i det britiske lægetidsskrift, British Medical Journal:

»Siden H1N1 opstod har beskrivelsen af årsager og konsekvenser ved en pandemi ændret sig i et omfang, hvor forskellen mellem almindelig influenza og pandemisk influenza er usikker«, lyder hans kritik.

Skal følge WHO

Tidligere speciallæge i arbejds- og samfundsmedicin på bl.a. Aarhus Universitet, Mauri Johansson, er enig:

»Begrebet er udvandet. Rigtig mange influenzaer vil fremover kunne betages som pandemier, og beslutningen ligger alene hos WHO,« siger Mauri Johansson, og peger på konsekvenserne:

»Alle medlemslande er forpligtede til at følge anbefalingerne fra WHO - i Danmark er vi tilmed forpligtet til at købe vacciner imod influenzaen, fordi vi lige som mange andre lande har lavet en kontrakt med en virksomhed, og den bliver udløst, hvis WHO erklærer pandemi.«

Information beskriver i dag, hvordan flere af WHO's eksperter er betalt af medicinalindustrien - og hvordan beslutningen om at gøre H1N1 til en pandemi har udløst vaccineordrer hos medicinalindustrien for op imod 55 milliarder kroner.

Den nye definition bør føre til en ændring i beredskabet, mener Peter Doshi: »Jeg mener ikke, at det giver nogen mening at have et pandemiberedskab, der er designet til en nødsituation, hvis den sygdom, der udløser nødberedskabet, ikke er mere alvorlig end det gennemsnitligt årlige sygdomsniveau. At kalde noget for en pandemi afføder alvorlige reaktioner i det offentlige sundhedsvæsen, som igen får alvorlige sociale, politiske og økonomisk konsekvenser,« siger Peter Doshi.

Forskningsleder Peter A Gross fra Hackensack University Medical Center er enig i, at WHO's ændrede definition er problematisk:

»I fremtiden ville det klæde WHO at være klarere i deres definition af en influenzapandemi. Det er uklart, om dødeligheden vil stige som følge af H1N1, men uanset hvad vil det stresse sundhedssystemet,« påpeger Peter A. Gross.

WHO

Hos WHO mener talsmand for H1N1's globale alarmberedskab, Gregory Härtl ikke, at der er problemer med definitionen af en epidemi:

- Hvorfor er 'enormt antal af døde og syge' ikke længere en del af WHO's definition på en pandemi?

»Den formulering har brugt siden 2004, hvor den blev lagt på en hjemmeside. Men den har aldrig været den officielle definition. Der skal man i stedet se på The Pandemic Preparedness Guidance«.

- Definitionen står på WHO's hjemmeside under overskriften: Hvad er en influenzapandemi? Men det er ikke en definition?

»Jeg ved godt, at man skulle tro, at hjemmesiden er officiel, men det er den altså ikke. Sætningen 'enorme antal af døde og syge til følge' har aldrig været i The Pandemic Preparedness Guidance«.

Det har ikke været muligt at finde ud af præcis, hvornår ændringen af definitionen på WHO's hjemmeside blev gennemført.

Information

Louise Voller, Kristian Villesen

A mystisk change in the WHO's definition of a pandemic

Google translation from Dutch into English

Information, 16 November 2009
https://www.information.dk/udland/2009/11/mystisk-aendring-whos-definition-pandemi?lst_cntrb

The WHO has suddenly changed the definition of a pandemic on its website. Now almost all influenzas can be called pandemics, say critics. In this way, the pharmaceutical industry will continue to be able to earn billions from vaccines for relatively harmless diseases

On the WHO website, the definition of a pandemic has been changed. In May, it was a requirement that a flu had to cause an 'enormous number of dead or sick' before it could be described as a pandemic. But that is no longer part of the definition. Today, these lines have been cut out, and this is worrisome, according to several researchers:

"The WHO predicted swine flu in 2005, but it wasn't until they changed the definition for a pandemic in 2009 that they got it right," says epidemiologist Tom Jefferson, who has worked in Rome for the independent research institute, Cochrane, for 15 years.

He finds it strange that precisely those lines have been cut out, because the swine flu has so far only claimed the lives of 6,071 people, in contrast to the common flu, which, according to the WHO, kills up to 500,000 people every year.

“We need to know why the definition was changed? Who changed it and when? In my opinion, the whole thing should be investigated by an independent body,' says Tom Jefferson.

Massachusetts Institute of Technology (MIT) researcher Peter Doshi recently criticized the definition change in an analysis in the British Medical Journal:

"Since H1N1 emerged, the description of the causes and consequences of a pandemic has changed to an extent where the difference between ordinary flu and pandemic flu is uncertain," reads his criticism.

Must follow WHO

Former specialist in occupational and social medicine at, among others Aarhus University, Mauri Johansson, agrees:

"The concept is watered down. A great many influenzas will in future be considered pandemics, and the decision rests with the WHO alone,' says Mauri Johansson, and points to the consequences:

"All member states are obliged to follow the recommendations from the WHO - in Denmark we are also obliged to buy vaccines against the flu because, like many other countries, we have made a contract with a company, and it is triggered if the WHO declares a pandemic."

Information today describes how several of the WHO's experts have been paid by the pharmaceutical industry - and how the decision to make H1N1 a pandemic has triggered vaccine orders from the pharmaceutical industry for up to DKK 55 billion.

The new definition should lead to a change in preparedness, Peter Doshi believes: "I don't think it makes sense to have a pandemic preparedness designed for an emergency if the disease that triggers the emergency is not more serious than the average annual level of disease. Calling something a pandemic generates serious reactions in the public health system, which in turn have serious social, political and economic consequences,' says Peter Doshi.

Research leader Peter A Gross from Hackensack University Medical Center agrees that the WHO's changed definition is problematic:

"In the future, it would behoove the WHO to be clearer in their definition of an influenza pandemic. It is unclear whether mortality will increase as a result of H1N1, but regardless, it will stress the health system,' points out Peter A. Gross.

WHO

At the WHO, spokesman for H1N1's global emergency preparedness, Gregory Härtl does not believe that there are problems with the definition of an epidemic:

- Why is 'huge number of dead and sick' no longer part of the WHO's definition of a pandemic?

"That wording has been used since 2004, when it was put on a website. But it has never been the official definition. Instead, you should look at The Pandemic Preparedness Guidance'.

- The definition is on the WHO website under the heading: What is an influenza pandemic? But that's not a definition?

"I know that you would think that the website is official, but it is not. The phrase 'enormous number of dead and sick as a result' has never been in The Pandemic Preparedness Guidance'.

It has not been possible to find out exactly when the change to the definition on the WHO website was implemented.

Information

Louise Voller, Kristian Villesen

Загадочное изменение в определении пандемии проведенное ВОЗ

Google перевод с голландского на русский

Information, 16 ноября 2009
https://www.information.dk/udland/2009/11/mystisk-aendring-whos-definition-pandemi?lst_cntrb

ВОЗ неожиданно изменила определение пандемии на своем сайте. Сейчас почти все виды гриппа можно назвать пандемиями, говорят критики. Таким образом, фармацевтическая промышленность по-прежнему сможет зарабатывать миллиарды на вакцинах от относительно безвредных болезней.

На сайте ВОЗ изменено определение пандемии. В мае требовалось, чтобы грипп вызвал «огромное количество умерших или заболевших», прежде чем его можно было назвать пандемией. Но это больше не является частью определения. Сегодня эти строчки были вырезаны, и это вызывает беспокойство, по мнению нескольких исследователей:

«ВОЗ предсказала свиной грипп в 2005 году, но только когда они изменили определение пандемии в 2009 году, они поняли это правильно», — говорит эпидемиолог Том Джефферсон, который работал в Риме в независимом исследовательском институте Cochrane, 15 лет.

Ему кажется странным, что вырезаны именно эти строки, потому что свиной грипп унес пока только 6071 жизнь, в отличие от обычного гриппа, который, по данным ВОЗ, ежегодно уносит жизни до 500 000 человек.

«Нам нужно знать, почему определение было изменено? Кто изменил его и когда? На мой взгляд, все это должно быть расследовано независимым органом», — говорит Том Джефферсон.

Исследователь из Массачусетского технологического института (MIT) Питер Доши недавно раскритиковал изменение определения в анализе, опубликованном в British Medical Journal:

«С момента появления H1N1 описание причин и последствий пандемии изменилось до такой степени, что разница между обычным гриппом и пандемическим гриппом неопределенна», — говорится в его критике.

Дания обязана следовать решениям ВОЗ

Бывший специалист по профессиональной и социальной медицине, в том числе Орхусский университет, Маури Йоханссон, соглашается:

«Концепция размыта. Многие виды гриппа в будущем будут считаться пандемиями, и решение остается за ВОЗ», — говорит Маури Йоханссон и указывает на последствия:

«Все государства-члены обязаны следовать рекомендациям ВОЗ – в Дании мы также обязаны покупать вакцины против гриппа, потому что, как и во многих других странах, мы заключили контракт с компанией, и он срабатывает, если ВОЗ объявляет пандемия».

Сегодняшняя информация описывает, как фармацевтическая промышленность заплатила нескольким экспертам ВОЗ, и как решение сделать H1N1 пандемией привело к тому, что фармацевтическая промышленность заказала вакцины на сумму до 55 миллиардов датских крон.

Новое определение должно привести к изменению готовности, считает Питер Доши: «Я не думаю, что имеет смысл иметь готовность к пандемии, предназначенную для чрезвычайной ситуации, если болезнь, вызвавшая чрезвычайную ситуацию, не более серьезна, чем среднегодовой уровень заболеваемости. болезнь. Называние чего-то пандемией вызывает серьезную реакцию в системе общественного здравоохранения, что, в свою очередь, имеет серьезные социальные, политические и экономические последствия», – говорит Питер Доши.

Руководитель исследования Питер А. Гросс из Медицинского центра Университета Хакенсак согласен с тем, что измененное определение ВОЗ проблематично:

«В будущем ВОЗ надлежит быть более четким в своем определении пандемии гриппа. Не ясно, увеличится ли уровень смертности в результате H1N1, но, тем не менее, это вызовет нагрузку на систему здравоохранения», — отмечает Питер А. Гросс.

ВОЗ

Представитель ВОЗ по вопросам глобальной готовности к чрезвычайным ситуациям в связи с H1N1 Грегори Хартль не считает, что существуют проблемы с определением эпидемии:

- Почему «огромное количество умерших и больных» больше не входит в определение пандемии ВОЗ?

«Эта формулировка используется с 2004 года, когда она была размещена на сайте. Но это никогда не было официальным определением. Вместо этого вам следует ознакомиться с Руководством по обеспечению готовности к пандемии».

- Определение есть на сайте ВОЗ под заголовком: Что такое пандемия гриппа? Но это не определение?

«Я знаю, что вы думаете, что сайт официальный, но это не так. Фразы «огромное количество умерших и больных в результате» никогда не было в Руководстве по обеспечению готовности к пандемии.

Когда именно было внесено изменение в определение на веб-сайте ВОЗ, выяснить не удалось.

WORLD HEALTH ORGANIZATION • WESTERN PACIFIC REGION
WHO Representative Office in Viet Nam

WHO Key Messages – Conflict of Interest Issues

Geneva, WHO, 11 January 2010
https://web.archive.org/web/20100118104158/http://www.wpro.who.int/vietnam/media_centre/press_releases/h1n1_8jan2010.htm

Topics

• Reaction to criticism
• Council of Europe motion to discuss "Faked pandemics: a threat for health"
• **Definition of pandemic**
• Influence from pharmaceutical industry
• Why WHO recommends vaccination
• Emergency Committee
• Strategic Advisory Group of Experts (SAGE)
• Exaggerated pandemic?

...

Definition of pandemic

Key messages:

WHO did not change the definition of pandemic in the course of this outbreak. A pandemic is declared when there have been verified community-level outbreaks of a new influenza virus, passing from human-to-human, in two or more countries in more than one WHO region.

WHO pandemic preparedness guidelines and other background information is available here: http://www.who.int/csr/disease/influenza/pipguidance2009/en/index.html

WHO's pandemic preparedness guidelines were developed in consultation with Member States and pandemic influenza experts over the course of several years. The 2005 pandemic preparedness guidelines were revised over a two year period of consultation and were finalized in February 2009. These were published in April, just as it appeared we were about to face a new pandemic.

Some of the confusion may stem from the fact that there was a document on WHO's *website for some months that said a pandemic would include* "enormous amounts of cases and deaths". This was removed when it was brought to our attention. This information was never part of the formal definition of a pandemic and was never part of documents sent to Member States for their preparedness work. We regret the confusion it has caused.

WHO has consistently assessed the impact of the current influenza pandemic as moderate, reminding the medical community, public, and media that the overwhelming majority of patients experience mild influenza-like illness and recover fully within a week, even without any form of medical treatment.

СТАТЬЯ ПО ВАМ ПЛАЧЕТ!

Как ВОЗ инсценировала пандемию «свиного гриппа»

Перевод статьи

Michael Fumento. Why The WHO Faked A Pandemic. – Forbes, 5 February 2010

https://redko-da-metko.ru/2021/05/09/kak-voz-inszenirovala-pandemiu-svinogo-grippa/

Всемирная Организация Здравоохранения внезапно перестала кричать: «небо падает!» – как кудахчущая курица. Причина: обвинения в том, что ведомство намеренно разжигало истерию вокруг свиного гриппа. [в 2009-2010 гг]

«Мир переживает настоящую пандемию. Описание его как подделки является неправильным и безответственным», – говорится в заявлении агентства на его веб-сайте.

Представитель ВОЗ отказался уточнить, кто или что дал это «описание», но главного обвинителя трудно игнорировать.

...

Но как организация могла объявить пандемию, когда ее собственное официальное определение требовало «одновременных эпидемий во всем мире с огромным числом смертей и болезней»

Серьезность – то есть количество смертей – имеет решающее значение, потому что каждый год грипп вызывает глобальное распространение болезни

Легко. В мае, в том, что она признала, было прямым ответом на вспышку свиного гриппа месяцем ранее, ВОЗ обнародовала новое определение, соответствующее свиному гриппу, которое просто устранило тяжесть как фактор. Теперь у вас может быть пандемия с нулевой смертностью. Как так?

В середине января на виртуальной конференции ВОЗ по свиному гриппу глава Кэйдзи Фукуда заявил: «изменила ли ВОЗ свое определение пандемии?

Ответ отрицательный: кто не изменил своего определения. Две недели спустя на конференции ПАСЕ он настаивал: «наличие тяжелых смертей никогда не было частью определения ВОЗ.

Они сделали это, но зачем?

Агентство теряло доверие из-за отказа птичьего гриппа H5N1 (по прогнозам) перейти в пандемию и убить до 150 миллионов человек во всем мире, как и предсказывал его «царь гриппа» [глава ВОЗ] в 2005 году.

Страны всего мира прислушались к этим предостережениям и потратили огромные суммы на разработку вакцин и других препаратов. Поэтому, когда свиным гриппом удобно было воспользоваться.

ВОЗ по существу вычеркнула «птичий», вставила «свиной», и генеральный директор ВОЗ Маргарет Чен высокомерно похвасталась: «мир теперь может пожинать плоды инвестиций за последние пять лет в обеспечение готовности к пандемии.»

...

Майкл Фументо. 2010 год. Журнал Forbes

COUNCIL OF EUROPE
CONSEIL DE L'EUROPE

Dr. Tom Jefferson

Influenza

Ppt Presentation, presumably done on ~ 22 March 2010 (?)
https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwip1Z7o8-n_AhXuS2wGHQXAAHk4KBAWegQIFxAB&url=http%3A%2F%2Fassembly.coe.int%2FCommitteeDocs%2F2010%2FPresentation_Jefferson.pdf&usg=AOvVaw3dgMfr1-jzEnjgC2zUts5R&opi=89978449

Influenzae

Dr Tom Jefferson
Cochrane Collaboration
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(Activities and interests statement with Chair)

Change of pandemic influenza definition (around 1 May 09)

- "…resulting in epidemics worldwide with **enormous numbers of deaths and illness"** vanishes
- "Current" definition emphasis on new virus and spread
- Why change? "It was a mistake, and we apologize for the confusion." "(That definition) was put up a while ago and paints a rather bleak picture and could be very scary." The correct definition is that "pandemic" indicates outbreaks in at least two of the regions into which WHO divides the world, but has nothing to do with the severity of the illnesses or the number of deaths" (Natalie Boudou 4th of May 2009)
- And: "We wrote that definition [i.e. the one pre-dating the 4th of May 2009] with avian flu in mind" (Dr Hartl 7 Feb 2010)
- Strange mistake since all WHO pandemic docs (20004-2009) report the pre-4th of May 09 definition and it makes no mention of avian influenza

thebmj

Peter Doshi

WHO is accused of "crying wolf" over swine flu pandemic

BMJ, 6 April 2010; 340 doi: https://doi.org/10.1136/bmj.c1904
https://www.bmj.com/rapid-response/2011/11/02/more-changing-webpages-who

Rapid Response:

More changing webpages at WHO

To the Editor:

Since the H1N1 outbreak, the World Health Organization (WHO) appears to be distancing itself from the idea that it ever promoted the concept of an influenza pandemic as an inevitably disastrous event. Last May, the WHO Director-General declared that highly pathogenic avian influenza "H5N1 has conditioned the public to equate an influenza pandemic with very severe disease and high mortality. Such a disease pattern is by no means inevitable during a pandemic. On the contrary, it is exceptional".[1]

I disagree. It is public health organizations - not viruses - that have shaped the public's understanding of pandemic influenza.

In the BMJ last September, I documented how the WHO altered its longstanding definition of "influenza pandemic" a few weeks after the emergence of H1N1.[2] The Organization deleted the phrase "enormous numbers of deaths and illness" from the definition. By the new definition, pandemics need not be severe.

The classification of the H1N1 outbreak as a "pandemic" has been a central concern at the ongoing Council of Europe investigation into the World Health Organization's (WHO) handling of H1N1. UK Member of Parliament Paul Flynn (rapporteur of the inquiry) stated that "A pandemic cannot be whatever the WHO declares it is".[3]

In a "Key Messages" document prepared in response to the inquiry, the WHO writes:

"WHO did not change the definition of pandemic in the course of this outbreak. ... Some of the confusion may stem from the fact that there was a document on WHO's website for some months that said a pandemic would include "enormous amounts of cases and deaths". This was removed when it was brought to our attention. This information was never part of the formal definition of a pandemic and was never part of documents sent to Member States for their preparedness work. We regret the confusion it has caused".[4]

However, what the WHO calls "a document" was in fact the WHO's "Pandemic preparedness" homepage,[5] and the definition including "enormous numbers of deaths and illness" remained on the WHO website not "for some months" but at least six years.[2] Indeed, numerous WHO policy documents over past years consistently described catastrophic morbidity and mortality as a fundamental characteristic of all influenza pandemics. (See box)

Now a second widely cited WHO webpage has been altered. The document was formerly titled "Ten things you need to know about pandemic influenza",[6] four of which included: "Widespread illness will occur", "Medical supplies will be inadequate", "Large numbers of deaths will occur", and "Economic and social disruption will be great". The document has been renamed: "Ten concerns if avian influenza becomes a pandemic".[7] (Table)

By altering the title, the WHO has changed self-described must-know information about "pandemic influenza" into "concerns" about "avian influenza". Most troubling, however, is that the contents (and datestamp) of the document remain unchanged. This raises serious ethical questions about transparency that must be addressed by all committees investigating the pandemic.[3]

Peter Doshi, April 12, 2010

Acknowledgements: Tom Jefferson, for his help locating relevant policy documents.

Box. WHO descriptions of pandemic influenza in policy documents

WHO 1999: "At unpredictable intervals, however, novel influenza viruses emerge with a key surface antigen (the haemagglutinin) of a totally different sub-type from strains circulating the year before. This phenomenon is called "antigenic shift". If such viruses have the potential to spread readily from person-to-person, then more widespread and severe epidemics may occur, usually to a similar extent in every country within a few months to a year, resulting in a pandemic. Annex B provides more information on these issues, and Annex C discusses hypotheses about the origin of pandemic viruses".[8]

WHO 2004: "An influenza pandemic occurs with the appearance of a new influenza virus against which none of the population has any immunity. This results in several simultaneous epidemics worldwide with enormous numbers of cases and deaths".[9]

WHO 2005: 'Influenza pandemics (worldwide epidemics) have occurred at irregular and unpredictable intervals, and have been associated with substantial morbidity, mortality and economic cost. The influenza A virus can cause pandemics and these occur as a result of changes in the virus leading to a sub-type to which no one has immunity, that can spread easily among humans and can give rise to serious disease. Appearance of such a subtype may lead to several simultaneous epidemics worldwide resulting in high numbers of cases and deaths and placing an immense burden on healthcare systems".[10]

WHO 2005: "An influenza pandemic (or global epidemic) occurs when a new influenza virus subtype appears, against which no one is immune. This may result in several simultaneous epidemics worldwide with high numbers of cases and deaths".[11]

WHO 2008: "An influenza pandemic occurs when a novel influenza virus appears against which the human population has limited or no immunity, and which transmits efficiently from person to person, resulting in several simultaneous epidemics worldwide with the potential for considerable morbidity and mortality".[12]

Table. Changing WHO webpages

Before 2009 H1N1 outbreak	Since 2009 H1N1 outbreak	Date of change
WHO 2003: "An influenza pandemic occurs when a new influenza virus appears against which the human population has no immunity, resulting in epidemics worldwide with enormous numbers of deaths and illness" [13]	WHO: "An influenza pandemic may occur when a new influenza virus appears against which the human population has no immunity" [5]	May 2009 [14]
WHO 2005-2009: "Ten things you need to know about pandemic influenza" [6]	WHO: "Ten concerns if avian influenza becomes a pandemic" [7]	Between Jun 2009 [15] and 17 Feb 2010 [16]

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6. World Health Organization. WHO | Ten things you need to know about pandemic influenza: http://web.archive.org/web/20051124014913/http://www.who.int/csr/disease/influenza/pandemic10things/en/

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15. World Health Organization. Ten things you need to know about pandemic influenza. 2005 Oct 14: http://www.who.int/csr/disease/influenza/pandemic10things/en/

16. World Health Organization. WHO | Ten concerns if avian influenza becomes a pandemic: http://wayback.archive-it.org/1601/20100217155319/http://www.who.int/csr/disease/influenza/pandemic10things/en/index.html

Parliamentary Assembly
Assemblée parlementaire

Paul Flynn
United Kingdom, SOC

The handling of the H1N1 pandemic: more transparency needed. Report

Strasbourg, Council of Europe, Social Health and Family Affairs Committee, 4 June 2010
http://assembly.coe.int/CommitteeDocs/2010/20100604_H1N1pandemic_e.pdf

A. Draft resolution

1. The Parliamentary Assembly is alarmed about the way in which the H1N1 influenza pandemic has been handled, not only by the World Health Organization (WHO), but also by the competent health authorities at the level of the European Union and at national level. It is particularly troubled by some of the consequences of decisions taken and advice given leading to distortion of priorities of public health services across Europe, waste of large sums of public money, and also unjustified scares and fears about health risks faced by the European public at large.

. . .

5. Notwithstanding the willingness of WHO and the European health institutions concerned to enter into a dialogue and conduct a review of the handling of the pandemic, the Assembly seriously regrets that they have not been willing to share some essential information, in particular to publish the names and declarations of interest of the members of the Emergency Committee of WHO and relevant European advisory bodies directly involved in recommendations concerning the handling of the pandemic. Furthermore the Assembly regrets that WHO has not moved swiftly to revise or re-evaluate its position on the pandemic and the real health risks involved, despite the overwhelming evidence that the seriousness of the pandemic was vastly overrated by WHO at the outset. In addition the Assembly regrets the highly defensive stance taken by WHO, whether in terms of being unwilling to accept that a change in definition of a pandemic was made, or an unwillingness to revise its prognosis on the pandemic. (p. 1)

6. In the light of the widespread concerns raised over the handling of the H1N1 pandemic, the Assembly calls on public health authorities at international, European and national level – and notably WHO – to address in a transparent manner the criticisms and disquiet raised in the course of the H1N1 pandemic, by:

6.1. reviewing the terms of reference of their general governance bodies and special advisory bodies wherever appropriate with a view to ensuring utmost transparency and the highest level of democratic accountability regarding public health decisions;

6.2. agreeing in a transparent manner on a common set of definitions and descriptions concerning influenza pandemics, involving a cross section of expertise, in order to generate a coherent world-wide understanding of such events ... (p. 1-2)

Changing the definition of a pandemic

24. A number of members of the scientific community became concerned when WHO rapidly moved towards pandemic level 6 at a time when the influenza presented relatively mild symptoms. This combined with the change in the definition of pandemic levels just before the declaration of the H1N1 pandemic heightened concerns. As Dr Wolfgang Wodarg, German epidemiologist and

former member of the Parliamentary Assembly highlighted at the public hearing on 26 January 2010, the declaration of the current pandemic was only made possible by changing the definition of a pandemic and by lowering the threshold for its declaration.

25. WHO continues to assert that the basic definition of a pandemic was never changed. Only the description of pandemic alert levels was revised when the document "Pandemic Influenza Preparedness and Response: A WHO Guidance Document" (new title) was updated in May 2009. Notwithstanding these assertions, there is clear evidence that changes were made and that, most importantly, the former criteria of 'impact and severity' of an epidemic in terms of the number of infections and deaths was no longer considered relevant in the updated document21. In other words, the pandemic could be declared without the need to show that it was likely to be severe in terms of its impact on the population (for example regarding severity of illness and death). The definition before 4 May 2009 was worded as follows: "An influenza pandemic occurs when a new influenza virus appears against which the human population has no immunity, resulting in epidemics worldwide with enormous numbers of deaths and illness. With the increase in global transport, as well as urbanization and overcrowded conditions, epidemics due the new influenza virus are likely to quickly take hold around the world", whilst the same definition became the following on WHO's website after this date: "A disease epidemic occurs when there are more cases of that disease than normal. A pandemic is a worldwide epidemic of a disease. An influenza pandemic may occur when a new influenza virus appears against which the human population has no immunity … Pandemics can be either mild or severe in the illness and death they cause, and the severity of a pandemic can change over the course of that pandemic".

26. Shortly afterwards, WHO spokeswoman Nathalie Boudou justified the change by saying that the "old" definition was in "error" and had been removed from the WHO website. She stated that the correct definition was that a "pandemic indicated outbreaks in at least two of the regions into which WHO divides the world, but has nothing to do with the severity of the illnesses or the number of deaths".22 These subsequent definitions and comments presented at a time when the pandemic was imminent were confusing for both public health professionals involved and attentive observers amongst the European public at large.

27. The rapporteur strongly recommends that further in-depth work be done by all stakeholders concerned with a view to agreeing on a common definition and description of what an influenza pandemic is. This should become the central element of clear international guidelines for national pandemic preparedness planning. He considers that, even if WHO did not intend to modify the pandemic definition in a way that would allow for an accelerated announcement of such an event in June 2009, the changes of relevant disease descriptions and indicators at a time when a major influenza infection was already approaching was highly inappropriate and carried out in a way which could be considered as being non-transparent. It also contributed to the doubts raised concerning undue influence on decision-makers, because all critical observers of the situation wondered if this untimely change was absolutely necessary and question who benefited most from it. (p. 8-10)

...

56. The Parliamentary Assembly should encourage member states to closely follow relevant review processes recently launched within WHO and European institutions involved in public health matters, in order to ensure that their voices may have more impact in future pandemic situations than seems to have been the case in the current H1N1 pandemic. There is strong evidence that some governments, including China, Britain, Japan and a dozen other countries, at some stage of the H1N1 pandemic, urged WHO not to use the proposed new definition of a "pandemic" and "be very cautious about declaring the arrival of a swine flu pandemic, fearing that a premature announcement could cause worldwide panic and confusion." In reply to their doubts, WHO said "it would certainly look at [this issue] very closely" just before declaring the pandemic on 11 June 2009. 4 (p. 15-16).

LA TRIBUNE
PARTAGEONS L'ÉCONOMIE

Gérard Bapt

L'OMS invente l'alerte sanitaire perpétuelle

La Tribune, 16 Juin 2010, 4:31
https://www.latribune.fr/opinions/20100616trib000520642/l-oms-invente-l-alerte-sanitaire-perpetuelle.html

A l'heure de la mondialisation, il est souhaitable que, face à un nouveau virus, les Etats coordonnent la protection de leurs populations. Il est logique que l'organisation mondiale qu'ils ont créée, l'OMS, soit chargée d'élaborer une stratégie commune de réponse à toute menace épidémique émergente, y compris les pandémies grippales. Mais une stratégie internationale de gestion d'une affection émergente doit être bâtie sur une définition précise et stable de l'épidémie à combattre. Qu'en est-il pour la pandémie virale ?

Le 24 avril 2009, jour de "l'alerte sanitaire mondiale" proclamée par l'OMS, quinze cas de grippe étaient attribués au H1N1 type A. Le directeur du CDC (Centre de surveillance des maladies infectieuses aux Etats-Unis), Richard Besser, déclarait alors : "nous allons expertiser le nouveau virus selon trois dimensions : est-il nouveau pour la population ? Cause-t-il des affections sévères ? Est-il aisément transmissible ?" Le 11 juin, le directeur général de l'OMS, Margaret Chan, déclenchait la phase 6 de la pandémie, alors que 144 décès étaient attribués à la grippe A dans le monde. Que s'est-il passé ?

Avant le 4 mai 2009, le site de l'OMS indiquait : "une pandémie de grippe se produit lorsque apparaît un nouveau sous-type de virus dont personne n'est à l'abri. Plusieurs épidémies peuvent se déclarer simultanément dans le monde, provoquant un grand nombre de cas et de décès." Après le 4 mai 2009, sur le même site, les notions de morbidité et de mortalité ont disparu. La pandémie n'aurait pu être déclarée sans ce changement de définition.

En clair, l'OMS a modifié les règles du jeu en cours de partie ! C'est au bout d'une longue maturation que ce changement a été effectué. Les efforts des firmes productrices de vaccins et de certains experts n'y ont toutefois pas manqué ! En témoigne l'examen du compte rendu de la réunion regroupant OMS, agences et firmes à Genève les 11 et 12 novembre 2004, ou celui de l'assemblée de l'ESWI, financée par l'industrie et présidée par le très contesté professeur Osterhaus, réunie en janvier 2009 à Bruxelles.

Malgré la nouvelle définition, le site de l'OMS continue à renvoyer à des recommandations basées sur des prévisions très alarmistes, relayées dans les différents pays. En France, le professeur Flahaut affiche ainsi, le 12 mai 2009, la "prévision modérée" de 30.000 décès. Plus tard, le très officiel Institut de veille sanitaire (INVS) livre en septembre des fourchettes d'évaluation actualisées, allant de 6.400 décès dans le scénario le plus optimiste, à 96.000 décès dans le plus pessimiste, avec 640 à 4.800 décès pour les enfants de 0 à 4 ans... A cette date étaient pourtant connues de nombreuses données provenant de pays ayant connu le pic pandémique, notamment l'Australie, la Nouvelle-Zélande et les pays d'Amérique latine. Les publics vulnérables étaient identifiés, la faible létalité du virus documentée.

Des stratégies de réponse aux pandémies basées sur des prévisions catastrophistes ne peuvent qu'éroder la confiance des populations et des professionnels de santé, surtout si la communication publique y contribue fortement. Ainsi Thierry Saussez, responsable de la communication

gouvernementale, a-t-il indiqué à la commission d'enquête de l'Assemblée nationale que, face à une menace, il fallait partir des prévisions les plus graves... Les hautes capacités des réseaux d'alerte dispersés dans le monde donnent désormais des informations extrêmement précoces : le 24 avril, lorsque l'OMS déclare une "urgence de santé publique de portée internationale", quelques dizaines de syndromes grippaux sans aucun décès sont attribués au H1N1.

A identification très précoce devrait désormais correspondre capacités d'adaptation et de souplesse des plans de gestion de crise sanitaire, en fonction de la dangerosité du virus émergent. Ce n'est pas la voie choisie par l'OMS, appuyée par les avis des experts sélectionnés par l'industrie du vaccin. En retirant le 4 mai la dimension de morbidité-mortalité du phasage de la mise en oeuvre de sa stratégie, l'OMS nous condamne à l'"alerte sanitaire mondiale" à perpétuité.

Slate FR/BLOGS Le journal de la pandémie 2.0

Antoine Flahault
(citant de larges extraits des travaux de Patrick Zylberman,
titulaire de la Chaire d'Histoire de la Santé de l'Ecole des Hautes Etudes en Santé Publique)

OMS: H1N1 Autre Definition?

Slate, 27 June 2010, A(H1N1) Journal de la Pandémie
https://blog.slate.fr/h1n1/2010/06/27/oms-h1n1autre-definition/

L'OMS aurait-elle changé la définition de la pandémie le 4 mai 2009 pour d'obscures raisons?

L'historien Patrick Zylberman, titulaire de la Chaire d'Histoire de la Santé à l'EHESP, dont les travaux portent notamment sur l'histoire des grandes pandémies est forme:

*Contrairement à ce qui est dit parfois (*R. Schabas and N. Rau, janvier 2010*), la définition de la « pandémie » n'a pas été modifiée en 2009. Je parle ici de la définition qui fait loi pour l'Organisation ; je ne parle pas du point de vue exprimé par tel ou tel groupe d'experts.*

Le professeur Zylberman explique que la définition de la pandémie est inscrite dans les plans de préparation, qu'il nous propose de situer dans la hiérarchie des textes produits par l'OMS:

Les plans de préparation pandémique sont des documents inter-gouvernementaux engageant à la fois l'OMS et les Etats membres. Ainsi, la dernière mouture du Plan pandémie d'avril 2009 est le résultat du travail de plus de 135 experts issus de 48 pays ; les travaux ont débuté en 2007 et se sont achevés en février 2009 ; plus de 600 observations ont été déposées par les Etats.

Patrick Zylberman reconnaît cependant que la validité des pages postées sur le site Internet de l'OMS pose parfois problème, et demande à l'OMS d'éclaircir les raisons qui les ont conduit à laisser publier une définition erronée (car différente des plans intergouvernementaux) jusqu'au 4 mai 2009, pour enfin rétablir la version initiale de cette définition, conforme à celle des plans à partir de cette date.

Entrons un peu plus dans les détails de la controverse (pardonnez-nous les citations verbatim en langue anglaise du plan intergouvernemental de l'OMS,* nous n'avions pas la traduction française de ces documents au moment de l'écriture de ce billet). L'OMS en 2009, peut-on lire (Stuart Paterson, nov. 2009), se contenterait d'une vague définition de la pandémie grippale comme «épidémie à l'échelle mondiale», sans plus mentionner les dérives génétiques et antigéniques du virus. «*C'est carrément faux*», s'insurge Patrick Zylberman.

* - https://web.archive.org/web/20090509051754/http://www.who.int/csr/disease/influenza/PIPGuidance09.pdf

Ainsi, le plan Pandémie de l'OMS publié en avril 2009 (page 14) définit-il une pandémie grippale de la manière suivante:

«An influenza pandemic occurs when an animal influenza virus to which most humans have no immunity acquires the ability to cause sustained chains of human-to-human transmission leading to community-wide outbreaks. Such a virus has the potential to spread worldwide, causing a pandemic».

Glissements et cassures sont expressément mentionnées: « The development of an influenza pandemic can be considered the result of the transformation of an animal influenza virus into a human influenza virus. At the genetic level, pandemic influenza viruses may arise through:

• Genetic reassortment: a process in which genes from animal and human influenza viruses mix together to create a human-animal influenza reassortant virus;

• Genetic mutation: a process in which genes in an animal influenza virus change allowing the virus to infect humans and transmit easily among them ».

Le plan Pandémie grippale 2009 de l'OMS ne fait d'ailleurs que reprendre en la développant la définition qui figurait dans la version de 2005 : il y a menace pandémique lorsqu'« un sous-type qui n'a pas circulé chez l'homme pendant au moins plusieurs décennies et vis-à-vis duquel la grande majorité de la population humaine n'est donc pas immunisée » vient à se répandre dans les populations humaines.

Puis survient une nouvelle controverse, à propos de la gravité. Schabas et Rau (janvier 2010, cité ci-dessus) reprochent alors à l'OMS de s'être cramponnée de manière rigide à ses définitions, ignorant le désaccord grandissant entre les faits et ses notions dès la crise mexicaine. Ainsi la définition même de la pandémie a fait l'objet d'un vif débat dans la première période de la pandémie. Patrick Zylberman nous rappelle que "*certains experts suggéraient alors d'intégrer une estimation de la gravité de la maladie dans la définition de la pandémie. Le comité technique de la grippe s'est réunit à Genève le 5 juin 2009 afin de discuter de l'introduction d'un index de gravité à la phase 6 du système d'alerte (le passage à la phase 6 n'était pas à l'ordre du jour de cette réunion). Il s'agissait de diviser la phase 6 en trois sous-niveaux tenant compte du degré de gravité de la maladie (Nebehay, mai 2009). Comme eût dit Victor Hugo, c'eût été là embrouiller un problème par des éclaircissements !*».

L'OMS avait du reste répliqué en mai 2009 à ceux qui exigeaient l'introduction d'une dose de «gravité» dans la définition de la pandémie:

- Que la gravité de la grippe était imprévisible
- Que ce qui apparaît « bénin » dans les pays bien pourvus en médicaments et système de soin peut être « grave » dans les pays qui en sont dépourvus et où l'état général de la population n'est pas très bon
- Que l'OMS a une mission limitée (détermination de l'extension de la transmission, coordination des mesures de santé publique à l'échelle internationale, sélection et lancement de la fabrication du vaccin, supervision des échanges d'informations scientifique) et que c'est aux Etats eux-mêmes à gérer la crise (D. Butler, mai 2009).

Mais laissons les derniers mots de ce billets à notre historien (que je remercie vivement de son éclairage sur cette épineuse question où se mêle beaucoup de mauvaise foi de la part de nombreux experts en verve contre l'organisation internationale) :

«*Le caractère imprévisible et difficilement calculable de la létalité est bien illustré par les soubresauts de de l'opinion des experts en Grande Bretagne en juin et juillet où la létalité estimée a constitué un instrument de « gestion de crise». Cette létalité estimée a connu trois phases:*

- *Très haute dans les scénarios du pire en juillet : voir les déclarations de Liam Donaldson relatives au 65 000 décès prévisibles (devenus 19 000 en septembre et 1 000 en octobre) (Laurance, nov. 2009)*
- *un regain d'anxiété quand l'estimation de l'incidence a été multipliée par 5 dès le passage à la confirmation clinique des cas*
- *une forte estimation à la baisse dans études rétrospectives*

La chute de la létalité estimée au cours du temps: 0,25% en juin/0,026% en décembre (Angleterre et Pays de Galles : 1918=3%; 1957 et 1968 = 0,2%).

Ce débat est d'autant plus surprenant que cela fait longtemps que l'on critique l'idée d'introduire une notion de sévérité dans la définition de la pandémie. Ainsi, dans la revue Science, en mars 1943, un épidémiologiste de l'Université du Michigan, le Dr Thomas Francis, brocardait-il «ceux qui parlent de pandémie grippale comme de quelque chose de spécial et continuent

d'employer ce terme dans l'acception non fondée de sévérité au lieu de distribution», c'est-à-dire de répartition géographique des cas. Le 11 juin, Chan s'en tenait donc à la définition initiale: extension de la propagation à plus d'une région de l'OMS (S Connor, 12 juin 2009, The Independent)».

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***Antoine Flahault**, citant de larges extraits des travaux de **Patrick Zylberman**, titulaire de la Chaire d'Histoire de la Santé de l'Ecole des Hautes Etudes en Santé Publique.*

Risk = Hazard + Outrage
The Peter M. Sandman Risk Communication Website

Peter M. Sandman and Jody Lanard

The "Fake Pandemic" Charge Goes Mainstream and WHO's Credibility Nosedives

Psandman, 29 June 2010
https://www.psandman.com/col/WHO-credibility.htm

...

WHO's Failure to Acknowledge that it Changed Some Flu Pandemic Definitions and Descriptions Just as H1N1 Was Emerging

...

About definitions and redefinitions

All definitions are stipulative. Words don't come with their meanings stenciled on their foreheads. We forge their meanings by how we use them...

WHO cannot decree that the word "pandemic" (or the term "flu pandemic") means just what it chooses. Definitions are negotiated agreements … and sometimes the negotiations break down.

It is always dangerous to use a word in a way you know your audience is likely to misperceive. One of us (Peter) wrote a column on this topic in 2005, entitled "Risk Words You Can't Use." If he were revising that column today, "pandemic" might end up on the list. But we really need the word "pandemic." That's why we have to negotiate what it means, not just stop using it.

Sometimes you redefine a word – use it differently than your audience uses it – in order to point out something important about other people's mental models. That's what the "Risk = Hazard + Outrage" formula tries to do. It redefines "risk" in an effort to persuade people to change how they see the risk communication task. But any time you do that, you know before you start that you'll need to allocate a lot of time and effort to troubleshooting: "People understandably think I mean X when I say that, but I don't. I mean Y. Let me tell you why I'm using the term in such an unexpected way…."

It may have been a mistake for WHO to take on the extra burden of changing its definitions and descriptions of pandemic phases just as novel H1N1 appeared. It was certainly a mistake for WHO to take on this extra burden without taking it seriously as a potential risk communication problem.

And as skepticism and suspicion emerged and then grew, it was a mistake for WHO to avoid conceding (and appear to be denying) the particular changes that had become most salient to the skeptics, and then to a broader audience: the changes in WHO's definitions of the pandemic phases, and the changes in WHO's most prominent definition/description of an influenza pandemic.

If the swine flu pandemic had been more severe, the changes in WHO's pandemic phase definitions wouldn't have mattered much. And the absence of a severity criterion in WHO's definition/description of an influenza pandemic would have made no difference at all. But once the moderate/mild mismatch arose between WHO's portrayal of the pandemic and the public's view of it, the need to acknowledge and explain the redefined flu pandemic phases and the revised definition/description of an influenza pandemic became urgent. Yet WHO chose not to provide the needed acknowledgments and explanations.

For years, the word "pandemic" and the phrase "flu pandemic" meant absolutely nothing to most people. These were terms of art, used almost exclusively by experts. In much of the world, even the word "influenza" still doesn't ring a bell, while the word "flu" often refers to any mild respiratory infection, and sometimes even non-respiratory ones.

Experts, meanwhile, have often used "pandemic" and "flu pandemic" rather loosely.

In the professional literature, there are varying definitions of influenza pandemics. Pretty much all the definitions specify that a flu pandemic is a widespread outbreak of a novel flu virus subtype that does significant health harm to humans. But how widespread, how novel, and how much harm are sometimes specified in discrepant ways, and often not specified at all. With regard to novelty, for example, some definitions state that a population must have "no" immunity, while others state that there must be "little immunity." Some definitions say categorically that a "new subtype" of influenza is required, implying that a reassorted, antigenically shifted virus of the same subtype as one that is currently circulating cannot be considered "novel" enough to cause a pandemic, nor can one that re-emerges from a laboratory freezer decades after it last circulated. Other definitions stipulate that a subtype can be considered "novel" enough even with the same H and N as a currently or previously circulating flu virus.

Moreover, there is a huge professional literature that describes flu pandemics in ways that often go beyond the specifications in formal definitions. The boundary between definitions and descriptions isn't a bright line. This unclear boundary has figured periodically in the controversy over what exactly WHO did just as the novel H1N1 virus was beginning to spread. Leave aside the poorly framed charge that WHO changed the definition of a pandemic. Did it change the definition of a flu pandemic? Or did it merely publish yet another description of what flu pandemics are like? Do new definitions of the phases of flu pandemics constitute, collectively, a new definition of a flu pandemic – or do they just describe it differently?

This much is indisputable: WHO did change the role of severity in its definitions and descriptions of the phases of an influenza pandemic. It is those phase definitions and descriptions that ultimately determine whether and when WHO declares that an influenza pandemic has begun. Whether or not WHO redefined the term "flu pandemic," it did rejigger the criteria for declaring a flu pandemic. In particular, it took severity off the list of potential criteria.

How and why WHO changed its use of the term "influenza pandemic"

The word "pandemic" came into common use among nonprofessionals only when WHO and other health agencies started issuing warnings about the specter of bird flu. Bird flu (H5N1) in humans is certainly a novel subtype. And it is potentially incredibly serious; so far, it has killed over half the people who caught it – compared to 2–3 percent for the 1918 pandemic (the poster child of serious flu pandemics) and well under one tenth of one percent for swine flu so far.

The saving grace of bird flu is that it's extremely difficult to catch. Except for a handful of conspiracy nuts who murmur about cover-ups, there is universal agreement that bird flu is a panzootic or epizootic (among birds), but not a pandemic or epidemic because as a human disease it is rare and hard to catch, not widespread and easy to catch. Bird flu won't go pandemic unless the virus acquires the ability to pass easily from one person to another. If that ever happens, and if the bird flu virus remains anywhere near as virulent as it is today, it will be by far the worst influenza pandemic (and the worst disease catastrophe) in history.

Bird flu warnings said, in essence: "A bird flu pandemic might well be horrific. Thank God bird flu hasn't gone pandemic yet. Hope to God it never does." So if the general public learned *any* definition of a pandemic, it learned a scary one.

With bird flu in the backs of their minds, WHO officials kept on refining and streamlining the complex WHO guidance document for phased planning and response before, during, and after influenza pandemics.

In the 1999 and 2005 versions, severity had been one of many factors that would (1999) or could (2005) be taken into account in decisions about whether to raise the pandemic phase in the run-up to declaring a pandemic.

Here's a key reference to severity in the 1999 version:

The Pandemic will be declared when the new virus sub-type has been shown to cause several outbreaks in at least one country, and to have spread to other countries, with consistent disease patterns indicating that *serious morbidity and mortality* is likely in at least one segment of the population.

In the 2005 version, severity appears most prominently in this footnote, appended to the definitions of pandemic phases and reiterated five times throughout the document:

The distinction between *phase 3, phase 4* and *phase 5* is based on an assessment of the risk of a pandemic. Various factors and their relative importance according to current scientific knowledge may be considered. Factors may include: rate of transmission; geographical location and spread; severity of illness; presence of genes from human strains (if derived from an animal strain); other information from the viral genome; and/or other scientific information.

Officials and their expert advisors had reservations about both of these formulations. The severity of a flu outbreak can vary from region to region. It isn't necessarily obvious in the early days of a new flu virus, and it can change suddenly (or slowly) as the virus mutates. It was clear that severity should be considered in figuring out what to do about a pandemic, but it was also clear that a pandemic, even a very serious pandemic, could look mild at the outset. Two of the last three pandemics had second waves more severe than the first – in the case of 1918, vastly more severe.

So when WHO published its revision of the 2005 guidance document in April 2009, the newest version included the warning that "if symptoms are mild and not very specific, an influenza virus with pandemic potential may attain relatively widespread circulation before being detected; thus, the global phase may jump from Phase 3 to Phases 5 or 6." The new version also removed the footnote that had been in the 2005 version, the footnote that had specified severity as one of the factors that "may" be considered when ratcheting from pandemic Phase 3 to 4 to 5. In the 2009 document, the revised phases were introduced in a section explicitly entitled "Definition of the phases."

Of course the official WHO influenza pandemic "guidance document" wasn't the only document WHO published that talked about flu pandemics. There were lots of others. One that became controversial after novel H1N1 emerged was a document entitled "Pandemic Preparedness," which had been on the WHO website since as early as February 2003. (Note: This page, originally on the WHO website, is now privately archived and may load very slowly.) Its very first paragraph offered a flu pandemic definition/description of its own that put severity front-and-center – far more so than any version of the guidance document:

An influenza pandemic occurs when a new influenza virus appears against which the human population has no immunity, resulting in several, simultaneous epidemics worldwide with *enormous numbers of deaths and illness*.

The 2009 updated guidance document had been in the works for a couple of years. But it was hurriedly posted on the WHO website just two or three days after H1N1 was first identified in late April 2009. Posted at the same time was a two-paragraph note explaining why WHO thought a new version was needed. The explanation did not mention anything about severity as an issue in the run-up to a pandemic declaration, most likely because it never occurred to WHO that eliminating references to severity was going to look evil later when people started wondering whether WHO had invented a fake pandemic-for-profit … a possibility that never crossed WHO officials' minds.

It is crucial to remember that at the time the new guidance document was posted, the early news from Mexico was terrifying. On April 24, WHO issued its first announcement about the mysterious pneumonia cases in Mexico City:

In the Federal District of Mexico, surveillance began picking up cases of ILI starting 18 March. The number of cases has risen steadily through April and as of 23 April there are now more than 854 cases of pneumonia from the capital. Of those, 59 have died.

If that initial assessment from Mexico had been representative of swine flu's ultimate case fatality rate, we would have been at the start of a pandemic about three times as bad as the pandemic of

1918. Fairly quickly – but not instantaneously – it became clear that there were far more cases (and thus a much lower percentage of deaths) than the earliest Mexico City news had suggested. Within weeks, the case fatality rate of the new flu virus began to look more like the data from the much milder pandemics of 1957 and 1968. By mid-summer it begin to look like the new pandemic might even be milder than the seasonal flu, in terms of its case fatality rate. But the first official Mexican report, in conjunction with cases popping up in California and Arizona, was justifiably terrifying to anyone who understood how bad a flu pandemic could be.

In April 2009, when WHO posted its newest version of its pandemic guidance document, it simply wasn't worrying about a pandemic that might be too mild to qualify as real.

When WHO posted its new 2009 guidance document, it took the 2005 version off its website – though of course any reasonably skilled computer user could easily find cached copies and repost them. (Note: It is back on again.) Nor did WHO scour its website for other WHO documents with inconsistent references to pandemic severity. There were higher priorities. And officials were no doubt used to such inconsistencies, and used to reading past them.

But about a week after the new guidance document was posted, a CNN reporter asked WHO officials about that "Pandemic Preparedness" document, the one that said a flu pandemic involved "enormous numbers of deaths and illness." WHO immediately removed the document from its website – and, needless to say, the critics (and even non-critics) immediately found cached versions to post on their own websites.

The version of the "Pandemic Preparedness" page that's posted on the WHO website today has new definitions/descriptions of both a generic pandemic and an influenza pandemic. It doesn't say anything about enormous numbers of deaths. It emphasizes that "Pandemics can be either mild or severe in the illness and death they cause, and the severity of a pandemic can change over the course of that pandemic." So "mild" is still a contender. It also states that "An influenza pandemic may occur when a new influenza virus appears against which the human population has no immunity." No immunity? Does that mean that novel H1N1 can't have caused a pandemic, since many people had some immunity? It is really hard to get these definitions/descriptions just right, especially if people are going to hold you to them. So it's silly to get defensive when you decide to change them.

What about the earlier version of "Pandemic Preparedness," the one that specified "enormous numbers of deaths"? Here's what WHO communication officer Natalie Boudou told the CNN reporter who first asked about it: "It was a mistake, and we apologize for the confusion…. [That definition/ description] was put up a while ago and paints a rather bleak picture and could be very scary."

Months later, much more senior WHO officials would repeatedly insist that they had never, ever, changed the "definition" of a "pandemic," and that severity had never been a potential criterion – ignoring both their abandonment of that footnote in the 2005 guidance document and their quick effort to disappear the older version of the "Pandemic Preparedness" document. Natalie Boudou could have taught them how to acknowledge an indisputable reality more gracefully.

WHO did not update its pandemic guidance and pandemic phase definitions in order to justify declaring swine flu a pandemic. We can find nothing in the 1999 or 2005 guidance documents that would have stopped WHO from declaring that a pandemic was underway in June 2009. In fact, WHO might have declared swine flu a pandemic earlier under the old standards than the new, because the new ones had tougher criteria for geographical spread, requiring WHO to wait until the disease was spreading widely in at least two WHO regions. Because North and South America were part of the same WHO region, the new guidance document meant waiting until the swine flu virus was spreading widely in Europe as well.

WHO was simply trying to give national governments the benefit of its best, most recent thinking about flu pandemic phases as the world confronted the novel H1N1 virus.

Throughout May and June 2009, WHO – advised by its new Emergency Committee – kept trying to assess whether H1N1 met the criteria for Phase 6, a full-fledged influenza pandemic. Many

influenza experts argued that it did, and chafed at WHO's hesitation. But many national governments were afraid of over-alarming their publics, and successfully convinced WHO to wait. Their best technical argument was that H1N1 didn't yet meet the new widespreadness criteria.

There wasn't a lot of discussion back then about whether H1N1 was too mild to be called a pandemic. Mortality data in May and June were far less alarming than the earliest news from Mexico had been. H1N1 was beginning to look like a mild pandemic, more like the 1957 and 1968 pandemics than the horrific 1918 pandemic. But it was early days yet. The data on pandemic severity were still extremely spotty and tentative, and no one had any basis for deciding that H1N1 would or wouldn't become more virulent as it spread.

So yes, right after H1N1 was identified as a novel flu virus causing human-to-human spread in Mexico, WHO introduced new flu pandemic phase definitions that did not include an earlier footnote specifying that "severity of illness" "may be considered" as one of many factors in assessing the distinctions among phases 3, 4, and 5.

But WHO didn't make this change in order to make it easier to declare H1N1 a pandemic. If anything, the new phase definitions/descriptions made it harder for WHO to declare H1N1 a pandemic, because they gave national governments an argument that the virus wasn't widespread enough yet. But we don't think they were introduced for that purpose either. They were introduced because they were more in line with current knowledge, and with changes in the International Health Regulations and other protocols that had been updated since 2005. And they were introduced because they had been in development for about two years, and suddenly it looked like they were urgently needed right now.

...

Alain Milon
fait au nom de la Commission d'enquête sur la grippe A

La grippe A (H1N1)v: Retours sur «la première pandémie du XXIe siècle»
Rapport n° 685 (2009-2010): 45-47

Paris, Senéte, 29 July 2010
https://www.senat.fr/rap/r09-685-1/r09-685-11.pdf
https://www.senat.fr/rap/r09-685-1/r09-685-1.html

N° 685

SÉNAT

SESSION EXTRAORDINAIRE DE 2009-2010

Rapport remis à Monsieur le Président du Sénat le 29 juillet 2010

Enregistré à la Présidence du Sénat le 29 juillet 2010

Dépôt publié au Journal Officiel - Édition des Lois et Décrets du 30 juillet 2010

RAPPORT

de la **commission d'enquête** *(1) sur le* **rôle** *des* **firmes pharmaceutiques** *dans la* **gestion** *par le* **Gouvernement** *de la* **grippe A (H1N1)v**, *créée sur la demande du groupe Communiste, Républicain et Citoyen et des sénateurs du Parti de Gauche, dont la Conférence des Présidents a pris acte le 10 février 2010, en vertu de l'article 6* bis, *alinéa 3, du Règlement du Sénat.*

Tome I : rapport

Président
M. François AUTAIN,

Rapporteur
M. Alain MILON,

Sénateurs.

2. La «fausse pandémie»

https://www.senat.fr/rap/r09-685-1/r09-685-111.html

Les critiques sur la fausse alerte pandémique ont été renforcées par le changement de définition de la pandémie grippale auquel aurait procédé l'OMS, dans les mois ayant précédé la déclaration du passage en phase 6 le 11 juin 2009. Dans sa proposition de recommandation, à l'origine du rapport de l'APCE présenté par M. Paul Flynn, M. Wolfgang Wodarg évoque ainsi de «*fausses pandémies*».

Le programme mondial 2009 de l'OMS de lutte contre une pandémie grippale s'inscrit dans le cadre défini par le règlement sanitaire international (RSI) révisé en 2005. Le RSI révisé a établi une procédure en cas d'«*urgence de santé publique de portée internationale*», et non de pandémie, ce terme ne figurant pas dans le RSI. En application des dispositions du premier alinéa (1.) de l'article 12 du RSI, « *le directeur général détermine, sur la base des informations qu'il reçoit, en particulier de l'Etat Partie sur le territoire duquel un événement se produit, si un événement constitue une urgence de santé publique de portée internationale* ».[47]Les recommandations de l'OMS faisant suite au passage en phase 6 du niveau d'alerte pandémique ont été la réponse à une urgence de santé publique.

Cependant, lors de son audition par la commission d'enquête,[48] M. Tom Jefferson a observé que «*la grippe pandémique est ce que l'OMS décide qu'elle est*», en s'appuyant sur les travaux d'un étudiant doctorant à Harvard, M. Peter Doshi, à qui l'utilisation d'un logiciel Internet, Wayback Machine, a permis de retrouver les anciennes définitions : de 2003 à 2009, une pandémie a été définie par l'apparition de «*plusieurs épidémies simultanées à travers le monde avec un grand nombre de décès et de maladies*»; un changement a été opéré entre le 1er et le 9 mai 2009, faisant disparaître le critère de gravité. Toujours selon ces travaux, le contenu des pages Internet de l'OMS a été modifié, sans changer la date affichée.

Pour sa part, l'OMS affirme que la définition de base de la pandémie n'a jamais changé. Citée par M. Tom Jefferson lors de son audition par la commission des questions sociales, de la santé et de la famille de l'Assemblée parlementaire du Conseil de l'Europe le 29 mars 2010, Mme Nathalie Boudou, porte-parole de l'OMS, a justifié le changement de définition sur le site de l'OMS par la correction d'une «*erreur*», en affirmant que la définition correcte d'une pandémie devait faire référence à l'apparition de foyers dans au moins deux régions du monde, mais n'avait rien à voir avec la gravité de la maladie ou le nombre de décès.[49]

La comparaison des documents de l'OMS *(cf. encadré ci-après)* montre que, dès 1999, les critères de nouveauté et d'extension géographique du virus ont toujours été au coeur de la définition de la pandémie (dont l'étymologie même renvoie à sa seule diffusion), avant la gravité «*probable*» que revêt une pandémie. En 2005, si la gravité n'est qu'un des critères de passage d'une phase à une autre dans le plan mondial actualisé de l'OMS de préparation à une pandémie, un autre document de l'OMS de planification face à une pandémie grippale mentionne un «*grand nombre de cas et de décès*». En revanche, dans le programme mondial de l'OMS d'avril 2009 de lutte contre une pandémie grippale, selon la version actuellement consultable sur son site Internet,[50] la gravité n'est plus un critère de définition de la pandémie.

Evolution de la définition d'une pandémie grippale par l'OMS

En 1999

Dans le plan mondial de l'OMS de 1999 de préparation à une pandémie de grippe, une pandémie apparaît lorsque sont réunis des critères géographiques et de gravité:

«*La pandémie sera déclarée quand il aura été montré qu'un nouveau sous-type de virus a causé des flambées sérieuses dans au moins un pays et s'est étendu à d'autres pays, avec des types de maladies indiquant qu'une grave morbidité et mortalité sont probables dans au moins un segment de la population*» («The Pandemic will be declared when the new virus sub-type has been shown to

cause several outbreaks in at least one country, and to have spread to other countries, with consistent disease patterns indicating that serious morbidity and mortality is likely in at least one segment of the population»).[51]

En 2005

Dans le plan mondial de l'OMS de 2005 de préparation à une pandémie de grippe,[52] la pandémie correspond à une «*transmission accrue et durable dans la population générale*». Si la «*gravité de la maladie*» figure explicitement (note p. 9) parmi les critères permettant de distinguer les phases 3, 4 et 5, les exemples donnés en phase 5 prévoient, en revanche, la possibilité de cas isolés et en nombre limité, avant le déclenchement de la phase 6.

Mais dans la «Liste de contrôle OMS pour la planification préalable à une pandémie de grippe» diffusée par l'OMS en avril 2005,[53] la pandémie est définie explicitement par un grand nombre de cas et de décès:

«Une pandémie de grippe survient lorsqu'apparaît un virus nouveau contre lequel le système immunitaire humain est sans défense, donnant lieu à une épidémie mondiale provoquant un nombre considérable de cas et de décès. Le nouveau virus grippal est d'autant plus susceptible de se propager rapidement dans le monde que les transports internationaux ainsi que l'urbanisation et les conditions de surpeuplement s'intensifient».

En 2009

Le plan mondial 2009 de l'OMS de préparation à une pandémie de grippe définit clairement la pandémie du seul point de vue de sa diffusion géographique :

- en phase 5: des «flambées soutenues à l'échelon communautaire dans au moins deux pays d'une même région OMS» ;

- en phase 6, le virus provoque « des flambées soutenues à l'échelon communautaire dans au moins un pays d'une autre région de l'OMS».[54]

Les critères de définition d'une pandémie ont donc été modifiés, un peu plus d'un mois avant le passage en phase 6, le 11 juin 2009, pour une pandémie alors reconnue comme étant «*de gravité modérée*». Cependant, rien n'indique une modification intentionnelle de la définition, la procédure suivie par l'OMS répondant à une urgence de santé publique internationale, en application du dispositif prévu par le RSI modifié en 2005.

Lors de son audition par la commission d'enquête, M. Wolfgang Wodarg a cependant estimé que la déclaration de l'état de pandémie a été permise par le changement de définition,[55] en s'interrogeant sur l'influence de l'industrie pharmaceutique qui se préparait de longue date à une nouvelle pandémie grippale. La proposition de recommandation de M. Wolfgang Wodarg estime que «*le soin de définir une pandémie alarmante ne doit pas être soumis à l'influence des marchands de médicaments*».

Ces interrogations soulèvent la question de la gestion par l'OMS des conflits d'intérêts entre ses experts et l'industrie pharmaceutique.

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[47] Source : site de l'OMS (http://whqlibdoc.who.int/publications/2008/9789242580419_fre.pdf).
[48] Audition du 19 mai 2010.
[49] Op. cit. , p. 12.
[50] Source: http://www.who.int/csr/disease/influenza/pipguidance09FR.pdf .
[51] Source: http://whqlibdoc.who.int/hq/1999/WHO_CDS_CSR_EDC_99.1.pdf .
[52] Source: http://www.who.int/csr/resources/publications/influenza/FluPrep_F2.pdf .
[53] Source: Liste de contrôle OMS pour la planification préalable à une pandémie de grippe. – OMS, 2005, http://www.who.int/csr/resources/publications/influenza/FluCheck_F4web.pdf .
[54] Op. cit. , p. XIII.
[55] Audition du 16 juin 2010.

World Health Organization

Peter Doshi

The elusive definition of pandemic influenza

L'insaisissable definition de la grippe pandemique
La evasiva definicion de la gripe pandemica

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Abstract:

There has been considerable controversy over the past year, particularly in Europe, over whether the World Health Organization (WHO) changed its definition of pandemic influenza in 2009, after novel H1N1 influenza was identified.

Some have argued that not only was the definition changed, but that it was done to pave the way for declaring a pandemic. Others claim that the definition was never changed and that this allegation is completely unfounded. Such polarized views have hampered our ability to draw important conclusions.

This impasse, combined with concerns over potential conflicts of interest and doubts about the proportionality of the response to the H1N1 influenza outbreak, has undermined the public trust in health officials anal our collective capacity to effectively respond to future disease threats.

WHO did not change its definition of pandemic influenza for the simple reason that it has never formally defined pandemic influenza. While WHO has put forth many descriptions of pandemic influenza, it has never established a formal definition and the criteria for declaring a pandemic caused by the H1N1 virus derived from "pandemic phase" definitions, not from a definition of "pandemic influenza".

The fact that despite ten years of pandemic preparedness activities no formal definition of pandemic influenza has been formulated reveals important underlying assumptions about the nature of this infectious disease. In particular, the limitations of "virus-centric" approaches merit further attention and should inform ongoing efforts to "learn lessons" that will guide the response to future outbreaks of novel infectious diseases.

Introduction

In 2009, governments throughout the world mounted large and costly responses to the H1N1 influenza outbreak. These efforts were largely justified on the premise that H1N1 influenza and seasonal influenza required different management, a premise reinforced by the decision on the part of the World Health Organization (WHO) to label the H1N1 influenza outbreak a “pandemic”. However, the outbreak had far less serious consequences than experts had predicted, a fact that led many to wonder if the public health responses to H1N1 had not been disproportionately aggressive.[1–3] In addition, concern over ties between WHO advisers and industry fuelled suspicion about the independence and appropriateness of the decisions made at the national and international levels.[4]

Central to this debate has been the question of whether H1N1 influenza should have been labelled a “pandemic” at all. The Council of Europe voiced serious concerns that the declaration of a pandemic became possible only after WHO changed its definition of pandemic influenza. It also expressed misgivings over WHO’s decision to withhold publication of the names of its H1N1 advisory Emergency Committee.[3] WHO, however, denied having changed any definitions and defended the scientific validity of its decisions, citing “numerous safeguards” for handling potential conflicts of interest.[5]

At stake in this debate are the public trust in health officials and our collective capacity to respond effectively to future disease threats. Understanding this controversy entails acknowledging that both parties are partially correct, and to resolve it we must re-evaluate how emerging threats should be defined in a world where the simple act of labelling a disease has enormous social, economic and political implications.

What sparked the controversy

Since 2003, the top of the WHO Pandemic Preparedness homepage has contained the following statement: "An influenza pandemic occurs when a new influenza virus appears against which the human population has no immunity, resulting in several simultaneous epidemics worldwide with enormous numbers of deaths and illness."[6] However, on 4 May 2009, scarcely one month before the H1N1 pandemic was declared, the web page was altered in response to a query from a *CNN* reporter.[7] The phrase "enormous numbers of deaths and illness" had been removed and the revised web page simply read as follows: "An influenza pandemic may occur when a new influenza virus appears against which the human population has no immunity." Months later, the Council of Europe would cite this alteration as evidence that WHO changed its definition of pandemic influenza to enable it to declare a pandemic without having to demonstrate the intensity of the disease caused by the H1N1 virus.[3]

A description versus a definition

Harvey Fineberg, chairman of a WHO-appointed International Health Regulations (IHR) Review Committee that evaluated WHO's response to H1N1 influenza, identified the definition of pandemic influenza as a "critical element of our review".[8] In a draft report released in March, the committee faulted WHO for "inadequately dispelling confusion about the definition of a pandemic" and noted WHO's "reluctance to acknowledge its part in allowing misunderstanding"[9] of the web page alteration, which WHO has characterized as a change in the "description" but not in the "definition" of pandemic influenza. "It's not a definition, but we recognize that it could be taken as such … It was the fault of ours, confusing descriptions and definitions",[10] a WHO communications officer declared. Indeed, the Council of Europe was not alone in claiming that the "definition" had been changed.[7,11,12]

WHO argues that this phrase – which could be more neutrally referred to as a *description–definition* – had little bearing on policy responses; a WHO press release states that it was "never part of the formal definition of a pandemic" and was never sent to Member States, but simply appeared in "a document on WHO's website for some months".[13] In actuality, the *description–definition* was displayed at the top of the WHO Pandemic Preparedness home page for over six years and is consistent with the descriptions of pandemic influenza put forth in various WHO policy documents over the years.[14–16] However, while the original *description–definition* unambiguously describes disease severity and certainly reflects general assumptions about pandemic influenza before novel H1N1 emerged, it is unrelated to the criteria WHO applied to declare H1N1 influenza a pandemic.

Definitions of pandemic phases, not pandemic influenza

In a press conference, WHO explained that "the formal definitions of pandemics by WHO can be seen in the guidelines".[5] This was a reference to WHO's pandemic influenza preparedness guidelines, first developed in 1999 and revised in 2005 and 2009. However, none of these documents contains what might reasonably be considered a formal definition of pandemic influenza (Table 1), a fact that may explain why WHO has refrained from offering a quotable definition despite its repeated assurances that "the definition" was never changed.[5,13,20] The startling and inevitable conclusion is that despite ten years of issuing guidelines for pandemic preparedness, WHO has never formulated a formal definition of pandemic influenza.

What WHO's pandemic preparedness guidelines19 do contain are "pandemic phase" definitions. WHO declared a pandemic on 11 June 2009, after determining that the novel reassortant H1N1 virus was causing community-level outbreaks in at least two WHO regions, in keeping with the definition of pandemic phase 6. The declaration of phase 6 reflected wider global dissemination of H1N1, not disease severity. But unlike other numerical scales, such as the Saffir–Simpson Hurricane

Wind Scale based on five "categories", WHO's six-point pandemic phase determinations do not correlate with clinical severity but rather with the likelihood of disease occurrence.[21] This point has received widespread attention and criticism.[3,7,22,23]

"The phased approach to pandemic alert was introduced by WHO in 1999," explained WHO Director-General Margaret Chan to the IHR Review Committee, "to allow WHO to gradually increase the level of preparedness and alert without inciting undue public alarm. In reality, it had the opposite effect".[24] Indeed, WHO's concern that declaring phase 6 could "cause an unnecessary panic"[25] may explain why it momentarily considered adding a severity index to its phasing system before declaring phase 6.22 WHO subsequently decided that developing a pandemic severity index was too complex.[23] However, the IHR Review Committee has called on WHO to "develop and apply measures that can be used to assess the severity of every influenza epidemic", while noting that "assessing severity does not require altering the definition of a pandemic to depend on anything other than the degree of spread".[9]

WHO's defence of its decision to declare H1N1 influenza a pandemic because it met "hard to bend", "clearly defined virological and epidemiological criteria"[26] overlooks the fact that these criteria changed over time. As Gross noted, under WHO's previous (2005) guidelines the 2009 H1N1 virus would not have been classified as a pandemic influenza virus simply because it was not a new subtype.[27] The 2009 plan, by contrast, only required a novel "reassortant" virus (Table 1).

Statements from WHO such as "Is this a real pandemic. Here the answer is very clear: yes"[5] suggest that pandemics are something inherently natural and obvious, out there in the world and not the subject of human deliberation, debate and changing classificatory schemes. But what would and would not be declared a pandemic depends on a host of arbitrary factors such as who is doing the declaring and the criteria applied to make such a declaration.

Bridging the gap

Had the novel 2009 H1N1 virus caused exceptionally severe disease, the extensive preparations and planning in recent years would have surely put us in a better position to respond to such a crisis, and decision-making at WHO would not have come under intense scrutiny.[28] But in the case of H1N1, governments mounted extraordinary and costly responses to what turned out to be mostly ordinary disease.[29,30] This resulted in much scrutiny and controversy over the decision-making process. As future policy responses to emerging infectious diseases will not succeed without the trust and understanding of the public, officials must revise the way they think about and characterize emerging diseases.

A first step is to openly acknowledge past failures in risk assessment. The description–definition of pandemic influenza that was on WHO's web site for so long, unchallenged and unchanged for years, is perhaps the most striking illustration that expert institutions assumed pandemics to be, in their basic nature, catastrophic events. (According to the IHR Review Committee, the description–definition was "understandable in the context of expectations about [avian influenza] H5N1",[9] but its appearance dates back to at least early 2003, when only 18 human cases of H5N1 were known.)[6] But it is by no means the only example of false assumptions. A 2005 WHO preparedness document titled Ten things you need to know about pandemic influenza31 stated that "large numbers of deaths will occur" and "economic and social disruption will be great". Statistical projections of future pandemic mortality varied widely, but even the self-described "best case scenarios"[32] yielded numbers that were four to 30 times greater than the estimated number of deaths from seasonal influenza.[33] Also, over the last five years public health experts and policy-makers have helped consolidate the idea that a pandemic is of necessity a catastrophe through repeated mention of the severe 1918 pandemic "in order to rouse governments and the public".[34] Descriptions of H5N1 as a pandemic candidate virus because it had met all the "requirements" only reinforced the message that a serious outbreak was inevitable (Fig. 1). The focus on 1918 and H5N1 came at the cost of preparing for possible future outbreaks similar to the 1957 and 1968 pandemics. These outbreaks, in contrast to the one in 1918, were similar to seasonal influenza and sometimes milder;[37–39] indeed,

historical descriptions of events in 1957 and 1968 have been mixed, a fact that highlights the lack of standardized measures of severity (Table 2). Preparations for future outbreaks must take stock of all the evidence, not just the most alarming.

Second, it is time to re-examine assumptions driven by virus-centric thinking. The fact that the spread of overwhelmingly mild[47] disease by a "novel" virus such as H1N1 could meet current phase 6 criteria highlights the shortcomings of virological assumptions and their central role in defining pandemic response measures. The enduring belief is that highly transmissible novel influenza viruses can be expected to cause serious disease and even death because the population lacks immunity against them.[49] However, this view is challenged by the recent experience with H1N1 and other influenza pandemics.[37,50–52] During the 2009 H1N1 outbreak, relatively few elderly people got sick,[51,53,54] despite the widespread circulation of the so-called novel virus, and when they did, the symptoms were mild in most cases.

Virus-centric thinking is also at the bottom of the current practice of dichotomizing influenza into "pandemic" and "interpandemic" or "seasonal" influenza on the basis of genetic mutations in the virus. This approach, however, ignores the fact that the severity and impact of epidemics, whether caused by influenza viruses or other pathogens, occur along a spectrum and not in catastrophic versus non-catastrophic proportions. We need responses that are calibrated to the nature of the threat rather than driven by these rigid categories.[11] The IHR Review Committee has called for simplifying the pandemic phase structure and for plans that "emphasize a risk-based approach to enable a more flexible response to different scenarios".[9] However, implementing this will remain difficult as long as health officials feel compelled to "err on the side of safety"[9] and respond to any novel influenza virus as if it were potentially a worst case scenario. We therefore need evidence-based ways to address hypothetical scenarios of non-zero probability, such as the fear – based on a very partial reading of history[55] – that novel influenza pathogens acquire increased virulence during successive "waves" of infection.

Virus-centric thinking may heavily influence pandemic influenza planning because of the considerable weight of expert opinion. Bonneux and Van Damme have argued that disease experts are not necessarily competent to judge a disease's relative importance against competing health priorities, and "final evidence-based policy advice should be drafted by independent scientists trained in evaluation and priority setting".[56] This advice is consistent with the views of Neustadt and Fineberg, who noted over three decades ago in their review of the 1976 swine flu affair in the United States of America that "panels tend toward 'group think' and over-selling, tendencies nurtured by long-standing interchanges and intimacy, as in the influenza fraternity. Other competent scientists, who do not share their group identity or vested interests, should be able to appraise the scientific logic applied to available evidence."[57] However, the IHR Review Committee's draft report, issued in March 2011, is less demanding. It calls for an "appropriate spectrum of expertise" to advise WHO's Director-General but fails to specify whether this should include non-influenza experts such as general epidemiologists, general practitioners and health economists.[9]

Third, we must come to broader agreement about acceptable sources of expert advice. While the IHR Review Committee "found no evidence of malfeasance", it urged WHO to "clarify its standards and adopt more transparent procedures for the appointment of members of expert committees".[9] Since the 1980s, "partnerships" between industry and academia have grown increasingly close.[58] Today, for example, both government officials and academic influenza scientists belong to the Neuraminidase Inhibitor Susceptibility Network, a group funded by GlaxoSmithKline and Roche.[59] Much work is needed to ensure that decisions are not unwittingly influenced by industrial interests.

Finally, we must remember the purpose of "pandemic preparedness", which was fundamentally predicated on the assumption that pandemic influenza requires a different policy response than does annual, seasonal influenza. The "pandemic" label must of necessity carry a notion of severity, for otherwise the rationale behind the original policy of having "pandemic plans" distinct from ongoing public health programmes would be called into question. Insofar as these plans allow us to effectively

respond to the spread of severe infectious diseases, regardless of the pathogen that causes them, planning for hypothetical "worst case" scenarios has value. But such scenarios are rare and, when they do occur, few people will require convincing that urgent action is needed. Indeed, if we do face the threat of widespread disease causing severe symptoms, the definition of pandemic influenza will likely become moot.

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Depuis l'an dernier, il existe une importante controverse, en particulier en Europe: l'Organisation mondiale de la Sante (OMS) a-t-elle change ou non sa definition de la grippe pandemique en 2009, apres l'identification de la grippe H1N1 originale?

Certains ont soutenu que non seulement cette definition a ete modifiee, mais qu'elle l'a ete dans le but de preparer la declaration d'une pandemie. D'autres ont explique que la definition n'a jamais ete changee et que cette allegation est denuee de tout fondement. Ces vues polarisees ont gene notre capacite a tirer des conclusions importantes.

Cette impasse, associee aux preoccupations sur les conflits d'interets potentiels et aux doutes sur la proportionnalite de la reponse a, l'apparition de la grippe H1N1, a sape la confiance publique envers les autorites sanitaires et envers notre capacite collective a repondre de maniere efficace aux menaces des maladies futures.

L'OMS n'a pas modifie sa definition de la grippe pandemique pour la simple raison qu'elle ne l'a jamais definie de maniere officielle. Alors que l'OMS a propose de nombreuses descriptions de la grippe pandemique, elle n'a jamais elabore une definition formelle. De plus, les criteres de declaration d'une pandemie causee par le virus H1N1 ont leur origine dans les definitions de la , et non dans une definition de la .

Le fait que, malgre dix annees d'activites de preparation a une pandemie, aucune definition officielle de la grippe pandemique n'ait ete formulee revele des hypotheses sous-jacentes importantes sur la nature de cette maladie infectieuse. Les limitations des approches meritent en particulier une plus grande attention et doivent contribuer aux efforts incessants pour qui guideront la reponse aux apparitions futures de nouvelles maladies infectieuses.

Durante el pasado ano, fundamentalmente en Europa, se genero una considerable polemica sobre si la Organizacion Mundial de la Salud (OMS) habria cambiado su definicion de gripe pandemica en el ano 2009, tras la identificacion de la nueva gripe H1N1.

Algunos argumentan que no solo se cambio la definicion, sino que se hizo para despejar el camino hacia la declaracion de una pandemia. Otros aseguran que la definicion nunca se cambio y que esta alegacion esta completamente infundada. Estos puntos de vista tan opuestos han dificultado nuestra capacidad para extraer conclusiones relevantes.

Este callejon sin salida, unido a las preocupaciones sobre los posibles conflictos de intereses y las dudas sobre la proporcionalidad de la respuesta al brote de la gripe H1N1, ha menoscabado la confianza de la poblacion en los responsables de la salud y en nuestra capacidad colectiva para responder con eficacia a futuras amenazas de este tipo.

La OMS no cambio su definicion de gripe pandemica por el simple motivo de que nunca antes habla definido formalmente el concepto de gripe pandemica. Si bien la OMS ha propuesto numerosas descripciones de gripe pandemica, nunca establecio una definicion formal y los criterios para la declaracion de una pandemia provocada por el virus H1N1 procedian de las definiciones de , no de una definicion de.

El hecho de no contar con una definicion formal de gripe pandemica, a pesar del bagaje de los diez anos de actividades de preparacion contra las pandemias, revela importantes suposiciones subyacentes sobre la naturaleza de esta enfermedad infecciosa. En particular, las limitaciones de los enfoques reclaman una mayor atencion y se debe informar sobre los esfuerzos que se realicen para que dirijan nuestra respuesta ante los futuros brotes de nuevas enfermedades infecciosas.

World Health Organization

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Pandemic influenza and its definitional implications

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In his thoughtful analysis, Doshi aptly describes the need for establishing greater definitional precision of "pandemic influenza" as the basis for future public health preparedness and response efforts.[1] Importantly, his assessment highlights a critical ongoing divide between competing perceptions of the very concept of a "pandemic": namely, between "pandemic" as predominantly a function of geography and virology, versus disease severity.

This is not a minor semantic distinction, but rather one with enormous bearing on planning priorities. For instance, while the United States of America applies an all-hazards approach in its federal, state and local public health emergency readiness efforts, a major piece of 2006 national preparedness legislation was notably called the Pandemic and All-Hazards Preparedness Act.[2] Such explicit separation between "pandemic" and "all-hazards" in the title reflects a unique concern about a pandemic's potential impact and severity, with implications for resource-intensive planning efforts among a myriad of stakeholders. Additionally, milder-than-feared global infectious disease events can subsequently engender a dangerous sense of complacency among frontline responders and the general public, erode trust in public health authorities and potentially reduce compliance with essential protective guidance in the face of future threats.

In keeping with these important considerations, Doshi proposes a more severity-driven approach to the declaration of an influenza pandemic. This strategy has certain merits: research suggests that people are more likely to engage in desired protective behaviours in the face of uncertain risk if they perceive the threat to be legitimately severe and relevant to them (and thus motivating), and if they view the recommended intervention as efficacious.3–5 This would argue for severity as the main definitional predicate for pandemic declaration, rather than geography and virology.

However, a primarily severity-based trigger for pandemic declaration would involve certain operational challenges that must be acknowledged. In the light of wide global variations in public health response infrastructure, population-specific vulnerabilities and the potentially unpredictable course of "pandemic influenza" itself (however defined), "severity" can be experienced very differently in different places and for different community segments at a given point in time.

At the international level, this variability introduces difficulties in yielding standardized severity-governed definitional criteria as the basis for pandemic influenza declaration. Geographic and virologic criteria thus remain more feasible and realistic definitional drivers, despite their admittedly inherent shortcomings from a risk perception standpoint. At the same time, however, severity indices do have considerable utility at national and subnational levels, where the above variations can and should factor directly into tailored, severity-based preparedness and response efforts for pandemic influenza.

In a broader sense, Doshi's assessment speaks powerfully to risk communication as among the greatest challenges in the international response to threats of global public health significance. In the context of pandemic influenza, explicitly establishing a consistent definition is a necessary first step that must be followed by aggressive pre-event education of the global community regarding that definition and its rationale. If we wait to ensure such clarity when the next influenza pandemic strikes, it will simply be too late.

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World Health Organization

Kelly Heath

The classical definition of a pandemic is not elusive

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Doshi argues cogently that the definition of pandemic influenza in 2009 was elusive but does not refer to the classical epidemiological definition of a pandemic.[1] A pandemic is defined as "an epidemic occurring worldwide, or over a very wide area, crossing international boundaries and usually affecting a large number of people".[2] The classical definition includes nothing about population immunity, virology or disease severity. By this definition, pandemics can be said to occur annually in each of the temperate southern and northern hemispheres, given that seasonal epidemics cross international boundaries and affect a large number of people. However, seasonal epidemics are not considered pandemics.

A true influenza pandemic occurs when almost simultaneous transmission takes place worldwide. In the case of pandemic influenza A(H1N1), widespread transmission was documented in both hemispheres between April and September 2009. Transmission occurred early in the influenza season in the temperate southern hemisphere but out of season in the northern hemisphere. This out-of-season transmission is what characterizes an influenza pandemic, as distinct from a pandemic due to another type of virus.

Simultaneous worldwide transmission of influenza is sufficient to define an influenza pandemic and is consistent with the classical definition of "an epidemic occurring worldwide". There is then ample opportunity to further describe the potential range of influenza pandemics in terms of transmissibility and disease severity. The emerging evidence for A(H1N1) is that transmissibility, as estimated by the effective reproduction number (R, or average number of people infected by a single infectious person) ranged from 1.2 to 1.3 for the general population but was around 1.5 in children (Kathryn Glass, Australian National University, personal communication). Some early estimates of R for pandemic influenza H1N1 2009 may have been overestimated.[3]

Severity, as estimated by the case fatality ratio, probably ranged from 0.01 to 0.03%.[4–6] These values are very similar to those normally seen in the case of seasonal influenza.[7,8] However, the number of deaths was higher in younger people, a recognized feature of previous influenza pandemics.[9]

It is tempting to surmise that the complicated pandemic definitions used by the World Health Organization (WHO) and the Centers for Disease Control and Prevention of the United States of America involved severity[1,10] in a deliberate attempt to garner political attention and financial support for pandemic preparedness. As noted by Doshi, the perceived need for this support can be understood given concerns about influenza A(H5N1) and the severe acute respiratory syndrome (SARS). However, conflating spread and severity allowed the suggestion that 2009 A(H1N1) was not a pandemic. It was, in fact, a classical pandemic, only much less severe than many had anticipated or were prepared to acknowledge, even as the evidence accumulated.

In 2009 WHO declared a pandemic several weeks after the criteria for the definition of a classical pandemic had been met. Part of the delay was no doubt related to the nexus between the formal declaration of a pandemic and the manufacture of a pandemic-specific vaccine. If a classical pandemic definition had been used, linking the declaration to vaccine production would have been unnecessary.

This could have been done with a severity index and, depending on the availability and quality of the emerging evidence on severity, a pandemic specific vaccine may have been deemed unnecessary. Alternatively authorities may have decided to order vaccine in much smaller quantities.

The response to A(H1N1) has been justified as being precautionary, but a precautionary response should be rational and proportionate and should have reasonable chances of success. We have argued that the population-based public health responses in Australia and, by implication, elsewhere, were not likely to succeed.[11] Similarly, the authors of the draft report on the response to the International Health Regulations during the 2009 pandemic note that what happened during the pandemic reflected the activity of the virus and, by implication, not the interventions.[10]

Risk is assessed by anticipation of severity and precaution should be calibrated to risk. As Doshi has argued, we need to redefine pandemic influenza. We can then describe the potential severity range of future pandemics. Finally, we need to use evidence to assess severity early to anticipate risk.

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World Health Organization

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Living forwards, understanding backwards

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It has been said that pandemics are lived forwards and understood backwards. The 2009 influenza pandemic is no exception. The identification of the new influenza virus strain in the United States of America coincided with many media reports describing a very severe pneumonia affecting young Mexican adults – echoes of 1918! Hard data were sparse and quoted case fatality rates ranged from 0.3% to 2.5% of confirmed cases as late as September 2009. With the benefit of hindsight it is easy to say that the disease caused by the virus was in fact mild for most people and that this action or that action should have been taken. However, in real time with little reliable data on the effects of the virus on individuals and communities and faced with the need to make time-critical decisions, sovereign nations across the world responded differently. It is important to remember that the World Health Organization (WHO) remit is to help governments determine the level of interventions required as part of their response to threats to international health.

Unfortunately, the fact that WHO issued revised pandemic guidance just as the pandemic was starting generated confusion. Under the new guidance,[1] pandemic phases 4 to 6 differed significantly from the 2005 guideline document,[2] and this made communication difficult.

Individuals have made great play of the change to the wording of one sentence that was part of a 60-page document before phase 6 (the so-called start of the pandemic) was declared. In fact, in several places the WHO 2009 guidance document describes phases 5 to 6 as the pandemic period and clearly states that "during phases 5–6 (pandemic) actions shift from preparedness to response at a global level." From this it can be argued that the pandemic was actually declared on 29 April 2009, five days before the quoted change in definition.

In the United Kingdom of Great Britain and Northern Ireland, a new national influenza pandemic strategy was published for consultation on 22 March 2011.[3] This has taken on board many of the lessons learned during the 2009 pandemic. However, the strategy still recognizes the need for an initially precautionary approach, given the speed with which the virus can spread and the paucity of data that will be available at the start of a pandemic, although it states that proportionality and flexibility should guide the response as information about the virus and its effects become available. The strategy is now better adapted to the needs of the United Kingdom and is proposing a new phased response that is not linked to the WHO phases. This reflects the fact that in the United Kingdom the first cases were detected in late April 2009 and that using the WHO phases, which are global indicators of spread, proved to be unhelpful.

Peter Doshi highlights the lack of a definition of a pandemic.[4] There is also no definition of a pandemic wave or severity, both key issues when it comes to describing the progress and impact of a pandemic. I don't believe this reflects a lack of willingness to formulate such definitions, but rather, a lack of international consensus stemming from the absence of key data and the recognition that severity, impact and other descriptors can only be applied with certainty historically.

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World Health Organization

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Planning for uncertainty:
a European approach to informing responses to the severity of influenza epidemics and pandemics

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The internationally accepted definition of a pandemic is straightforward and well known: "an epidemic occurring worldwide, or over a very wide area, crossing international boundaries and usually affecting a large number of people".[1] However, as Doshi reminds us, for any modern influenza pandemic, with many available powerful countermeasures, it is the detailed description that is crucial in determining proportionate responses, not the definition.[2]

Because of the inherent unpredictability of influenza viruses, preparing for and responding to epidemics and pandemics will always be an uncertain business.[3] Annual epidemics and irregular pandemics have several important characteristics that summary terms such as *mild*, *moderate* and *severe* gloss over.[2] For example, even the "moderate" or "mild" pandemic of 2009 was severe in its impact on many intensive care units and in its initial pressures on primary care services.[4,5]

Data and analyses that inform on the relevant features in the early course of pandemics and epidemics become available continuously. Initial analyses can be misleading and the pattern of infection and disease can also change over time. In the 2009 pandemic, the European Centre for Disease Prevention and Control (ECDC) used updatable published risk assessments to organize this information, comment on its implications for the response and identify the most important areas of uncertainty.[6] This approach was based on a list of "known unknowns" of pandemics, part of a pre-planned "surveillance in a pandemic" strategy.[7]

As recommended by the report adopted by the 64th World Health Assembly,[3] ECDC has further developed this approach applying it as a matrix (Table 1) to annual seasonal epidemics, starting with the 2010–2011 season.

With powerful countermeasures increasingly available – public health interventions, antivirals, vaccines and higher-level intensive care – the matrix relates more to response than to conventional measures, such as transmission and infection fatality rates. Important as these are, they are rarely available in an accurate form early on, whereas the initial impressions of impact on services often appear rapidly.

In the 2009 pandemic, the experience and reports of predominantly mild illness (but with some very severe cases) received from New York City and Melbourne, once verified, were highly informative in determining the proportionate European response.[8] The risk assessments are undertaken by ECDC staff drawing on both European experience (from the European Influenza Surveillance Network) and whatever verifiable epidemic intelligence is available.[9]

For seasonal epidemics the information will be presented visually using internationally recognizable red, amber and green colours (Table 1 and Table 2). Red signals situations in which the evidence suggests action is justifiable, and amber signals those in which precautionary approaches may be needed. Europe has a particular advantage in that seasonal epidemics tend to progress from west to east, so that early experience and virology can be especially helpful in preparing countries for what they will experience later.[10]

Variants on this approach have been used since the 2007–08 season, beginning with the appearance of oseltamivir-resistant viruses in Norway (Table 3) Though concerned with responses, the severity matrix cannot prescribe actions. The ECDC's mandate is to offer scientific information, guidance and options, not to make recommendations. Decisions on risk management are made by its individual Member States and collectively by European Union bodies, such as the Health Security Committee. Capacity, preparation and disease intensity vary across countries; so what can be coped with in one setting may be stressful in another. Hence, the severity matrix will alert Member States as to what *may* give them problems and will suggest options for action.

One of the general lessons learned from the pandemic, as indicated by evaluations undertaken in Europe (listed on the ECDC web site), is that interventions that were not exercised beforehand did not work well. This explains why the ECDC uses interpandemic influenza as a practice ground for pandemic preparation, although it also merits public health action in its own right.[3,11]

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European Centre for Disease Prevention and Control
An agency of the European Union

Issues around the definitions and severity of pandemic influenza

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This collection of article is intended to clarify the issues that arose, during the 2009 pandemic around definitions of the pandemic term, both in a theoretical and practical way. This Public Health Development from ECDC describes some of the background and complex events in approximately chronological order.

Bulletin of the World Health Organization 2011; 89: Charles Penn (editorial) Future perfect Improving preparedness through the experiences of the influenza A (H1N1) 2009 pandemic (p 470) Roundtable debating the issues. Peter Doshi. The elusive definition of pandemic influenza pp 532-538. Daniel J Barnett. Pandemic influenza and its definitional implications (p 539), Luc Bonneux & Wim Van Damme. Health is more than influenza (pp 539–540). Heath Kelly. The classical definition of a pandemic is not elusive (pp 540–541). Nick Phin. Living forwards, understanding backwards (pp 541–542), and Angus Nicoll. Planning for uncertainty: a European approach to informing responses to the severity of influenza epidemics and pandemics (pp 542–544).

This collection of article is intended to clarify the issues that arose, during the 2009 pandemic around definitions of the pandemic term, both in a theoretical and practical way. This Public Health Development from ECDC describes some of the background and complex events in approximately chronological order. In 2009, governments throughout the world mounted responses to the 2009 A(H1N1) pandemic. These efforts were on the premise that pandemic and seasonal influenza potentially required different management and responses.(1) The Director General of the World Health Organization (WHO), followed the actions dictated by the International Health Regulations and acted on the advice of a global emergency committee selected from experts nominated by member states, declared the confirmed outbreak of novel A(H1N1)2009 influenza to be a 'pandemic' in June 2009.(1) As indeed it was according to the long standing definition in the Dictionary of Epidemiology "an epidemic occurring worldwide, or over a very wide area, crossing international boundaries and usually affecting a large number of people" .

Later some persons, mostly new to influenza issues, suggested that the declaration of a 'pandemic' was only because WHO had changed its own definition of a pandemic and that this was bowing to commercial pressures.(1) Concern was increased by WHO's decision to withhold publication of the names of its H1N1 advisory Emergency Committee until the pandemic was declared over in August 2010. In response, WHO denied having changed any definitions and defended the scientific validity of its decisions, citing 'numerous safeguards' for handling potential conflicts of interest. Doshi suggests in his article that both parties are partially correct, and to resolve it he proposes a reevaluation of the way in which emerging threats should be defined, taking into account that the simple act of labelling a disease can have enormous social, economic and political implications. Doshi's article indicates how easy it was for people to confuse description with definition of a pandemic. WHO's Pandemic Preparedness homepage had contained statements about how an influenza pandemic could resulting in enormous numbers of deaths and illness and that less informed readers had then assumed that therefore all pandemics would result in such mortality. This process of perhaps over-

stating the risk has been described as risk advocacy by Thomas Abraham.(3) Dr Fineberg, independent chairman of the WHO-appointed International Health Regulations (IHR) Review Committee which evaluated WHO's response to the 2009 influenza A(H1N1) pandemic – identified the 'definition of pandemic influenza' as a critical element in his committee's review.

In the final report of the review released on the 5th May 2011, the Fineberg committee faulted WHO for 'inadequately dispelling confusion about the definition of a pandemic' and noted WHO's 'reluctance to acknowledge its part in allowing misunderstanding'. Doshi also notes that none of the influenza preparedness guidelines - first developed in 1999 and revised in 2005 and 2009 - contain what could be considered a formal WHO definition of a pandemic and that WHO's six-point pandemic phase determinations did not correlate with clinical severity but rather the international spread and the risk of disease occurrence. The Fineberg report recommends that WHO 'develop and apply measures that can be used to assess the severity of every influenza epidemic', while noting that 'assessing severity does not require altering the definition of a pandemic to depend on anything other than the degree of spread' (1). Finally the article by ECDC indicates a way this is being done in Europe.

Mount Pleasant
SOUTH CAROLINA

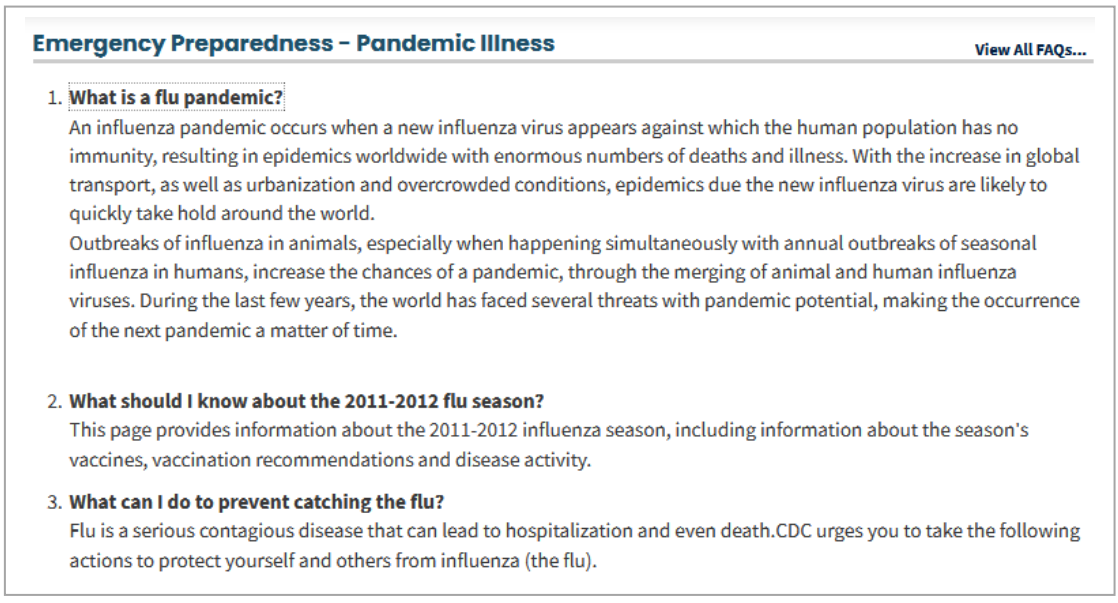
Emergency Preparedness - Pandemic Illness

Mount Pleasant, South Carolina, 13 September 2011
https://www.tompsc.com/FAQ.aspx?QID=293

What is a flu pandemic?

An influenza pandemic occurs when a new influenza virus appears against which the human population has no immunity, resulting in epidemics worldwide with enormous numbers of deaths and illness. With the increase in global transport, as well as urbanization and overcrowded conditions, epidemics due the new influenza virus are likely to quickly take hold around the world.

Outbreaks of influenza in animals, especially when happening simultaneously with annual outbreaks of seasonal influenza in humans, increase the chances of a pandemic, through the merging of animal and human influenza viruses. During the last few years, the world has faced several threats with pandemic potential, making the occurrence of the next pandemic a matter of time.


Emergency Preparedness – Pandemic Illness
View All FAQs...
1. What is a flu pandemic?
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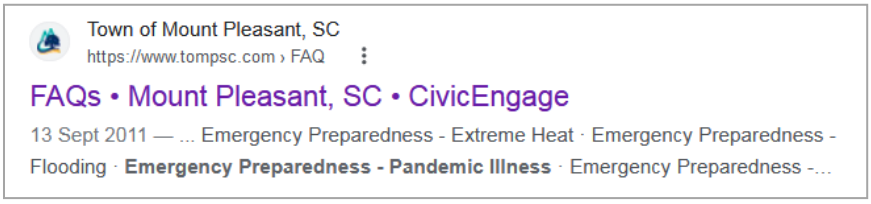
2. What should I know about the 2011-2012 flu season?
This page provides information about the 2011-2012 influenza season, including information about the season's vaccines, vaccination recommendations and disease activity.
3. What can I do to prevent catching the flu?
Flu is a serious contagious disease that can lead to hospitalization and even death.CDC urges you to take the following actions to protect yourself and others from influenza (the flu).


Town of Mount Pleasant, SC
https://www.tompsc.com › FAQ
FAQs • Mount Pleasant, SC • CivicEngage
13 Sept 2011 — ... Emergency Preparedness - Extreme Heat · Emergency Preparedness - Flooding · Emergency Preparedness - Pandemic Illness · Emergency Preparedness -...

PANDEMICS

Mary K. Pratt

Pandemics

Edina, Minnesota: ABDO Pub., 2011, p. 16-21
https://archive.org/details/isbn_9781617147760/page/16/mode/1up

What is a Pandemic?

Even doctors, medical institutions, and government health agencies have no single, clear explanation of the word pandemic. “There is a lot of misinformation in the medical literature, and it is really quite hard to figure out what is and what is not a pandemic,” said Dr. David M. Morens, an epidemiologist at the National Institute of Allergy and Infectious Diseases.

In general, a pandemic is declared when many people in several different regions of the world have the same disease around the same time. A pandemic is a larger version of an epidemic, which happens when a communicable disease sickens many people around the same time in a small area. An epidemic that spreads around a large part of the world or sickens a high percentage of the population is a pandemic.

However, a disease does not have to be present in every country – or even most countries – to be considered a pandemic. The disease does not even have to be particularly deadly, either.

Controversy over definition

It is important that the definition created by the WHO be accurate because it affects how governments, institutions, health officials, and the public react to an outbreak.

The WHO uses a six-point system, which was created in 2005, to alert governments around the world to the severity of a potential pandemic. The system describes how widespread an infectious disease has become. In Phase 1, the disease being monitored occurs only in animals, and humans are not affected. As humans become infected and the disease becomes more widespread, it becomes a greater threat. By Phase 6, the disease has caused outbreaks in several countries and in multiple regions of the world. It has become a pandemic disease.

But some criticized WHO's definition of an influenza pandemic as too broad. According to Dr. Peter Gross, an infectious disease specialist at the Hackensack University Medical Center in New Jersey, under the WHO definition, some seasonal influenza viruses could be incorrectly classified as pandemics. Seasonal influenza occurs every year. Although the strain changes each year, medical professionals are prepared for the disease, and vaccines are ready in advance to prevent infection.

Also, WHO's system does not take into account the potential mortality rate of the pandemic disease. Because the H1N1 virus was less deadly than other pandemic diseases, some governments believed WHO's system created unnecessary panic. Many people believed the H1N1 virus was incredibly dangerous. Some parents were afraid to send their children to school. Others were demanding that avaccine be prepared immediately. Many governments believe that the severity of the illness should be considered, not just how widespread the infection is.

Redefining Panpemic

As the H1N1 virus spread throughout 2009, 'WHO officials found it necessary to revisit how they defined an influenza pandemic. For many years, the WHO defined an influenza pandemic simply as causing "enormous numbers of deaths and illness." But according to its Web site at the end of 2009,

a pandemic is a worldwide epidemic of a disease. An influenza pandemic may occur when a new influenza virus appears against which the human population has no immunity. . . . Pandemics can be either mild or severe in the illness and death they cause, and the severity of a pandemic can change over the course of that pandemic.

It is important for the WHO to have an accurate and effective definition of a pandemic. The WHO is considered an authority on global health issues. Its recommendations shape the response of local governments in fighting outbreaks of disease. Governments and health officials must react quickly if they are to control a potential threat to public health. They must research treatments, procure medicine, train medical personnel about the disease, and design systems for responding to local outbreaks. If the pandemic illness is potentially deadly, the response will need to be even more aggressive.

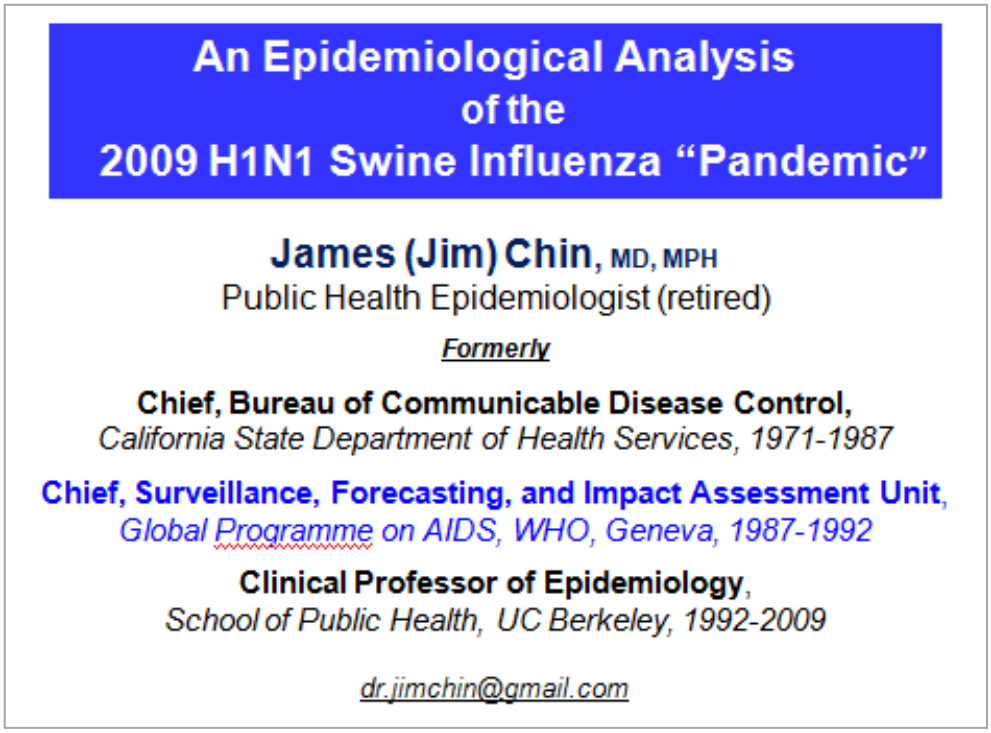
...

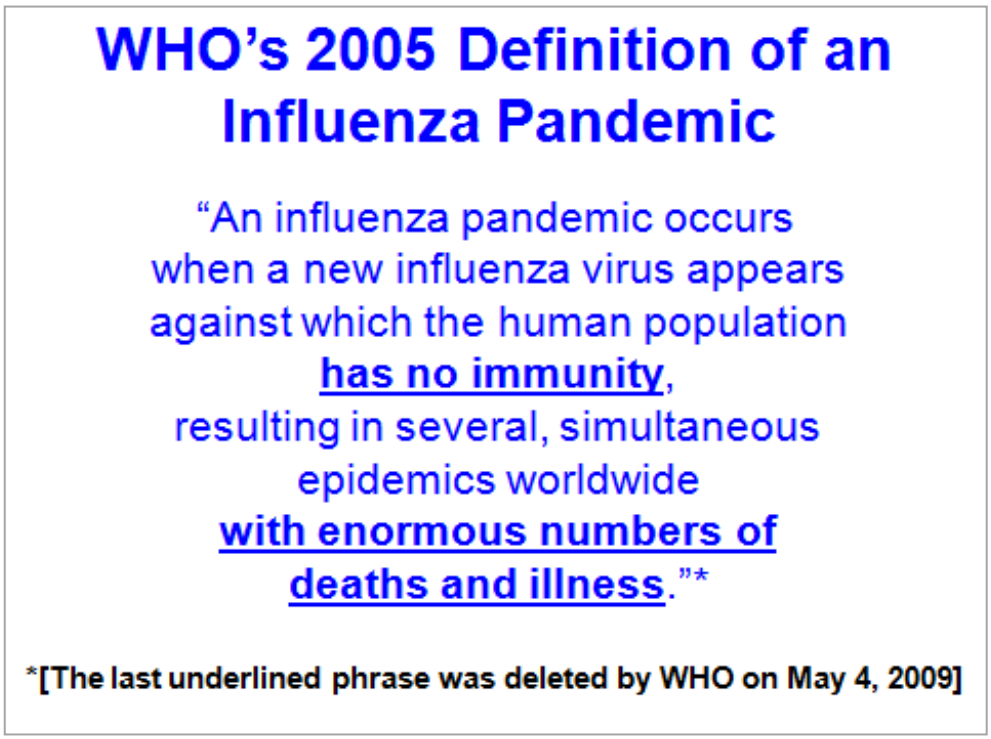
University of Pittsburgh

James (Jim) Chin

An Epidemiological Analysis of the 2009 H1N1 Swine Influenza "Pandemic"

University of Pittsburgh, Supercourse Lecture, 7 June 2012, p. 12
https://sites.pitt.edu/~super1/lecture/lec47451/index.htm


An Epidemiological Analysis
of the
2009 H1N1 Swine Influenza "Pandemic"
James (Jim) Chin, MD, MPH
Public Health Epidemiologist (retired)
Formerly
Chief, Bureau of Communicable Disease Control,
California State Department of Health Services, 1971-1987
Chief, Surveillance, Forecasting, and Impact Assessment Unit,
Global Programme on AIDS, WHO, Geneva, 1987-1992
Clinical Professor of Epidemiology,
School of Public Health, UC Berkeley, 1992-2009
dr.jimchin@gmail.com


WHO's 2005 Definition of an Influenza Pandemic
"An influenza pandemic occurs
when a new influenza virus appears
against which the human population
has no immunity,
resulting in several, simultaneous
epidemics worldwide
with enormous numbers of
deaths and illness."*
*[The last underlined phrase was deleted by WHO on May 4, 2009]

Epidemiology
An Introduction

Kenneth J. Rothman

Epidemiology: an Introduction

2nd ed, New York, NY: Oxford University Press, 2012, p. 112.

What Makes a Pandemic?

In Chapter 4, an epidemic was defined as an unusually high occurrence of disease. A *pandemic* is defined in the *Dictionary of Epidemiology*[2] as "an epidemic occurring worldwide or over a very wide area, crossing boundaries of several countries and usually affecting a large number of people."

The World Health Organization (WHO) had a more specific description that it had used for *pandemic influenza*: An influenza pandemic occurs when a new influenza virus appears against which the human population has no immunity, resulting in several, simultaneous epidemics worldwide *with enormous numbers of deaths and illness*."

Just before WHO announced that the H1N1 influenza of 2009 (swine flu) had become pandemic, it changed its descrip-tion of pandemic by dropping the phrase "with enormous numbers of deaths and illness."

This new description of pandemic was mom consistent with the definition quoted from the Dictionary of Epidennology.2 It also allowed the WHO to declare a pandemic for a disease that did not have extraordinary mortality and morbidity.

The announcement of the pandemic in 2009 led to criticism that the declaration was motivated by ties between the WHO and the phamaaceutical industry, a claim that the WHO denied?'

What Makes a Pandemic?

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Pandemics
Jacqueline Langwith, Book Editor

Jacqueline Langwith, Editor

Pandemics:
The WHO Wanted a Pandemic

Detroit, New York, San Francisco, etc., Greenhaven Press, 2012, p. 74-75.

The WHO Wanted a Pandemic

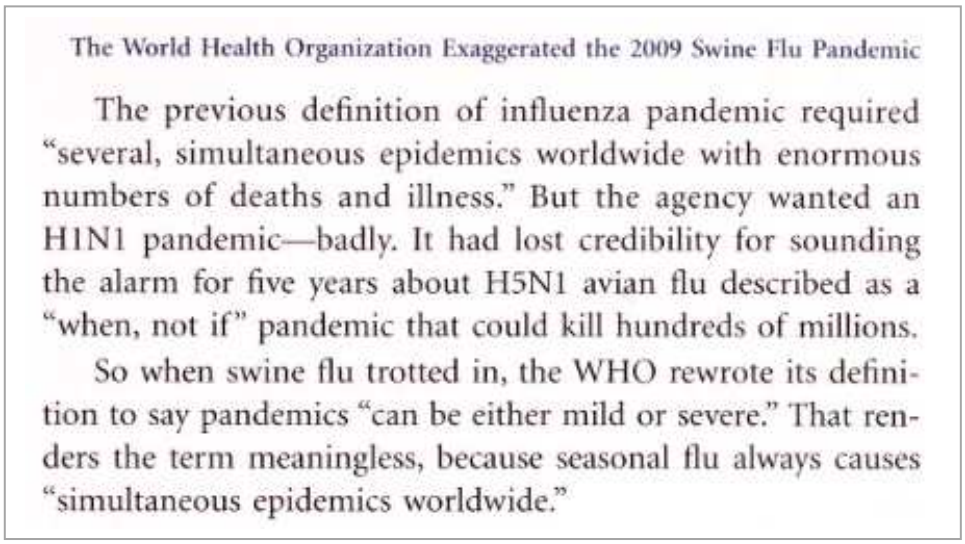
In fact, there was never a need for luck or alarm. Just two days after Fukuda's Spanish flu comparison. I wrote of a "porcine panic" I we on to ffiterate in any more articles that flu fears were being overblown: When the WHO made the pandemic official, for example, I noted that swine flu had killed only 144 people worldwide in 11 weeks, fewer than die e*ach day* from ordinary flu. If I knew the outbreak was being exaggerated, than the WHO and others knew or should have known.

The previous definition of influenza pandemic required "several, simultaneous epidemics worldwide with enormous numbers of deaths and illness" But the agency wanted an HINT pandemic – badly. It had lost credibility for sounding the alarm for five years about HSNI avian flu described as a "when, not if pandemic that could kill hundreds of millions.

So when swine flu trotted in, the WHO rewrote its definiion to say pandemics "can be either mild or severe." That renders the term meaninglew, because seasonal flu always causes "simultaneous epidemics worldwide."

This gave license to others to treat swine flu as a pandemic in the commonly accepted sense of the term. Thu, last August [2009], the President's Council of Advisors on Science and Technology forecast a "plausible" scenario of 30,000 to 90,000 U.S. deaths. In the *Washington Post*, author John Barry predicted more than 89,000 American deaths.

This was obviously nonsense. We already had information from all over the world showing swine flu to be vastly milder than the seasonal variety. A New York City estimate suggested that seasonal flu was 10 to 40 times deadlier than swine flu. In Australia, with the epidemic already well under may and no vaccine generally available, people were dying at a lower rate than nomul.


The World Health Organization Exaggerated the 2009 Swine Flu Pandemic

The previous definition of influenza pandemic required "several, simultaneous epidemics worldwide with enormous numbers of deaths and illness." But the agency wanted an H1N1 pandemic—badly. It had lost credibility for sounding the alarm for five years about H5N1 avian flu described as a "when, not if" pandemic that could kill hundreds of millions.

So when swine flu trotted in, the WHO rewrote its definition to say pandemics "can be either mild or severe." That renders the term meaningless, because seasonal flu always causes "simultaneous epidemics worldwide."

Avens Publishing Group
Inviting Innovations

Journal of Food Processing & Beverages
[ISSN: 2332-4104]

Søren Ventegodt

Why the Corruption of the World Health Organization (WHO) is the Biggest Threat to the World's Public Health of Our Time

J Integrative Med Ther. January 2015, 2(1): 1-5
https://www.avensonline.org/fulltextarticles/JIMT-2378-1343-02-0004.html

Abstract

In the scientific community it is generally accepted that metaanalyses are more accurate than single studies and independent studies more trustworthy than industrial studies. It is therefore understandable that Cochrane reviews, meta-analyses based on rigid protocol and independent origin, have the highest quality in medical research. It is therefore unfortunate that Cochrane reviews seems systematically to conflict with the information and recommendations from the World Health Organization (WHO).

A number of the drugs and vaccines recommended by WHO, especially the drugs used in psychiatry, are in Cochrane reviews found to be harmful and without significant clinical effect. Since whose recommendations are followed by many people in the member states, it could indeed lead to patients getting the wrong medication and many patients have severe adverse effects, because of these drugs.

To solve this serious public health problem it is recommended to revise the WHO-system, which in fact has been proven weak to the interests of the pharmaceutical industry. We therefore believe that the WHO's recommendations regarding medicine in its "list of essential medicines" and other drug directories are biased and not reliable as a source of information on medicine

...

Many drugs listed in the WHO drug directories, like "WHOs model list of essential medicines" [6], have no value as medicine according to Cochrane reviews, since the drugs are dangerous, often harmful, and without significant beneficial effects for the patient. You can even say that the lack of effect and the danger of the drugs are well documented!

...

It turned out to be a false alarm and the Swine Flu epidemic in 2009 did not cause the many cases of deaths as first expected [12,13,15-25]. Slowly it became known that the WHO actually knew this already BEFORE the director-general Margaret Chan declared the pandemic. This can be seen by the fact that WHO changed the definition of a "pandemic" from meaning "millions of deaths" to mean a non-dangerous infection that spreads worldwide only one month before the WHO's declaration of the pandemic [1,2,14-25,28,29].

L'OBS

Gérard Bapt

Grippe A: comment l'OMS a dramatisé les effets de la pandémie

L'OBS, 10 novembre 2016 à 10h34
https://www.nouvelobs.com/rue89/rue89-nos-vies-connectees/20100603.RUE6852/grippe-a-comment-l-oms-a-dramatise-les-effets-de-la-pandemie.html

7,4 millions de décès annoncés. 18 114 dénombrés, au final, depuis avril 2009. Alors que l'Organisation mondiale de la santé (OMS) s'apprête à lever l'alerte sur la grippe A, sa gestion de la pandémie est attaquée. Et pour cause: en retirant le critère de mortalité du phasage de la mise en œuvre de sa stratégie de gestion face à tout virus nouveau, l'OMS nous condamne à l'«alerte sanitaire mondiale» à perpétuité.

Comment l'Organisation mondiale de la santé a-t-elle élaboré sa stratégie de réponse aux pandémies grippales que l'on observe depuis près d'un siècle ? Sur quelle définition précise et reconnue de l'épidémie à combattre ?

En modifiant sa définition d'une «pandémie de grippe»

En surfant sur le site de l'OMS, j'ai remarqué que l'organisation avait changé sa définition de la notion de pandémie virale.

Avant le 4 mai 2009, la définition d'une pandémie virale était la suivante:
«Une pandémie de grippe se produit lorsque apparaît un nouveau sous-type de virus dont personne n'est à l'abri. Plusieurs épidémies peuvent se déclarer simultanément dans le monde, provoquant un grand nombre de cas et de décès».

Le site renvoie à la «check-list» qui précise des recommandations aux Etats et dit notamment que: «même dans l'hypothèse la plus modérée, on dénombrera quelques 7,4 millions de décès dans le monde, dans un laps de temps très bref...».

En déclenchant l'alerte maximale très tôt

Après le 4 mai 2009, sur le même site, les notions de morbidité et de mortalité ont disparu. Le 11 juin, Margaret Chan, directrice général de l'OMS déclenche la phase 6 de la pandémie grippale, la plus haute, alors que 144 décès sont attribués à la grippe A dans le monde.

Cette déclaration n'aurait pu être faite sans ce changement de définition, excluant la prise en considération de la mortalité. Le Center of Disease Control américain estimait dès le 23 avril 2009 que ce virus ferait beaucoup moins de morts qu'une grippe saisonnière.

Mais les mêmes prévisions en nombre de morts apparaissent toujours dans la «check-list» des recommandations aux Etats, ainsi déconnectée de la définition de la pandémie et entretenant le catastrophisme.

En changeant les règles de l'expertise du virus

Le 24 avril 2009, jour de « l'alerte sanitaire mondiale » proclamée par l'OMS, quinze cas de grippe étaient attribués au H1N1 type A. Richard Besser, le directeur du Center of Disease Control déclarait:
=> https://www.cdc.gov/media/transcripts/2009/t090424.htm

«Nous allons expertiser le nouveau virus selon trois dimensions: Est-il nouveau pour la population? Cause-t-il des affect ions sévères? Est-il aisément transmissible?»

Las, quelques jours plus tard, le 4 mai, les bases sur lesquelles l'expertise devait être conduite allaient être bouleversées: la notion de sévérité de la pandémie disparaissait de la définition officielle de la pandémie. On venait de changer les règles du jeu en cours de partie!

C'est au bout d'une longue maturation que l'OMS en est arrivée à ce changement, prenant prétexte du nouveau règlement sanitaire international. Les efforts des firmes productrices de vaccins et de certains experts n'y ont toutefois pas manqué !

En partant des prévisions les plus graves...

En témoigne l'examen des comptes rendus de la réunion regroupant OMS, agences et firmes à Genève les 11 et 12 novembre 2004, de même, celui de l'assemblée de l'ESWI (European Scientists Fighting Influenza), présidée par le très contesté Professeur Osterhaus, réunie en janvier 2009 à Bruxelles.

A partir de mai 2009, l'OMS continue à renvoyer à des recommandations faisant appel à des prévisions évoquant 7,4 millions de décès. Ces prévisions seront relayées dans les différents pays : en France, le Professeur Flahaut affiche, le 12 mai 2009, la « prévision modérée » de 30000 décès.

Beaucoup plus tard, le très officiel Institut de Veille Sanitaire (INVS) livre dans son avis du 28 septembre 2009 des fourchettes d'évaluation actualisées, allant de 6400 décès dans le scénario le plus optimiste, à 96 000 décès dans le plus pessimiste, avec 640 à 4800 décès pour les enfants de 0 à 4 ans...

Malgré les données du terrain

A cette date étaient pourtant connues de nombreuses données provenant de pays ayant connu le pic pandémique de grippe A. On dénombrait ainsi le 26 août 439 décès en Argentine, 128 au Chili, 34 en Uruguay, 132 en Australie, 522 aux USA... beaucoup moins que pour une grippe saisonnière !

Le caractère modéré («mild») de la pandémie était souligné, de même que les publics vulnérables désignés (femmes enceintes, pathologies associées...).

Certains experts et chercheurs (par exemple du très prestigieux Massachussets Institute of Technology) avaient aussi indiqué que des prévisions trop pessimistes sur une pandémie avaient un grand impact sur l'expérience sociale en matière de santé publique.

Des stratégies de réponse aux pandémies uniquement basées sur des prévisions catastrophistes ne peuvent qu'éroder la confiance des populations et des professionnels de santé, d'autant plus que la communication publique y contribue fortement.

Thierry Saussez, responsable de la communication gouvernementale, n'a-t-il pas indiqué devant la commission d'enquête de l'Assemblée nationale que, face à une menace, il fallait partir des prévisions les plus graves ? L'INVS les a formulées !

The World Foundation for Natural Science
The New World Franciscan Scientific Endeavour of The New World Church
Restoring and Healing the World through Responsibility and Commitment in accord with Natural and Divine Law!

Вакцины против SARS-CoV-2: должен ли ты получать по одной, каждый год?

Natural Science, 2 декабря, 2020
https://www.naturalscience.org/ru/news/2020/12/%D0%B2%D0%B0%D0%BA%D1%86%D0%B8%D0%BD%D1%8B-%D0%BF%D1%80%D0%BE%D1%82%D0%B8%D0%B2-sars-cov-2-%D0%B4%D0%BE%D0%BB%D0%B6%D0%B5%D0%BD-%D0%BB%D0%B8-%D1%82%D1%8B-%D0%BF%D0%BE%D0%BB%D1%83%D1%87%D0%B0%D1%82/

...

Так действительно ли это пандемия – нечто, чего стоит бояться?

На ум приходит поддельная пандемия свиного гриппа H1N1 в 2009 году. ВОЗ изменила определение термина ‘пандемия’ за месяц до объявления пандемии гриппа H1N1.

Определение ВОЗ до внесения изменений гласило: “Пандемия гриппа возникает, когда появляется новый вирус гриппа, против которого человеческое население не имеет иммунитета, что приводит к нескольким одновременным эпидемиям во всем мире *с огромным числом смертей и болезней*”.

За месяц до объявления H1N1 пандемией определение ВОЗ было изменено на следующее: “Пандемия гриппа может произойти, когда появляется новый вирус гриппа, против которого человеческое население не имеет иммунитета”.

Статья ВОЗ продолжает: “Несколько месяцев спустя Совет Европы будет ссылаться на это изменение как на доказательство того, что ВОЗ изменила свое определение пандемии гриппа, чтобы можно было объявить пандемию без необходимости демонстрации интенсивности заболевания, вызванного вирусом H1N1″.[27]

Поддельная пандемия не означает поддельный вирус, но это означает, что все меры по борьбе с чем-то не более опасным, чем сезонный грипп, несоразмерны. На ум приходят также спящие контракты с фармацевтическими компаниями.

Возможно, стоит задуматься, сколько денег могут заработать фармацевтические компании, сколько на этом могут заработать их спонсоры, такие как Фонд Билла и Мелинды Гейтс? И к каким крайним мерам они могли подтолкнуть правительства для достижения своих целей? Каждому человеку на планете сделать прививку? Билл Гейтс сам сказал: “Пока мы не вакцинируем всех во всем мире, мы не сможем вернуться к нормальному состоянию”.[28]

...

Литература

27 https://www.who.int/bulletin/volumes/89/7/11-086173/en/

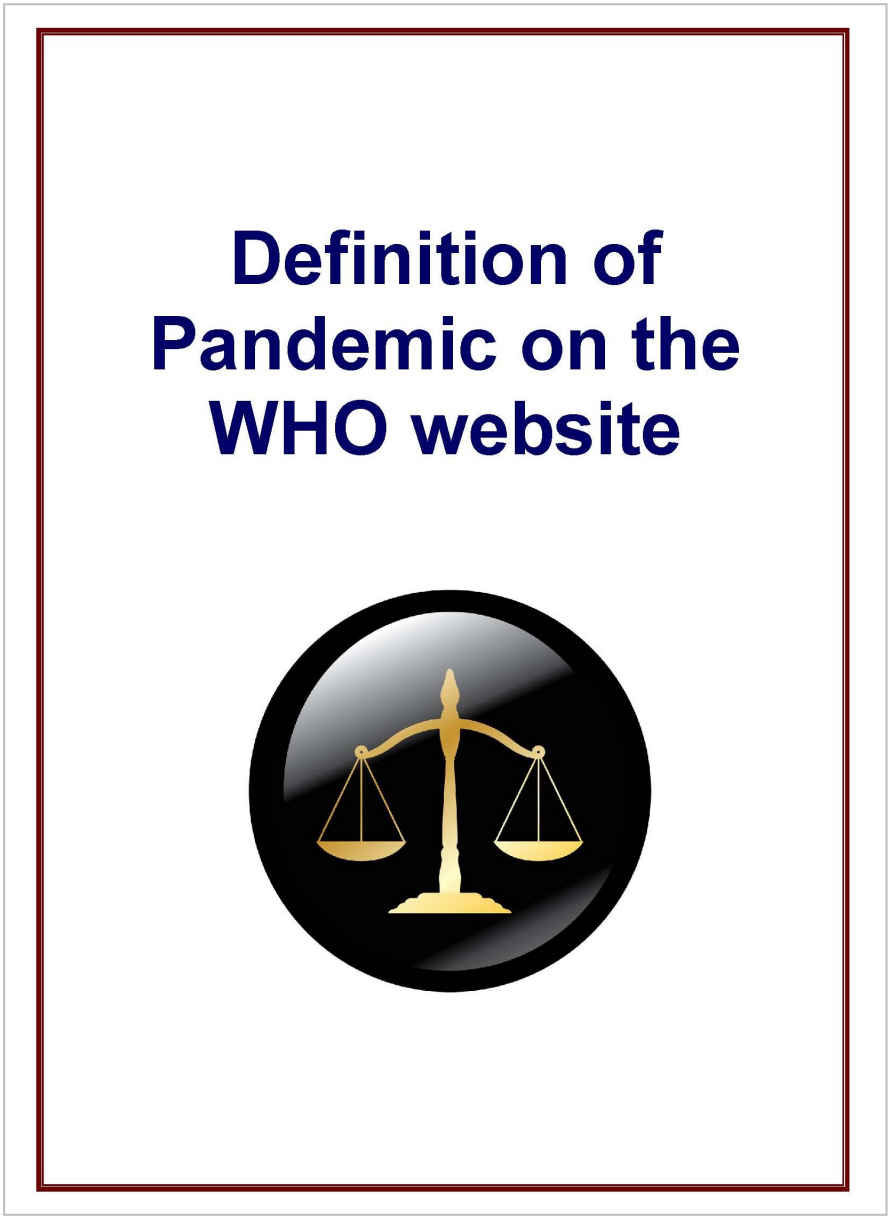
28 Dr Mercola (May 21 2020) Как Билл Гейтс Монополизировал Глобальное Здравоохранени, https://articles.mercola.com/sites/articles/archive/2020/05/21/bill-gates-foundation-global-health.aspx Посмотрите видео. Гейтс сам это говорит.

ResearchGate

Mikhail Teppone

Definition of Pandemic on the WHO website:
a Collection of articles, documents, news, and remarks
on the history of changing the definition of a pandemic on the WHO website

July, 2023, 160 pages. DOI: 10.13140/RG.2.2.11046.29760/1
https://www.researchgate.net/publication/372418909_Definition_of_Pandemic_on_the_WHO_website
https://archive.org/details/definitionof-pandemic



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Михаил Теппоне // Mikhail Teppone

Историко-эпидемиологические события, предшествовавшие и сопровождавшие изменения в описании пандемии на веб-сайте ВОЗ

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https://www.researchgate.net/publication/380365936_Istoriko-epidemiologiceskie_sobytia_predsestvovavsie_i_soprovozdavsie_izmenenia_v_opisanii_pandemii_na_veb-sajte_VOZ

Краткое содержание

Данное исследование было проведено с целью выявления исторических и эпидемиологических событий, которые предшествовали изменениям определения пандемии, произошедшим на сайте ВОЗ в 2009 и 2011 годах.

В связи с тем, что причина изменения определения пандемии была неизвестна, поэтому возникла необходимость провести анализ литературы, посвященной эпидемиям и пандемиям, а также документов ВОЗ, веб-сайта ВОЗ, и статей, опубликованных в печатных изданиях и в Интернете.

До четвертого мая 2009 года, при описании пандемии основное внимание уделялось «большому числу случаев заболевания и смертей». Шестого мая 2009 года было опубликовано новое описание пандемии, в котором основное внимание уделялось распространенности заболевания. В 2011 году описание пандемии на веб-сайте ВОЗ было возвращено к первоначальному варианту без какихлибо комментариев.

...

В результате проведенного исследования выявлена следующая последовательность событий:

2003-2009: Нарастающая, но затем снижающаяся угроза развития пандемии птичьего гриппа;

2004-2009: Разработка и производство вакцин от виртуального пандемического штамма вируса птичьего гриппа;

2009, Январь: Австрийская компания Baxter разослала «вакцины», содержавшие живой вирус птичьего гриппа;

Апрель, 8: В прокуратуру города Вены подан иск против австрийского филиала компании Baxter и против компании Avir Green Hills Biotechnology;

Апрель, 14: CDC: Американский Центр по контролю и профилактике заболеваний (CDC) сообщил о выявлении первого случая лихорадочного заболевания на территории США, вызванного новым штаммом свиного гриппа

Апрель, 29: ВОЗ: Уровень предупреждения о пандемии гриппа повышен с 4-й фазы до 5-й;

Май, 2: Министр здравоохранения Мексики, заявил, что, эпидемия идет на спад, и, вероятно, на следующей неделе страна вернется к обычной жизни;

Май, 4: ВОЗ: Во время пресс-конференции, *Натали Буду, заявила*, что *определение пандемии* на веб-сайте ВОЗ, где пандемия гриппа характеризовалась «большим числом случаев заболевания и смертей», *было ошибочным*... и оно будет исправлено;

Май, 6: На веб-сайте ВОЗ появилось новое определение пандемии;

2011, Июль-Август: На веб-сайте ВОЗ определение пандемии *вернулось к первоначальному варианту* с акцентом на высокую заболеваемость и смертность.

Михаил Теппоне

Историко-эпидемиологические события, предшествовавшие и сопровождавшие изменения в описании пандемии на веб-сайте ВОЗ

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The Historical and Epidemiological Events that Preceded and Accompanied the Adjustment of the Description of a Pandemic on the WHO website in 2009 and 2011

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«В течение многих лет на веб-сайте ВОЗ, пандемия гриппа определялась,
как причина 'большого числа случаев заболевания и смертей'.
Но недавно агентство отозвало это определение, извинившись за то,
что оно вызвало замешательство и беспокойство ... ».
[*The New York Times*, 8 июня 2009]

Краткое содержание

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В связи с тем, что причина изменения определения пандемии была неизвестна, поэтому возникла необходимость провести анализ литературы, посвященной эпидемиям и пандемиям, а также документов ВОЗ, веб-сайта ВОЗ, и статей, опубликованных в печатных изданиях и в Интернете.

До четвертого мая 2009 года, при описании пандемии основное внимание уделялось «*большому числу случаев заболевания и смертей*». Шестого мая 2009 года было опубликовано новое описание пандемии, в котором основное внимание уделялось распространенности заболевания. В 2011 году описание пандемии на веб-сайте ВОЗ было возвращено к первоначальному варианту без каких-либо комментариев.

Если ориентироваться на документы ВОЗ, опубликованные в 2009 году, то объявление пандемии свиного гриппа в июне 2009 года было оправданным. Однако, учитывая историю предыдущих пандемий, здравый смысл и последствия объявления пандемии при заболевании, не сопровождающимся большим числом случаев и высокой смертностью, объявление пандемии было преждевременным.

Поскольку основным фактором, препятствующим развитию пандемии, является эффективное лечение нового инфекционного заболевания, поэтому, для минимизации вероятности возникновения новой пандемии в будущем, необходимо повысить качество специального медицинского образования, а также изучить и адаптировать к современным условиям все эффективные методы и лекарственные препараты, использовавшиеся для лечения инфекционных заболеваний в прошлом.

Abstract

The study was carried out to evaluate historical and epidemiological events that preceded and accompanied the adjustment of the description of a pandemic on the WHO website in 2009 and 2011.

Since the cause of the change in the description of a pandemic on the WHO website is not clear, analyses of the literature related to the epidemics and pandemics, WHO documents, WHO website, and articles published in journals and the Internet have been done.

Until early May 2009, the description of the pandemic focused on "enormous numbers of cases and deaths." On May 6, 2009, a new description of the pandemic was published, focusing on the prevalence of the disease; in 2011 it reverted to the initial one without any comments. From the perspective of the WHO document issued in 2009, the declaration of a swine flu pandemic in June 2009 seemed justified. However, considering the previous pandemic history, common sense, and the consequences of declaring a pandemic for a disease not accompanied by a high number of cases and high mortality, it was a premature move.

Since the primary factor hindering the development of a pandemic is the effectiveness of treating infectious disease, to minimize the likelihood of a new pandemic, it is necessary to improve the quality of special medical education and to study and adapt to modern conditions all effective drugs and methods used in the past.

Ключевые слова: пандемия, эпидемия, свиной грипп, pandemic, epidemic, swine flu, WHO, H1N1,

1. Предпосылки

При анализе страниц веб-сайта ВОЗ, посвященных пандемии гриппа, выявлены изменения в использовании термина «пандемия», произошедшие в 2009-2011 годах. Некоторые изменения были отражены в документах ВОЗ и в средствах массовой информации, другие изменения остались незамеченными.

2. Цель исследования

Целью данного исследования является выявление исторических и эпидемиологических событий, предшествовавших и сопровождавших изменения в определении пандемии на веб-сайте ВОЗ.

3. Материалы и методы исследования

При проведении данного исследования использовалась литература, посвященная эпидемиям и пандемиям, документы ВОЗ, страницы веб-сайта ВОЗ, а также статьи, опубликованные в журналах и на веб-сайтах различных Интернет изданий.

Для оптимизации данного исследования, страницы веб-сайта ВОЗ, посвященные описанию пандемии, были собраны в тематический сборник, содержащий текст и копии страниц.[1]

4. Введение

Инфекционные заболевания, а также эпидемии, были хорошо известны с древних времен. В китайском *Каноне о Внутреннем*, предположительно датируемым десятым веком до н.э., описаны внешние патогены, которые могут вызвать острые заболевания и способны поразить большòе число людей одновременно. Прогноз относительно возникновения таких заболеваний можно было составить, наблюдая погоду в первые дни китайского нового года.[2]

Уже в те времена врачи знали, что протекание заболевания в каждом конкретном случае зависит от исходного состояния пациента, и его «защитной энергии» (*Wei Qi*).[3] Под «защитной энергией» можно подразумевать комплексный ответ иммунной системы, а также других систем организма, вовлеченных в патогенетические и саногенетические реакции больного.

Несмотря на многообразие внешних патогенов, представленных тысячами вирусов и бактерий, организм человека обладает ограниченным набором защитных реакций, которые в современной патофизиологии известны, как *воспаление*, *лихорадка*, *гипоксия*, *общий адаптационный синдром*, и пр. Эти патогенетические синдромы сопровождаются неспецифическими симптомами, такими как повышение температуры, слабость, озноб или ощущение жара, головная боль, кашель, одышка, тошнота, рвота, понос, кожная сыпь, изменение цвета кожи, и т.д., которые имеют схожий патогенез, независимо от возбудителя инфекционного заболевания.

При широкой вариабильности патогенов, в случае развития любого лихорадочного заболевания, участвуют только два ведущих механизма, приводящих к повышению температуры – это увеличение теплопродукции или снижение теплоотдачи.[4] Аналогичным образом можно найти 2-3 механизма, участвующих в формировании каждого клинического синдрома.

Около 1800 лет назад д-р *Чжан Чжунцзин* изучил результаты исследований предыдущих поколений и разработал теорию острых инфекционных заболеваний, которая объясняла диагностику и лечение ведущих синдромов. Согласно этой теории, в случае развития острого заболевания, происходит смена нескольких фаз инфекционного процесса, от 1-й до 6-й, отражающих постепенное включение различных уровней защиты. Каждая фаза может протекать по одному из двух или трех вариантов. Таким образом, всё разнообразие клинических синдромов, связанных с любым острыми инфекционным заболеванием, можно свести к 10-12 вариантам, для каждого из которых был разработан протокол этиопатогенетического лечения.[5] При изменении симптомов и, соответственно, при изменении клинического синдрома, необходимо подобрать новое лечение. Поэтому при лечении каждого пациента протокол использования лекарственных средств постоянно менялся в соответствии с изменениями основных симптомов заболевания.

Приведем несколько примеров из рецептуры, предложенной доктором Чжаном: в начале лихорадки с ощущением холода без потоотделения рекомендуется использовать отвар из травы эфедры (*Herba Ephedrae*); если в начале лихорадки имеется ощущение жара – используется отвар из листьев белой шелковицы (*Folium Mori Albae*) и мяты (*Herba Menthae Haplocalycis*); в начале лихорадки с интенсивным потоотделением, но без ощущения жара – отвар из веточек коричного дерева (*Ramulus Cinnamomi Cassiae*); при наличии лихорадки с чередованием ощущения жара и холода, или озноба – отвар из корней володушки (*Radix Bupleuri*). Если лихорадочное заболевание прогрессирует и появляется кожная сыпь, геморрагический синдром, делирий, и прочие осложнения, то используется отвар из корней вайды красильной (*Radix Isatis tinctoria*).[6]

В последующие века протоколы лечения инфекционных заболеваний обновлялись в соответствии с новым пониманием этиологии и патогенеза заболеваний, а также достижениями фармакологии.

Современный врач, изучавший общий адаптационный синдром Ганса Селье,[7] к сожалению, знаком лишь с ограниченной версией теории острых инфекционных заболеваний доктора Чжана и не обладает достаточными знаниями для ее применения у постели больного.

1.	*Tai Yang*	- Простудные симптомы
2.	*Shao Yang*	- Переходная фаза: жар ~ озноб
3.	*Yang Ming*	- Прогрессирующая лихорадка
4.	*Tai Yin*	- Начальная фаза истощения защиты
5.	*Shao Yin*	- Стойкая высокая лихорадка, геморрагический синдром и прочие осложнения
6.	*Jue Yin*	

Рис. 1. Шесть фаз развития острого инфекционного заболевания

Можно предположить, что развитие эпидемии или пандемии зависит не столько от опасности внешнего патогена, сколько от *знаний* и *опыта* врача и от его *способности* подобрать индивидуальное лечение, соответствующее теку-

щей фазе острого заболевания. Поэтому подготовка врача, умеющего использовать эффективные средства и методы лечения, должна быть в основе успешной борьбы с будущими эпидемиями. В противном случае, нас ожидает череда пандемий, напоминающих те, которые произошли в 2009-2010 и 2020-2023 годах, когда основная надежда была возложена на карантин, ограничение передвижения и массовую вакцинацию.

5. Краткий обзор определения пандемии до 1999 года

В словаре, изданном в Лондоне в 1791 году, термин эпидемия (*epidemius*) относился к заболеванию, которое одновременно поражает множество людей, а затем исчезает. В том же словаре слово пандемия (*pandemius*) трактуется как синоним слова эпидемия.[8]

В энциклопедическом словаре, изданном в России в 1847 году, имеется следующее определение эпидемии: «*Эпидемія*. – Такъ называется всякая болѣзнь, происходящая отъ особаго свойства воздуха, способствующаго развитію, упорности и особой злокачественности болѣзни, и поражающая одновременно множество людей; таковы холера, тиф и другія болѣе или менѣе острыя или злокачественныя болѣзни».[9] Термин «пандемия» в словаре отсутствовал.

В словаре, изданном в Филадельфии, в 1874 году, термин «эпидемия» [греч. ἐπί - *epi*, означает - «на», + δῆμος - *dēmos*, означает «народ»] использовался для описания заболевания, при котором одновременно поражено большое число людей определенной страны или региона. Термин «пандемия» [греч. παν - *pan*, означает - «все» или «всё», + δῆμος - *dēmos*, означает «народ»] означал заболевание, которым было охвачено большинство или все население страны.[10]

В энциклопедическом словаре, изданном в России в 1904 году, под *эпидемией* подразумевается такое заболевание, которое возникает где-либо, время от времени, и затем распространяется на большие территории, поражая многих людей, а, прекратившись, исчезает на долгое время. При одновременном распространении болезни на все население земного шара или при поражении большинства людей на более ограниченной территории говорят о *пандемии*.[11]

В конце 20-го века смысл термина «*эпидемия*» приобрел более широкое значение и стал применяться к необычному увеличению числа случаев определенного заболевания, как инфекционной, так и неинфекционной природы. В это же время, термин «*пандемия*» стал использоваться при описании вспышки таких заболеваний, как чума, холера или грипп.[12]

Обсуждение противоречий между необходимостью и правомерностью использования термина «*пандемия*» началось в начале мая 2009 года,[13] т.е. примерно за месяц до 11 июня, когда Генеральный директор Всемирной Организации Здравоохранения (ВОЗ), д-р Маргарет Чан (*Chan*) заявила: «*Сейчас мир находится в начале пандемии гриппа* 2009 *года*».[14] С момента объявления пандемии вступили в силу контракты, заключенные между правительствами различных стран и фармакологическими компаниями, поставляющими противовирусные препараты и вакцины.[15]

6. Определение термина «*пандемия*» в документах ВОЗ, изданных в 1999-2017 годах

В 1999 году ВОЗ разработала документ – *План подготовки к пандемии гриппа.* В нем приводятся ссылки на пандемии гриппа, произошедшие в 1918, 1957 и 1968 годах, а также дано подробное описание периодов развития пандемии, включая межпандемический период, период предупреждения о пандемии (три уровня), и пандемический период (четыре фазы), по окончанию которого вновь наступал межпандемический период.[16]

В документе 1999 года не было определения, что такое *пандемия*, но было дано разъяснение, что «*Пандемия* будет объявлена, если будет доказано, что новый подтип вируса вызвал несколько вспышек, по крайней мере в одной стране и распространился на другие страны. При этом характерные признаки заболевания указывают на то, что *высокая заболеваемость и смертность* (serious morbidity and mortality) вероятны, по крайней мере, в одном сегменте населения».[16]

В связи с возникновением спорадических случаев птичьего гриппа, в 2004 году был издан новый документ, где дано следующее описание возникновения пандемии:

«*Пандемия* гриппа возникает с появлением нового вируса гриппа, против которого никто из населения не имеет какого-либо иммунитета. Это приводит к нескольким одновременным эпидемиям с *большим числом случаев заболевания и смертей*. В связи с глобальным развитием транспорта и коммуникаций, а также с урбанизацией и перенаселенностью, эпидемии, вызванные новым вирусом гриппа, могут быстро распространиться на весь мир».[17] Таким образом, главный критерий пандемии – *большое число заболевших и смертей* – остался неизменным.

Ниже приведены описания пандемии, представленные в документах ВОЗ в последующие годы, позволяющие предположить, что характеристики пандемии оставались прежними. Например,

«*Пандемия гриппа* связана с высокой заболеваемостью, повышенной смертностью и социальными и экономическими потрясениями» (январь 2005 г.).[18]

«*Пандемия гриппа* (мировые эпидемии) происходила через нерегулярные и непредсказуемые промежутки времени и была связана со значительной заболеваемостью, смертностью и экономическими издержками» (март 2005 г.).[19]

«*Пандемия гриппа* (или глобальная эпидемия) возникает, когда появляется новый подтип вируса гриппа, от которого нет иммунитета. Это может привести к нескольким одновременным эпидемиям во всем мире с *большим числом случаев заболевания и смертности*. В связи с глобальным развитием транспорта и урбанизацией, эпидемии, вызванные новым вирусом гриппа, могут быстро распространиться по всему миру» (весна 2005 г.).[20]

«*Пандемия гриппа* (мировые эпидемии) ... характеризуется *высокой заболеваемостью*, *смертностью* и экономическими издержками (октябрь 2005 г.).[21]

Кроме того, в документах ВОЗ подчеркивалось, что пандемический вирус может привести к нескольким одновременным эпидемиям во всем мире, вызывая большое число случаев и смертей (*high numbers of cases and deaths*), [19] или, к значительной заболеваемости и смертности (*considerable morbidity and mortality*).[22]

An influenza pandemic

An influenza pandemic (or global epidemic) occurs when a new influenza virus subtype appears, against which no one is immune. This may result in several simultaneous epidemics worldwide with high numbers of cases and deaths. With the increase in global transport and urbanization, epidemics caused by the new influenza virus are likely to occur rapidly around the world.

Рис. 2. WHO checklist for influenza pandemic preparedness planning WHO/CDS/CSR/GIP/2005.4. – Geneva, WHO, p. vi (2005).[20]
В русском варианте документа этого параграфа нет.[23]

В марте 2005 года ВОЗ подготовила еще один документ – «*Глобальный план ВОЗ по обеспечению готовности к гриппу*», в котором, как и в предыдущих документах, говорилось, что пандемический вирус может вызвать значительную заболеваемость и смертность во всех возрастных группах. В новом документе упоминаются пандемии гриппа 1918, 1957 и 1968 годов, унесшие миллионы жизней. В нем также представлено подробное описание шести фаз развития пандемии, каждая из которых характеризовалась повышенной и устойчивой передачей вируса среди населения в целом.[24]

Первой задачей руководства ВОЗ во время пандемии (фаза 6) была «*минимизация заболеваемости и смертности*», связанных с текущими инфекциями среди людей.[24] Таким образом, пандемия по-прежнему характеризовалась *высокой заболеваемостью и смертностью*; в противном случае не было бы смысла снижать эти параметры.

Новый документ ВОЗ – «*Обеспечение готовности к пандемии гриппа*» – был завершен и опубликован весной 2009 года.[25] Согласно результата поиска в «google search», проводимого в 2023 году, при подготовке *Сборника...*[1] новое издание было опубликовано 26 апреля 2009 г., (рис. 3), т.е. на следующий день после первого заседания Комитета по чрезвычайным ситуациям, созванного Генеральным директором ВОЗ для решения проблемы вспышки свиного гриппа.[26]

National Institutes of Health (.gov)
https://pubmed.ncbi.nlm.nih.gov › ...

Pandemic Influenza Preparedness and Response: A WHO ...

Apr 26, 2009 — **Pandemic Influenza Preparedness and Response**: A WHO Guidance

Рис 3. "Pandemic Influenza Preparedness and Response".[24]

При проведении нового поиска во время подготовки русской версии данного исследования (02.05.24), появилось сообщение, что новое издание «*Обеспечение готовности ...* » опубликовано 3 марта 2009 г. (рис. 4).

World Health Organization (WHO)
https://www.who.int › Publications › i › item

Pandemic Influenza Preparedness And Response

3 Mar 2009 — **Pandemic Influenza Preparedness And Response**. WHO guidance document. 3 March 2009.

Рис 4. "Pandemic Influenza Preparedness and Response".

Как и в предыдущем аналогичном документе, опубликованном в 2005 году, в новом издании упоминаются пандемии гриппа 1918, 1957 и 1968 годов, унесшие миллионы жизней; однако встречаемость слов «*смерть*» или «*смертность*» в новом документе сократилось вдвое.

В новой редакции документа сохранено шестифазное развитие пандемии. Критериями для 6-й фазы являются следующие признаки: «В дополнение к критериям, определенным для фазы 5, один и тот же вирус вызывает постоянное заражение населения на уровне общин, по крайней мере, еще в одной стране в другом регионе ВОЗ».[25]

Определение «пандемии» отсутствовало; различные фазы готовности к пандемии различались лишь по распространенности инфекции без учета тяжести течения заболевания и смертности. Согласно новому документу, ВОЗ не брала на себя никаких обязательств по минимизации заболеваемости и смертности, как это было в документе, выпущенном в 2005 году. Новый документ использовался как руководство для объявления пандемии свиного гриппа 11 июня 2009 года.[14]

В документе, выпущенном ВОЗ в 2017 году – «*Руководств ВОЗ по обеспечению готовности* контролирующих органов к выдаче разрешения на реализацию вакцин ... », вновь упоминалось, что пандемический вирус может вызвать одновременно несколько эпидемий по всему миру с *большим числом случаев заболевания и смертей*.[27]

7. Определение термина «*пандемия*» на веб-сайте ВОЗ перед 4 мая 2009 года

В 2003-2005 годах раздел, посвященный инфекционным заболеваниям, был озаглавлен «*Эпидемиологический надзор* за инфекционными заболеваниями и реагирование в случае их возникновения».[28] Во второй половине октября 2005 г. эта страница получила новое название «*Оповещение* об эпидемиях и пандемиях и ответные действия (EPR)».[29] 10 июля 2009 года, страница сайта ВОЗ, посвященная инфекционным заболеваниям, получила название «*Глобальное предупреждение* и ответные действия (GAR)».[30]

На веб-сайте ВОЗ, первое доступное определение пандемии датируется вторым февраля 2003 года, в частности, там написано: «*Пандемия гриппа*: Пандемия гриппа возникает, когда появляется новый вирус гриппа, против которого человеческое население не имеет иммунитета, что приводит к нескольким одновременным эпидемиям во всем мире с *большим числом случаев заболевания и смерти*», (рис. 5) и далее: «В условиях увеличения масштабов перевозок на глобальном уровне, а также урбанизации и перенаселенности в некоторых районах, эпидемия, вы-

званная каким-либо новым вирусом гриппа, может распространиться во всем мире и превратиться в пандемию быстрее, чем это наблюдалось ранее».[28]

Во второй половине июня 2004 года, на сайте ВОЗ появилось дополнение: «*Вспышки гриппа* среди животных, особенно когда они происходят одновременно с ежегодными вспышками среди людей, повышают вероятность пандемии за счет слияния вирусов гриппа животных и человека. За последние несколько лет мир столкнулся с несколькими угрозами, имеющими пандемический потенциал, что делает возникновение следующей пандемии лишь вопросом времени».[31]

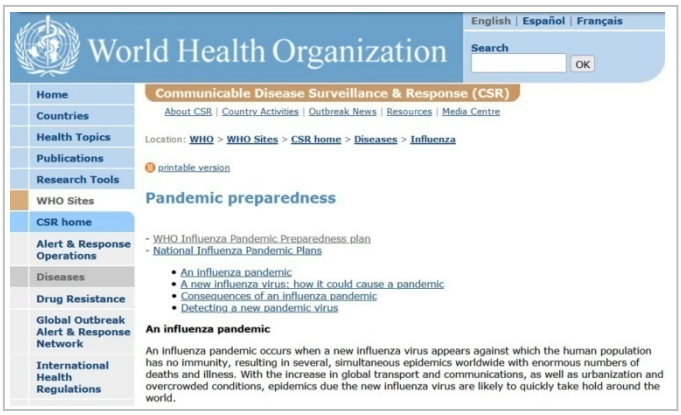

Рис. 5. Эпидемиологический надзор за инфекционными заболеваниями и реагирование в случае их возникновения ВОЗ, 2 февраля 2003; 14:05:45.[28]

В октябре 2008 года на сайте ВОЗ были внесены незначительные изменения: «*Пандемия гриппа* возникает, когда появляется новый вирус гриппа, против которого человеческое население не имеет иммунитета, что приводит к эпидемиям во всем мире с *большим числом случаев заболевания и смерти*».[32] Это определение пандемии сохранилось на веб-сайте ВОЗ до 4 мая 2009 года.[33]

8. Определение термина «пандемия» на веб-сайте ВОЗ после 6 мая 2009 года

В течение нескольких лет, начиная с 2003 года, ученые многих стран высказывали предостережения о возможном начале пандемии птичьего гриппа. Согласно плану по обеспечению готовности к пандемии от 1999 года, ВОЗ инициировала исследования, необходимые для быстрого производства новой вакцины. Однако после небольшого пика смертельных случаев в 2006 году (n=79), в последующие годы наметился их спад, и к концу 2008 года было очевидно, что угроза пандемии птичьего гриппа пошла на убыль.[34]

Несмотря на снижение потребности в вакцине против вируса птичьего гриппа, ее разработка и производство продолжались. В январе 2009 года австрийская фармацевтическая компания *Baxter* отправила емкости с «вакциной» против гриппа (H3N2) в биологические лаборатории Австрии, Германии, Чехии и Словении. Вскоре оказалось, что «вакцина» содержала живой вирус птичьего гриппа (H5N1). Представитель компании *Baxter* признался, что вместо вакцин они отправили «экспериментальный вирусный материал», что не было отражено в сопроводительных документах. К началу апреля 2009 года обсуждение темы распространения зараженной вакцины вышло на международный уровень. 8 апреля 2009 года в прокуратуру города Вены был подан иск против австрийского филиала компании *Baxter* и против компании *Avir Green Hills Biotechnology*.[35] Вскоре, а именно 14 апреля 2009 года, американский Центр по контролю и профилактике заболеваний (*Centers for Disease Control and Prevention* – CDC) сообщил о выявлении первого случая лихорадочного заболевания, вызванного новым штаммом свиного гриппа.[36]

23 апреля 2009 г. д-р Энн Шучат (*Schuchat*) сообщила о пяти новых случаях свиного гриппа. Возбудителем нового заболевания являлся реассортантный вирус, состоящий из генов четырех штаммов гриппа, а именно североамериканского свиного, североамериканского птичьего, евразийского свиного и сезонного человеческого.[37] 24 апреля 2009 года Ричард Бессер (*Besser*), исполняющий обязанности директора CDC, заявил, что эпидемия свиного гриппа началась в Мексике и в США.[38]

25 апреля 2009 года состоялось первое совещание Комитета по чрезвычайной ситуации, созванного Генеральным директором ВОЗ.[26] Список членов Комитета по чрезвычайной ситуации в связи с пандемией гриппа (H1N1), 2009 года, включал 15 человек.[39]

27 апреля 2009 г. после второго совещания Комитета, уровень предупреждения о пандемии гриппа был повышен с 3-й фазы до 4-й.[41]

29 апреля 2009 года, директор ВОЗ, доктор Чан, заявила: «Основываясь на оценке всей доступной информации и после нескольких консультаций с экспертами, я приняла решение повысить текущий уровень оповещения о пандемии гриппа с фазы 4 до фазы 5». Она также призвала правительства всех стран активировать свои планы готовности к пандемии и находиться в состоянии «повышенной готовности к необычным вспышкам гриппоподобных заболеваний и тяжелой пневмонии».[40]

В связи с нарастанием вероятности достижения высшей (6-й) фазы пандемии, в прессе началось обсуждение самого понятия *пандемия*. 29 апреля 2009 года, профессор общественного здравоохранения бостонского университета, Дэвид Озонофф (*Ozonoff*), комментируя вопрос о возможном изменении фазы пандемии, заявил, что слово *пандемия* несёт устрашающий смысл только из-за сравнения с пандемией гриппа «испанки». На самом деле, отличие пандемии от обычного протекания сезонного гриппа заключается лишь в том, что пандемию вызывает новый вирус, с неизученным течением заболевания и с неизвестной смертностью, к которому пока еще нет иммунитета, а течение заболевания может быть как тяжелым, так и легким.[42]

Однако 30 апреля 2009 г. официальные лица Мексики заявили, что эпидемия свиного гриппа оставалась стабильной в течение последних нескольких дней. Из 168 случаев, где причиной смерти предполагался свиной грипп, подтверждено только двенадцать.[43] Через два дня руководитель министерства здравоохранения Мексики, Хосе Анхель Кордова, заявил, что пик заболеваемости свиным гриппом пришелся на период с 23 по 28 апреля, а текущая динамика эпидемии указывает на ее спад. Он также предположил, что не позднее следующей недели страна вернется к обычной жизни.[44] Тем не менее, средства массовой информации, по-прежнему распространяли угрожающие новости, нагнетая страха перед будущей пандемией.[45]

4-го мая 2009 года, доктор Р. Бессер объявил, что принято решение изменить отчетность заболеваемости, которая теперь должна включать не только подтвержденные, но и вероятные случаи инфицирования вирусом H1N1 2009.[46] В этот же день, во время пресс-конференции, проводимой сотрудниками ВОЗ, репортер CNN выразил сомнение о возможном объявлении пандемии и указал на то, что на сайте ВОЗ, пандемия гриппа характеризуется «*большим числом случаев заболевания и смертей*». На это замечание, представитель ВОЗ по связям с общественностью, Натали Буду (*Boudou*), ответила, что «это определение было ошибочным... и оно будет исправлено».[13] Вечером того же дня определение пандемии исчезло с веб-сайта ВОЗ,[47] а новое определение появилось 6 мая 2009 года.[48]

Там было написано следующее:

«*Что представляет собой пандемия гриппа*?

Эпидемия той или иной болезни возникает тогда, когда число случаев этой болезни превышает обычный уровень. *Пандемия* представляет собой эпидемию той или иной болезни в мировом масштабе. *Пандемия* гриппа может возникнуть в том случае, когда появляется какой-либо новый вирус гриппа, против которого у людей нет иммунитета. В условиях увеличения масштабов перевозок на глобальном уровне, а также урбанизации и перенаселенности в некоторых районах, эпидемия, вызванная каким-либо новым вирусом гриппа, может распространиться во всем мире и превратиться в пандемию быстрее, чем это наблюдалось ранее. В целях создания глобальной системы оказания странам помощи в обеспечении готовности к пандемии и планированию необходимых мер ВОЗ определила соответствующие фазы пандемии. *Пандемии* – в зависимости от степени тяжести вызванной ими болезни и смертности – могут быть легкими или тяжелыми, причем в ходе пандемии уровень ее тяжести может изменяться».[48]

11 июня 2009 года, директор ВОЗ, д-р Маргарет Чан заявила: «... Я провела совещание с ведущими экспертами по гриппу, вирусологами и специалистами общественного здравоохранения. В соответствии с порядком действий, определенным в Международных медико-санитарных правилах, я обратилась за указаниями и рекомендациями к Комитету по чрезвычайной ситуации, учрежденному с этой целью. Имеющиеся фактические данные и их оценки, сделанные этими экспертами, указывают на то, что научно-обоснованные критерии свидетельствуют о наступлении пандемии гриппа. Поэтому, я решила поднять уровень предупреждения о пандемии гриппа с фазы 5 до фазы 6. Сейчас мир находится в начале пандемии гриппа 2009 года. Идут первые дни пандемии ... Ни одна предшествующая пандемия не была выявлена на таком раннем этапе ... *Сейчас мир может пожинать плоды*, которые принесли инвестиции в обеспечение готовности к пандемии, сделанные на протяжении последних пяти лет».[14]

В середине июля 2009 года представитель ВОЗ заявил: «На сегодняшний день пандемия характеризуется мягкостью симптомов у подавляющего большинства пациентов, которые обычно выздоравливают, даже без медицинского лечения, в течение недели после появления симптомов». Поэтому было рекомендовано прекратить тестирование на наличие вируса свиного гриппа.[49]

9. События, предшествовавшие корректировке описания пандемии на сайте ВОЗ в 2011 году

Повышение фазы пандемии до шестого, «*пандемического*» уровня сопровождалось активизацией антипандемических мероприятий. Большинство государственных чиновников и врачей по всему миру последовали рекомендациям ВОЗ, и начались массовое производство и закупка вакцин.

В тоже время, в некоторых средствах массовой информации появились критические комментарии, вызванные объявлением пандемии. По мнению их авторов, число случаев заболевания, в том числе тяжелых, а также смертность от нового вируса не превышали данные ежегодной статистики по сезонному гриппу.[50-52]

Были критические высказывания и со стороны опытных профессионалов, в частности, 5 ноября 2009 года, министр здравоохранения Польши, доктор Эва Копач (*Kopacz*), выступая на заседании польского парламента, заявила, что новое заболевание не опасней сезонного гриппа, и перед началом закупок вакцин нужно изучить результаты клинических испытаний, список ингредиентов, и отчет о побочных эффектах, которые не были предоставлены. Она также отметила, что ответственность за побочные эффекты должна лежать на производителях вакцин.[53]

Негативное отношение к использованию вакцин, не прошедших необходимые испытания, было поддержано заместителем министра здравоохранения Польши – Адамом Фрончак (*Fronczak*),[54] а также Премьер министром Польши – Дональдом Туском (*Tusk*).[55]

Наиболее серьезным ударом по пандемии стало заявление датских журналистов, обнаруживших признаки финансовой заинтересованности экспертов ВОЗ при объявлении пандемии.[56-57]

29 января 2010 года, Парламентская ассамблея Совета Европы (ПАСЕ) приняла резолюцию о проведении расследования влияния фармацевтического бизнеса на глобальную компанию по борьбе со свиным гриппом, уделяя особое внимание степени зависимости сотрудников ВОЗ от фармаиндустрии.[58]

4 июня 2010 года, Пол Флинн (*Flynn*), докладчик из Великобритании, сообщил о выявлении серьезных недостатков в прозрачности принятия решений о начале пандемии, что вызвало обеспокоенность по поводу влияния фармацевтической промышленности на принимаемые решения. Он также отметил, что ВОЗ не желает признавать факт внесения изменений в определение пандемии, а также пересмотреть прогноз дальнейшего развития пандемии. Флинн призвал представителей СМИ избегать сенсационности и паники в сфере общественного здравоохранения.[59]

24 июня 2010 года, ПАСЕ утвердила выводы своего Комитета по социальному здоровью и делам семьи. По мнению членов Ассамблеи, действия Всемирной организации здравоохранения, учреждений здравоохранения Европейского союза и национальных правительств привели к необоснованному опасению по поводу рисков для здоровья, с которыми столкнулись европейцы во время пандемии свиного гриппа, а также к растрате больших сумм государственных денег. В принятой резолюции говорится, что имелись *неопровержимые доказательства* того, что сотрудники ВОЗ *переоценили* серьезность пандемии, что привело к искажению приоритетов общественного здравоохранения.[60]

10 августа 2010 г. Генеральный директор ВОЗ д-р Маргарет Чан объявила, что пандемия гриппа, вызванная вирусом H1N1, завершена, т.е. наступил постпандемический период.[61] К этому времени вакцину получили не менее 350 миллионов человек.[62] Негативные последствие вакцинации против вирусаH1N1 наблюдались в течение нескольких лет.[63-64]

К середине марта 2011 года, независимая *Комиссия* экспертов сочла бездоказательными обвинения в коррупции в адрес руководства ВОЗ, поскольку сотрудники ВОЗ действовали в рамках закона, на основании имевшихся объективных данных.[65] В конце марта 2011 года, руководитель *Комиссии*, доктор Харви Файнберг (*Fineberg*), произнес оправдательную речь в офисе Всемирной Организации Здравоохранения.[66] В ответной речи директор ВОЗ, Маргарет Чан, поблагодарила членов Комиссии за высокую оценку усилий сотрудников ВОЗ во время пандемии свиного гриппа.[67]

17 мая 2011 года, Колумбийский университет присудил доктору Харви В. Файнбергу высшую награду в области общественного здравоохранения – премию Фрэнка А. Кальдерона.[68]

Определение пандемии, которое было на веб-сайте ВОЗ во время объявления пандемии свиного гриппа, сохранилось в течение двух лет. В 2011 году, между датами: 8 июля и 7 августа,[69-70] на сайте ВОЗ определение пандемии вернулось к прежнему варианту, который был до 4 мая 2009 года, а именно: «Пандемия гриппа возникает, когда появляется новый вирус гриппа, против которого человеческое население не имеет иммунитета, что приводит к эпидемиям во всем мире с большим числом случаев заболевания и смерти».[28,33]

Это определение пандемии было на веб-сайте ВОЗ, по крайней мере, до 3-го сентября 2011 года.[71]

Последующие страницы ВОЗ, посвященные пандемии гриппа, недоступны.[72] В некоторых случаях имеется следующее объяснение: «Страница или файл, к которому вы пытаетесь получить доступ, не найдены. Это связано с тем, что указан неверный веб-адрес, или файл был перемещен или удален. В 2020 году мы перенесли веб-контент в новую систему, поэтому часть старого контента в настоящее время может быть недоступна».[73]

Большинство страниц веб-сайта ВОЗ, относящихся к событиям, произошедшим до 2012 года, в настоящее время недоступно. Некоторые страницы, посвященные инфекционным заболеваниям и пандемии, были обнаружены на сайте архива – (https://web.archive.org/web/),[74] однако количество доступных страниц постепенно уменьшается. Для сохранений возможности проведений последующих исследований на тему пандемии свиного гриппа, собранный материал был систематизирован и опубликован.[1,35]

10. Обсуждение

Сравнение документов ВОЗ и страниц веб-сайта ВОЗ выявило различия в определении пандемии.

В «*Плане подготовки к пандемии гриппа*», изданном в 1999 году, помимо описания развития пандемии и выделения последовательных периодов и фаз пандемии, имело место разъяснение о том, что характерными признаками пандемии являются *высокая заболеваемость и смертность*.[16] В 2005 году, когда ведущие эпидемиологи прогнозировали скорое начало пандемии птичьего гриппа, при этом акцент на то, что пандемический вирус может вызвать эпидемию с *высокой заболеваемостью и смертностью* сохранился. Как следствие этого, задачей ВОЗ во время пандемии было объединение усилий систем здравоохранения различных стран для минимизации *заболеваемости и смертности*.[17]

В документе ВОЗ, опубликованном весной 2009 г., акцент на высокую заболеваемость и смертность, связанную с пандемическим вирусом и пандемией, был снят,[25] в связи с чем отпала необходимость в объединении усилий ВОЗ по минимизации заболеваемости и смертности.

На веб-сайте ВОЗ, привычная для многих характеристика пандемии, такая как, *большое число случаев заболевания и смерти*, присутствовала более шести лет.[28,33]

С небольшим изменением формулировки, но без изменения смысла, это определение пандемии использовали в правительственных документах Канады (Рис. 6), США и Великобритании, а также в других изданиях, опубликованных в 2004-2008 годах.[75-77]

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Influenza Pandemic

An influenza pandemic occurs when a new influenza virus appears against which the human population has no immunity, resulting in several, simultaneous epidemics worldwide with enormous numbers of deaths and illness[1].

Рис.6. Quarantine Act. *Canada Gazette* 2004; Mar 24, 138(6):113.[75]

На это же определение пандемии ссылались сотрудники Комитет Палаты представителей США по внутренней безопасности при написании документа, определяющего формат подготовки к пандемии гриппа, опубликованного в январе 2009 года.[78]

Тем не менее, во время пресс конференции, состоявшейся 4-го мая 2009, представитель ВОЗ, Натали Буду, сообщила, что определение пандемии, включавшее *большое число случаев заболевания и смерти* «было ошибочным... и оно будет исправлено».[13] 6-го мая на веб-сайте ВОЗ появилось новое определение пандемии, в котором акцент был смещен на распространение заболевания.[48] Некоторое время спустя, другой представитель ВОЗ, Грегори Хартл (*Hartl*), заявил,[79] что определение пандемии с *большим числом случаев заболевания и смерти* было размещено на веб-сайте в 2004 году, но оно не было официальным, поэтому следовало читать *Руководство по обеспечению готовности к пандемии*.

Трудно представить, что определение пандемии, находившееся на веб-сайте ВОЗ с февраля 2003 года по май 2009 года, было ошибочным, тем более, если учесть, изменения текста, которые осуществлялись в 2004, 2005 и 2008 годах.

Что касается заявления Грегори Хартла о том, что веб-сайт ВОЗ не отражает официальную позицию Всемирной Организации Здравоохранения, то слова Г. Хартла вызывают дополнительные вопросы к этой организации.

Например, в настоящее время нет никаких опубликованных документов ВОЗ, в которых подтверждено повышение уровня оповещения о пандемии гриппа с фазы 5 до фазы 6. При поиске в *google* (2009-2011) можно найти лишь две веб-ссылки, от 11 и 12 июня 2009, которые не принадлежат ВОЗ и напрямую не связанные с ВОЗ. (рис. 7)

Рис.7. «Поэтому я решила повысить уровень оповещения о пандемии гриппа с фазы 5 до фазы 6».[80]

Аналогичная ситуация произошла 11 марта 2020 года, когда размышления директора ВОЗ, имевшие место во время брифинга, были расценены, как побуждение к принятию решений на местах. При этом вновь не было опубликовано официальных документов ВОЗ, отражающих принятие коллективного решения экспертами ВОЗ.

Чтобы правильно понять смысл слов Н. Буду, Г. Хартла в 2009 году, и рассуждения Т. Гебреисуса в 2020, нужно послушать выступление директора ВОЗ на Всемирном правительственном саммите (12 февраля 2024 г.). В частности, он сказал:

«*Позвольте мне внести ясность*: во время пандемии COVID-19, ВОЗ никому ничего не навязывала. Ни режимов изоляции, ни требований в отношении масок и вакцин ... Наша задача – оказывать поддержку правительствам, предоставляя им научно обоснованные рекомендации, советы и, при необходимости, предметы медицинского назначения, чтобы помочь им защитить свое население. Но решения они принимают самостоятельно».[81]

В последующем, тема изменения определения пандемии обсуждалась неоднократно, но сотрудники ВОЗ настаивали, что никакого изменения определения пандемии не было.[59] На самом деле, это было правдой, поскольку ВОЗ никогда официально не определяла, что такое «*пандемия*», ни в документах ВОЗ, ни на веб-сайтах ВОЗ.[82]

Тем не менее, в середине лета 2011 года, определение пандемии на веб-сайте ВОЗ вернулось к первоначальному варианту с акцентом на *высокую заболеваемость и смертность*.[70]

11. Заключение

Понятие об эпидемиях, вызванных внешними причинами (*патогенами*), было известно в течение многих веков. Термин «пандемия» появился позже, чем термин «эпидемия», и мог иметь несколько значений. Его использовали, как синоним эпидемии; или для описания эпидемии, охватившей обширную территорию; или для указания на эпидемию инфекционного заболевания, сопровождающегося высокой смертностью, например, *пандемия* чумы, черной оспы или холеры. В XX веке термин «пандемия» стал использоваться по отношению к тяжело протекающей эпидемии гриппа, а также к неинфекционным заболеваниям, играющим ведущую роль в увеличении смертности среди населения большинства стран мира.

Если ссылаться на документ ВОЗ, подготовленный весной 2009 года, то объявление пандемии свиного гриппа в июне 2009 года было оправданным. Однако, учитывая предыдущую историю, здравый смысл и последствия объявления пандемии заболевания, не сопровождающегося большим числом случаев и высокой смертностью, это был преждевременный шаг, что нашло отражение в постановлении *Комитета по социальному здоровью и делам семьи* Парламентской ассамблеи Совета Европы.

Можно с горечью отметить, что, несмотря на достижения современной медицины, менее чем за четверть XXI века человечество успело пережить две пандемии, которых могло не быть. Среди причин объявления *пандемии* была расширенная трактовка этого термина, а также чрезмерное доверие проводимому тестированию и запоздалое использование патогенетического лечения.

Для образованного врача различия между *эпидемией* и *пандемией* не имеют большого значения. Опытный врач не делает акцент на название вируса или штамма, но в каждом конкретном случае он использует индивидуальное патогенетическое лечение, с учетом ведущего клинического синдрома.

Поэтому, чтобы минимизировать вероятность появление новой *пандемии*, необходимо изучить и внедрить эффективные лекарства и методы, использовавшиеся с древних времен до наших дней.

Рекомендуется изучить опыт лечения с использованием теории фазового развития инфекционного заболевания, и применительно к ней разработать методику субъективной и объективной оценки состояния больного, а также внедрить современные аналоги лекарственных препаратов, использовавшихся в те далекие времена.

Можно предположить, что повышение качества университетского образования и постдипломной специализации могут сыграть ведущую роль в эффективном лечении новых инфекционных заболеваний и в предупреждении возникновения будущих пандемий.

В результате проведенного исследования выявлена следующая последовательность основных исторических и эпидемиологических событий, предшествовавших и сопровождавших изменения определения пандемии на веб-сайте ВОЗ в 2009 и 2011 годах:

2003-2009: Нарастающая, но затем снижающаяся угроза развития пандемии птичьего гриппа;

2004-2009: Разработка и производство вакцин от виртуального пандемического штамма вируса птичьего гриппа;

2009, Январь: Австрийская компания *Baxter* разослала «вакцины», содержавшие живой вирус птичьего гриппа;

Апрель, 8: В прокуратуру города Вены подан иск против австрийского филиала компании *Baxter* и против компании *Avir Green Hills Biotechnology*;

Апрель, 14: CDC: Американский Центр по контролю и профилактике заболеваний (CDC) сообщил о выявлении первого случая лихорадочного заболевания на территории США, вызванного новым штаммом свиного гриппа;

Апрель, 22: Сообщение о возможной утечке патогенов из лаборатории, находящейся в г. Фредерик (Мэриленд);[83]

Апрель, 23: CDC: Д-р Энн Шучат сообщила о том, что возбудителем нового заболевания являлся реассортантный вирус, состоящий из генов четырех штаммов гриппа, а именно североамериканского свиного, североамериканского птичьего, евразийского свиного и сезонного человеческого;

Апрель, 24: CDC: Д-р. Ричард Бессер, исполняющий обязанности директора CDC, заявил о начале эпидемии свиного гриппа в Мексике и США;

Апрель, 25: ВОЗ: Состоялось первое совещание Комитета по чрезвычайной ситуации, созванного Генеральным директором ВОЗ;

Апрель, 27: ВОЗ: Уровень предупреждения о пандемии гриппа повышен с 3-й фазы до 4-й;

Апрель, 28: Министр здравоохранения Индонезии предполагает, что новый вирус имеет искусственное происхождение;[84]

Апрель, 29: ВОЗ: Уровень предупреждения о пандемии гриппа повышен с 4-й фазы до 5-й;

Май, 2: Министр здравоохранения Мексики, заявил, что, эпидемия идет на спад, и, вероятно, на следующей неделе страна вернется к обычной жизни;

Май, 4: CDC: Д-р. Ричард Бессер объявил, что теперь отчет по свиному гриппу должен включать не только подтвержденные, но и вероятные случаи инфицирования вирусом H1N1 2009;

Май, 4: ВОЗ: Во время пресс-конференции, Натали Буду, заявила, что определение пандемии на веб-сайте ВОЗ, где пандемия гриппа характеризовалась «*большим числом случаев заболевания и смертей*», было ошибочным... и оно будет исправлено;

Май, 4 (20:58): Определение пандемии исчезло с веб-сайта ВОЗ;

Май, 5: Геннадий Онищенко в интервью на *Эхо Москвы*, заявил, что «*ВОЗ выступает в роли маркетингового отдела фирмы Ля Рошэ*».[85]

Май, 6 (00:51): На веб-сайте ВОЗ появилось новое определение пандемии;

Май, 12: Эксперты заявляют, что свиной грипп может быть результатом человеческой (лабораторной) ошибки;[86]

Июнь, 11: ВОЗ: Уровень предупреждения о пандемии гриппа повышен с 5-й фазы до 6-й;

Июнь, 18: В ходе инвентаризации потенциально смертельных патогенов в лаборатории инфекционных заболеваний в Форт-Детрик, было обнаружено более 9000 флаконов, которые не были учтены;[87]

Июнь, 30: Эксперты продолжают утверждать, что вирус свиного гриппа имеет искусственное происхождение;[88]

Июль, 16: ВОЗ: Отмена тестирования на наличие вируса свиного гриппа;

Май-Октябрь: Обсуждение и разработка *проекта первой глобальной вакцинации*;

Октябрь, 24: Президент США, Барак Обама объявил в США чрезвычайную ситуацию, связанную с пандемией гриппа H1N1 2009 года;

Ноябрь, 5: Министр здравоохранения Польши, Эва Копач, выступая на заседании польского парламента, заявила, что новое заболевание не опасней сезонного гриппа. Производители вакцин должны предоставить список ингредиентов, входящих в вакцины, и документы с результатами клинических испытаний; они также должны нести ответственность за побочные действия вакцин;

Ноябрь, 16: Датские журналисты обвинили сотрудников ВОЗ в коррупционных связях с производителями вакцин;

Ноябрь, 25: В газете *Новые Известия* появилась статья Алексея Смирнова, «Агенты вливания», вызвавшая в России волну статьей и передач о лже-пандемии и о коррупции среди сотрудников ВОЗ;

Декабрь, 18: Доктор Вольфганг Водарг, председатель Комитет по социальному здоровью и делам семьи Парламентской ассамблеи Совета Европы (ПАСЕ), и группа парламентариев, внесли на обсуждение тему: – «*Фальшивые пандемии – угроза здоровью*»; Д-р. В. Водарг обвинил сотрудников ВОЗ в организации ложной пандемии и в коррупционных связях с производителями вакцин;

2010, январь, 12: Тема «*Фальшивые пандемии – угроза здоровью*» была запланирована для обсуждения на пленарном заседании зимней сессии ПАСЕ;

Январь, 29: ПАСЕ приняла резолюцию о проведении расследования влияния фармацевтических компаний на глобальную кампанию по борьбе со свиным гриппом, уделяя особое внимание степени влияния фармацевтической промышленности на ВОЗ;

Июнь, 4: В докладе перед членами Комитета по социальному здоровью и делам семьи, ПАСЕ, Пол Флинн со-

общил о выявлении серьезных недостатков в прозрачности принятия решений; ... Он также отметил, что ВОЗ не желает признавать факт внесения изменений в определение пандемии, а также пересмотреть прогноз дальнейшего развития пандемии;

Июнь, 24: ПАСЕ утвердила выводы своего Комитет по социальному здоровью и делам семьи. В принятой резолюции говорится, что имелись *неопровержимые доказательства* того, что сотрудники ВОЗ *переоценили* серьезность пандемии, что привело к искажению приоритетов общественного здравоохранения.

Август, 10: Генеральный директор ВОЗ д-р Маргарет Чан объявила, что пандемия гриппа, вызванная вирусом H1N1, завершена.

2011, март: независимая *Комиссия* экспертов, изучавшая действия сотрудников ВОЗ до начала пандемии и во время пандемии свиного гриппа, сочла бездоказательными обвинения в коррупции в адрес руководства ВОЗ;

Март, 28: Руководитель *Комиссии*, Д-р Харви Файнберг (*Fineberg*), произнес оправдательную речь в офисе Всемирной Организации Здравоохранения.

Март, 28: Директор ВОЗ, Маргарет Чан, поблагодарила членов Комиссии за высокую оценку усилий сотрудников ВОЗ во время пандемии свиного гриппа.

Май, 17: Колумбийский университет присудил доктору Харви В. Файнбергу высшую награду в области общественного здравоохранения – премию Фрэнка А. Кальдерона.

2011, Июль-Август: На веб-сайте ВОЗ определение пандемии вернулось к первоначальному варианту с акцентом на *высокую заболеваемость и смертность*.

Для анализа фактов и выявления причинно-следственных связей между вышеуказанными событиями, подготовлены специальные сборники по теме пандемии свиного гриппа.[1,35, 89-91]

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SSRN

Mikhail Teppone

Definition of Pandemic:
the causes and consequences of its adjustment in 2009 and 2011

SSRN, 31 May 2024
https://ssrn.com/abstract=4848086

Besides the main text this Preprint contains the 11th part, titled – *The Chronology of the events*

...

11. Chronology of the events

This study has revealed the following sequence of the significant historical and epidemiological events that preceded and accompanied changes in the definition of a pandemic on the WHO website in 2009 and 2011:

2003-2009: Increasing, but then decreasing in probability of an Avian Flu pandemic.[32]

2004-2009: Development and production of vaccines against a virtual pandemic strain of the Avian Flu virus.[77]

2009, January: The Austrian company Baxter delivered "vaccines" against seasonal flu which contained live deadly Avian Flu virus.[33]

April 8: A lawsuit was filed with the Vienna City Prosecutor's Office against the Austrian branch of Baxter and Avir Green Hills Biotechnology.[78]

April 14: CDC: The American Centers for Disease Control and Prevention (CDC) announced the identification of the first case of a febrile illness in the United States caused by a new strain of swine flu.[79]

...

May 4: WHO: During a press conference, a WHO representative, Nathalie Boudou, stated that the previous definition of the pandemic with the *enormous numbers of deaths and illnesses* … "was a mistake, and we apologize for the confusion."

...

May 6 (00:51): A new definition of the pandemic has appeared on the WHO website.

...

2011, July-August: The WHO website returned to the original definition of a pandemic, emphasizing high morbidity and mortality.

Mikhail Teppone

Definition of a Pandemic: the causes and consequences of its adjustment in 2009 and 2011

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"For years, the organization's web site defined an influenza pandemic
as causing 'enormous numbers of deaths and illness.'
But the agency recently pulled the definition,
apologizing for causing confusion and anxiety."
[*The New York Times*, 8 June 2009]

Abstract

The study was carried out to evaluate historical and epidemiological events that preceded and accompanied the adjustment of the description of a pandemic on the WHO website in 2009 and 2011.

Since the cause of the change in the description of a pandemic on the WHO website is not clear, analyses of the literature related to the epidemics and pandemics, WHO documents, WHO website, and articles published in journals and the Internet have been done.

Until early May 2009, the description of the pandemic focused on "enormous numbers of cases and deaths." On May 6, 2009, a new description of the pandemic was published, focusing on the prevalence of the disease; in 2011 it reverted to the initial one without any comments. From the perspective of the WHO document issued in 2009, the declaration of a swine flu pandemic in June 2009 seemed justified. However, considering the previous pandemic history, common sense, and the consequences of declaring a pandemic for a disease not accompanied by a high number of cases and high mortality, it was a premature move.

Since the primary factor hindering the development of a pandemic is the effectiveness of treating infectious disease, to minimize the likelihood of a new pandemic, it is necessary to improve the quality of special medical education and to study and adapt to modern conditions all effective drugs and methods used in the past.

Key words: pandemic, epidemic, swine flu, WHO, H1N1

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Key words: pandemic, epidemic, swine flu, WHO, H1N1

1. Background

An analysis of WHO website pages dedicated to influenza pandemics revealed changes in the use of the term "pandemic" between 2009 and 2011. Some changes were reflected in WHO documents and the media, while others went unnoticed.

The purpose of this study is to identify the historical and epidemiological events that preceded and accompanied changes in the WHO website's definition of a pandemic.

2. Materials and methods

Since the cause of the change of the description of a pandemic on the WHO website in 2009 and 2011 is not clear, analyses of the literature related to the epidemics and pandemics, WHO documents, WHO website, and articles published in journals and the Internet pages have been done. This study aims to reveal the main historical and epidemiological events that preceded and accompanied the adjustment of the description of a pandemic on the WHO website in 2009 and 2011.

To optimize this study, pages of the WHO website dedicated to the description of a pandemic were collected in a thematic digest containing text and page screenshots.[1]

3. Introduction

Infectious diseases, as well as epidemics, have been well-known since ancient times. The Chinese Canon of the Internal, believed to date from the tenth century BC, describes external pathogens that can cause acute illness and affect large numbers of people at once. A forecast regarding the occurrence of such diseases could be made by observing the weather in the first days of the Chinese New Year.[2]

At that time, doctors knew that the course of a disease in each case depended on the patient's initial state and his "defense energy" (Wei Qi).[3] By "defense energy," one can mean a complex response of the immune and other body systems involved in the pathogenetic and sanogenetic reactions of the patient.

Despite the variety of external pathogens represented by thousands of viruses and bacteria, the human body has a limited set of protective reactions known in modern pathophysiology as inflammation, fever, hypoxia, general adaptation syndrome, and others. These pathogenetic syndromes are accompanied by nonspecific symptoms, such as fever, weakness, chills or feeling hot, headache, cough, shortness of breath, nausea, vomiting, diarrhea, skin rash, discoloration of the skin, and so on, which have similar pathogenesis, regardless of the causative agent of the infectious disease.

With all the variety of pathogens, in the case of the development of any febrile disease, only two main mechanisms are involved that lead to an increase in temperature - an increase in heat production or a decrease in heat transfer.[4] Similarly, 2-3 mechanisms are involved in forming each clinical syndrome.

About 1800 years ago, Dr. Zhang Zhongjing studied the results of previous generations of research and developed a theory of acute infectious diseases that explained the diagnosis and treatment of leading syndromes. According to this theory, in the case of the development of an acute infectious process, there is a change in six phases of the disease, reflecting the gradual inclusion of various levels of protection. Each phase can proceed according to one of two or three options. Thus, the variety of clinical syndromes associated with acute infectious diseases can be reduced to ten or twelve options, each of which a protocol of etiopathogenetic treatment has been developed.[5] When symptoms change and, accordingly, when the clinical syndrome changes, a new treatment must be selected. Therefore, in treating one patient, the protocol for the use of drugs was constantly changed following changes in the main symptoms of the disease. (fig. 1) This phenomenon could explain failed clinical trials conducted by modern scientists unfamiliar with phases of an infectious disease.

There are some examples of treatment of the initial phases of infectious diseases: in the case of initial fever with general cold feelings without sweating – *Herba Ephedrae* was recommended; if there is initial fever with general hot feelings – *Folium Mori Albae* or *Herba Menthae Haplocalycis* should be used; if there is initial fever with intensive sweating or tension in the muscles – *RamulusCinnamomiCassiae* was recommended; in the case of fever with alternating cold and hot feelings – *Radix Bupleuri*, was used, and so on. A change in symptoms pointed to a change in the phase of the disease and required an adjustment of therapy. If a patient has a severe fever with hemorrhagic symptoms, skin rashes, kidney and liver impairment, delirium, and other symptoms of aggravation of the disease – *Radix of Isatis tinctoria* should be applied.[6] In the succeeding centuries, protocols for treating infectious diseases were updated following a new understanding of the etiology and pathogenesis of diseases and advances in pharmacology.

1.	*Tai Yang*	Common cold symptoms
2.	*Shao Yang*	Unstable phase
3.	*Yang Ming*	Progressive fever
4.	*Tai Yin*	Beginning of exhaustion
5.	*Shao Yin*	High fever, hemorrhagic and other Complications
6.	*Jue Yin*	

Figure 1. Six phases of acute infectious diseases evolution.

A modern physician who has studied Hans Selye's General Adaptation Syndrome[7] is only familiar with a limited version of Dr. Zhang's theory of acute infectious diseases and needs more knowledge to apply it at the patient's bedside.

It can be assumed that the development of an epidemic or pandemic depends not so much on the danger of an external pathogen but on the knowledge and experience of the doctor and on his ability to choose an individual treatment corresponding to the current phase of the acute disease. Therefore, training a doctor who knows how to use effective means and methods of treatment should be the basis for a successful fight against future pandemics. Otherwise, we are in for a series of pandemics reminiscent of those that occurred in 2009-2010 and 2020-2023, when the main hope was placed on quarantine, movement restrictions, and mass vaccination.

4. A brief overview of the pre-1999 definition of a pandemic

In a dictionary published in London in 1791, the term epidemic (*epidemius*) refers to a disease that affects many people simultaneously and then disappears. In the same dictionary, the word pandemic (*pandemius*) is explained as a synonym for the word epidemic.[8]

In a dictionary published in Philadelphia in 1874, there is an explanation, that the term 'Epidemic' (*Epidemius*) derived from the Greek words – ἐπί (epi), meaning "upon", and – δῆμος (dēmos), meaning "people" is applied to any disease which seems to be upon the entire population of a country at one time.[9] A term 'Pandemia' also derived from Greek words – παν (pan), that means "all" or "everything", and – δῆμος (dēmos), that means "people". This term refers to the disease which affects the people of a country generally.[10]

At the end of the 20th century, the term "epidemic" took on a broader meaning and began to be applied to an unusual increase in the number of cases of a particular disease, both infectious and non-infectious. The term "pandemic" is used to describe an epidemic affecting a very high proportion of the population of a significant geographic region but "customarily restricted to diseases such as cholera, plague, and influenza".[11,12]

The discussion of the contradictions between the necessity and legitimacy of using the term "pandemic" began in early May 2009,[13] i.e., about a month before June 11, 2009, when the Director-General of the World Health Organization (WHO), Dr. Margaret Chan, stated: "*The world is now at the start of the 2009 influenza pandemic*".[14]

5. Definition of the "pandemic" in the WHO documents published in 1999-2017

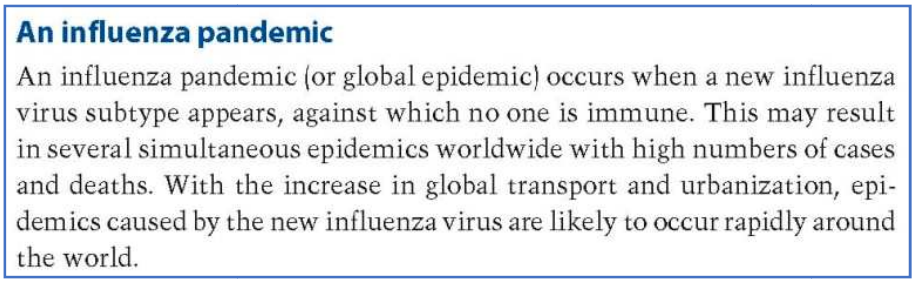
In 1999, the WHO issued a document, the *Influenza Pandemic Preparedness Plan*. It referred to influenza pandemics that occurred in 1918, 1957, and 1968 and provided a detailed description of the phases of pandemic development, including the Inter-Pandemic phase, the Preparedness phase

(three levels), and the Pandemic period (four phases), after which the Post-Pandemic period, that is the same as the Inter-Pandemic one began again.[15]

The 1999 document did not define what a pandemic was but clarified that "A pandemic will be declared when the new virus sub-type has been shown to cause several outbreaks in at least one country, and to have spread to other countries, with consistent disease patterns indicating that serious morbidity and mortality is likely in at least one segment of the population".[15] Thus, the criterion for the onset of a pandemic was *serious morbidity and mortality*.

Due to the emergence of sporadic cases of avian influenza a new document was issued in 2004, where the following description of the emergence of a pandemic was given: "An influenza pandemic occurs with the appearance of a new influenza virus against which none of the population has any immunity. This results in several simultaneous epidemics worldwide with *enormous numbers of cases and deaths*. With the increase in global transport and communications, as well as urbanization and overcrowded conditions, epidemics resulting from a new influenza virus are likely to be established quickly around the world".[16] Thus, the main pandemic criterion as *enormous numbers of cases and deaths* remained unchanged.

The following are the descriptions of the pandemic presented in the WHO documents in subsequent years, suggesting that the characteristics of the pandemic have remained the same. For example, "Influenza pandemics are associated with *high morbidity, excess mortality*, and social and economic disruption" (January 2005).[16] "Influenza pandemics (worldwide epidemics) have occurred at irregular and unpredictable intervals, and have been associated with *substantial morbidity, mortality* and economic cost" (March 2005).[18] "An influenza pandemic (or global epidemic) occurs when a new influenza virus subtype appears, against which no one is immune. This may result in several simultaneous epidemics worldwide with *high numbers of cases and deaths*. With the increase in global transport and urbanization, epidemics caused by the new influenza virus are likely to occur rapidly around the world." (Spring 2005).[19] (fig. 2) "Influenza pandemics (worldwide epidemics) ... have been associated with *substantial morbidity, mortality* and economic cost (October 2005).[20] In addition, documents of the WHO emphasized that the pandemic virus may lead to several simultaneous epidemics worldwide, resulting in *high numbers of cases and deaths*,[18] or *considerable morbidity and mortality*.[21]



An influenza pandemic

An influenza pandemic (or global epidemic) occurs when a new influenza virus subtype appears, against which no one is immune. This may result in several simultaneous epidemics worldwide with high numbers of cases and deaths. With the increase in global transport and urbanization, epidemics caused by the new influenza virus are likely to occur rapidly around the world.

Figure 2. WHO checklist for influenza pandemic. preparedness planning. – WHO, 2005, p. vi.[19]

In March 2005, the WHO prepared one more document – *WHO Global Influenza Preparedness Plan*[22] which, like the previous documents, stated that the pandemic virus could cause significant *morbidity and mortality* in all age groups. This new document mentioned the 1918, 1957, and 1968 influenza pandemics, which claimed millions of lives. It also provided a detailed description of six phases of the development of a pandemic, all of which were characterized by an increased and sustained transmission in the general population.

The first objective for the WHO leadership during a pandemic (phase 6) was "to minimize morbidity and mortality" associated with current human infections.[22] Thus the pandemic was still characterized by *high morbidity and mortality*; otherwise, there would be no reason to lower these parameters.

The development of the following WHO document – *Pandemic Influenza Preparedness and Response*, was completed in the spring of 2009. According to a 'Google search,' the new edition was published on April 26, 2009,[23] on the very next day after the first meeting of the Emergency Committee convened by the WHO Director-General to address the swine flu outbreak.[24] (fig. 3)

National Institutes of Health (.gov)
https://pubmed.ncbi.nlm.nih.gov › ...

Pandemic Influenza Preparedness and Response: A WHO ...

Apr 26, 2009 — **Pandemic Influenza Preparedness and Response**: A WHO Guidance

Figure 3. Pandemic Influenza Preparedness and Response. – WHO, April 26, 2009

When conducting a new search during the preparation of the latest version of this study (20.05.24), it was mentioned that a new edition of the *Pandemic Influenza Preparedness and Response*, was published on March 3, 2009 (fig. 4).

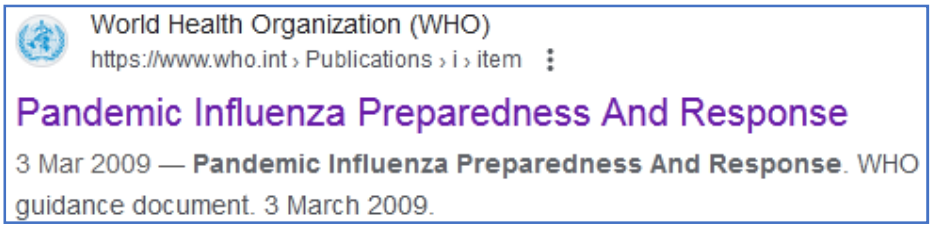

World Health Organization (WHO)
https://www.who.int › Publications › i › item
Pandemic Influenza Preparedness And Response
3 Mar 2009 — Pandemic Influenza Preparedness And Response. WHO guidance document. 3 March 2009.

Figure 4. Pandemic Influenza Preparedness and Response. – WHO, March 3, 2009

Like the previous analog document, published in 2005, the new one mentioned the 1918, 1957, and 1968 influenza pandemics, which claimed millions of lives; however, the occurrence of the word 'mortality' or 'death' in the new document has decreased by half. The new document retained the six-phase structure. The Phase 6 (the pandemic phase) was characterized "by community level outbreaks in at least one other country in a different WHO region in addition to the criteria defined in Phase 5".[23]

There was no definition of a pandemic; various pandemic phases differ only in the prevalence of infection without considering the severity of the course of the disease and mortality. According to the new document, WHO did not commit "*to minimize morbidity and mortality*," as it was in the document issued in 2005. This document was used as a guide to declare the swine flu pandemic on June 11, 2009.

In the document issued by the WHO in 2017 – *Guidelines on Regulatory Preparedness* for provision of marketing authorization of human pandemic influenza vaccines in non-vaccine-producing countries, it was mentioned that a pandemic could cause several simultaneous epidemics worldwide with *high numbers of cases of clinical disease and deaths*.[25]

6. Definition of the term "pandemic" on the WHO website before May 4, 2009

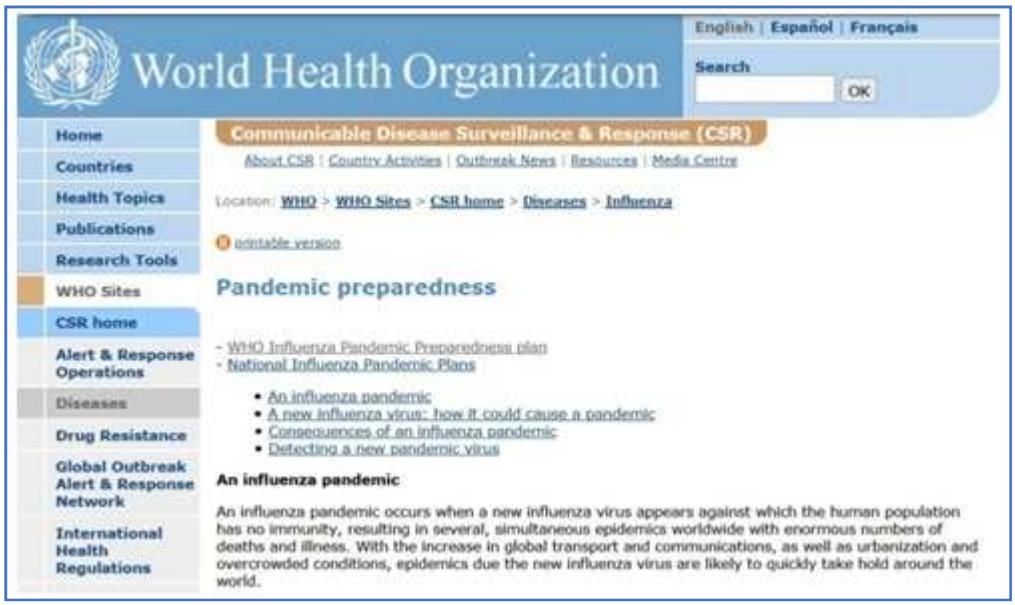
In 2003-2005, the section on infectious diseases was entitled *Communicable Disease Surveillance & Response*.[26] In October 2005, this page was renamed *Epidemic and Pandemic Alert and Response*.[27] On July 10, 2009, the WHO website dedicated to infectious diseases was named *Global Alert and Response*.[28]

The first description of a pandemic, available on the WHO website, dates back to February 2, 2003. In particular, it says: "An influenza pandemic occurs when a new influenza virus appears against which the human population has no immunity, resulting in several, simultaneous epidemics worldwide with *enormous numbers of deaths and illness*." Further: "With the increase in global transport and communications, as well as urbanization and overcrowded conditions, epidemics due

the new influenza virus are likely to quickly take hold around the world" (fig. 5).[26] This description was similar to that which appeared in the WHO document published in 2005.[19]

In the second half of June 2004, an addendum appeared on the WHO website: "Outbreaks of influenza in animals, especially when happening simultaneously with annual outbreaks in humans, increase the chances of a pandemic, through the merging of animal and human influenza viruses. During the last few years, the world has faced several threats with pandemic potential, making the occurrence of the next pandemic just a matter of time".[29]

In October 2008, minor changes were made on the WHO website: "An influenza pandemic occurs when a new influenza virus appears against which the human population has no immunity, resulting in epidemics worldwide with enormous numbers of deaths and illness".[30] This definition of a pandemic remained on the WHO website until May 4, 2009.[31]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- National Influenza Pandemic Plans
• An influenza pandemic
• A new influenza virus: how it could cause a pandemic
• Consequences of an influenza pandemic
• Detecting a new pandemic virus
An influenza pandemic
An influenza pandemic occurs when a new influenza virus appears against which the human population has no immunity, resulting in several, simultaneous epidemics worldwide with enormous numbers of deaths and illness. With the increase in global transport and communications, as well as urbanization and overcrowded conditions, epidemics due the new influenza virus are likely to quickly take hold around the world.

Figure 5. Pandemic Influenza Preparedness and Response.[26]

7. The historical and epidemiological events that preceded the adjustment of the description of a pandemic on the WHO website in May 2009

For several years, commencing in 2003, scientists in many countries have warned about the possible beginning of an avian influenza pandemic. Under the 1999 Pandemic Preparedness Plan, the WHO initiated the research necessary to produce a new vaccine rapidly. However, after a small peak in deaths in 2006, they began to decline in subsequent years, and by the end of 2008, it was clear that the threat of an avian influenza pandemic had subsided.[32]

Despite declining demand for an avian influenza vaccine, development and production continued. In January 2009, the Austrian pharmaceutical company Baxter sent containers with a

"vaccine" against influenza (H3N2) to biological laboratories in Germany, the Czech Republic, and Slovenia. It was soon discovered that the "vaccine" contained live avian influenza (H5N1) virus. At first, a Baxter spokesman said that the vaccine was contaminated accidentally. However, he later admitted that "experimental viral material" was sent instead of vaccines, which was not noticed in the accompanying documents. By the beginning of April 2009, the discussion of the spread of the contaminated vaccine had reached the international level. On April 8, 2009, a lawsuit was filed against the Austrian branch of Baxter and against AVIR Green Hills Biotechnology.[33]

On April 17, 2009, the Center for Disease Control and Prevention (CDC) determined that two cases of febrile respiratory illness in southern California were infected with a swine influenza A (H1N1) virus.[34] On April 23, 2009, Dr. Anne Schuchat (Director of CDC's National Center for Influenza and Respiratory Diseases), reported about five new cases and informed that the causative agent of the new disease was a reassortant virus consisting of the genes of four strains of influenza, namely North American swine, North American avian, Eurasian swine, and human seasonal.[35] On April 24, 2009, Richard Besser, acting director of the CDC, declared that a swine flu epidemic had begun in Mexico and the United States.[36]

On April 25, 2009, the first meeting of the Emergency Committee convened by the Director-General of WHO took place.[25] Two days later, after the second meeting of the Committee, the pandemic influenza alert level was raised from Phase 3 to Phase 4.[37] On April 29, 2009, WHO Director Dr. Chang stated: "Based on assessment of all available information, and following several expert consultations, I have decided to raise the current level of influenza pandemic alert from phase 4 to phase 5." She also urged all governments to activate their pandemic preparedness plans and be on "high alert for unusual outbreaks of influenza-like illness and severe pneumonia".[38]

However, on April 30, 2009, Mexican officials said the swine flu epidemic was stable for several days. Of the 168 deaths attributed to swine flu, only 12 have been confirmed.[39] On May 3, 2009, the Mexican Health Minister, Jose Angel Cordova, said the swine flu virus peaked between April 23 and 28, and the evolution of an epidemic began to decline. He also assumed businesses would return to regular activity during the week and schools would be opened for studies.[40]

On May 4, 2009, Dr. R. Besser announced a change in reporting of morbidity, which should now include confirmed and probable cases of the infection with the 2009 H1N1 virus.[41]

On the same day, during a press conference held by WHO staff, a CNN reporter expressed doubt about a possible pandemic announcement and pointed out that on the WHO website, the flu pandemic was characterized by "enormous numbers of deaths and illness." To this remark, WHO's public relations representative, Natalie Boudou, replied, "*It was a mistake*, *and we apologize for the confusion. The definition was put up a while ago and paints a rather bleak picture and could be very scary*".[13] On the evening of May 4, the definition of a pandemic disappeared from the WHO

website,[42] and a new definition appeared on May 6, 2009. It read as follows:"What is an influenza pandemic? A disease epidemic occurs when there are more cases of that disease than normal. A pandemic is a worldwide epidemic of a disease. An influenza pandemic may occur when a new influenza virus appears against which the human population has no immunity. With the increase in global transport, as well as urbanization and overcrowded conditions in some areas, epidemics due to a new influenza virus are likely to take hold around the world, and become a pandemic faster than before. WHO has defined the phases of a pandemic to provide a global framework to aid countries in pandemic preparedness and response planning. Pandemics can be either mild or severe in the illness and death they cause, and the severity of a pandemic can change over the course of that pandemic".[43]

On June 11, 2009, WHO Director Dr. Margaret Chan stated: "... I have conferred with leading influenza experts, virologists, and public health officials. In line with procedures set out in the International Health Regulations, I have sought guidance and advice from an Emergency Committee established for this purpose. On the basis of available evidence, and these expert assessments of the evidence, the scientific criteria for an influenza pandemic have been met. I have therefore decided to raise the level of influenza pandemic alert from phase 5 to phase 6. The world is now at the start of the 2009 influenza pandemic".[14]

In mid-July 2009, the WHO representative stated: "This pandemic has been characterized, to date, by the mildness of symptoms in the overwhelming majority of patients, who usually recover, even without medical treatment, within a week of the onset of symptoms." Therefore it was recommended to stop testing for the swine flu virus.[44]

8 The historical and epidemiological events that preceded the adjustment of the description of a pandemic on the WHO website in 2011

The increase in the pandemic phase to the sixth level was accompanied by the intensification of anti-pandemic measures. Most government officials and doctors around the world followed the recommendations of the WHO, in connection with which mass production and purchase of antiviral drugs and vaccines began. At the same time, some scientists and journalists believed that the pandemic announcement lacked common sense because mortality from the new virus did not exceed the seasonal influenza statistics.[45,46]

Besides, there were criticisms from professionals and officials. In particular, on November 5, 2009, Polish Minister of Health, Dr. Ewa Kopacz, speaking at a meeting of the Polish Parliament, said that the new disease is not more dangerous than seasonal flu, and before starting to purchase vaccines, it is necessary to study the results of clinical trials, the list of ingredients, and reports on

side effects which had not been provided. She also noted that vaccine manufacturers should be held responsible for side effects.[47]

Following standard requirements for obtaining approval to use vaccines and a negative attitude towards the use of vaccines that have not passed the necessary tests and clinical trials were supported by the Deputy Minister of Health of Poland – Adam Fronczak,[48] as well as the Prime Minister of Poland – Donald Tusk.[49]

The most dramatic blow to the "pandemic" was the statement of Dutch journalists who found signs of financial interest in WHO experts when declaring a pandemic.[50]

On January 20, 2010, the Parliamentary Assembly of the Council of Europe (PACE) adopted a resolution to investigate the influence of pharmaceutical companies on the global swine flu campaign, focusing on the extent of the pharmaceutical industry's influence on the WHO.[51]

On June 24, 2010, PACE approved the conclusions of its Social, Health and Family Affairs Committee. According to the Assembly, the actions of the WHO, the health institutions of the European Union, and national Governments have led to unjustified concerns about the health risks faced by Europeans during the swine flu pandemic and the wastage of large sums of public money. The adopted resolution states that there was irrefutable evidence that WHO staff overestimated the severity of the pandemic, which led to a distortion of public health priorities. Paul Flynn, a speaker from the UK, reported on identifying severe shortcomings in the transparency of decision-making about the pandemic outbreak, which raised concerns about the influence of the pharmaceutical industry on decisions made. He also noted that the WHO wanted to deny making changes to the definition of a pandemic and revising the forecast of further development of the pandemic. Flynn also urged the media to avoid sensationalizing and staring up panic in public health.[52-53]

On August 10, 2010, WHO Director-General Dr. Margaret Chan announced that the H1N1 influenza pandemic was over, and the post-pandemic period had begun.[54] By this time, at least 350 million people had received the vaccine.[55] Adverse reactions after vaccination against the H1N1 virus have been observed for several years.[56-57]

By mid-March 2011, a new independent Committee of Experts found that accusations of corruption against WHO management were unsubstantiated since WHO employees acted within the law, based on the available objective data.[58] At the end of March 2011, the head of the Commission, Dr. Harvey Fineberg delivered a vindication speech at the office of the World Health Organization.[59] In a response speech, WHO Director Margaret Chan thanked the members of the Commission for appreciating the efforts of WHO staff during the swine flu pandemic.[60] On May 17, 2011, Columbia University awarded Dr. Harvey W. Feinberg its highest honor in public health, the Frank A. Calderone Prize.[61]

The new description of a pandemic on the WHO website had been in place for a little more than two years. In 2011, between July 8 and August 7,[62-63] the WHO website reverted to the description of a pandemic that was prior to May 4, 2009, namely: "An influenza pandemic occurs when a new influenza virus appears against which the human population has no immunity, resulting in epidemics worldwide *with enormous numbers of deaths and illness*." This description was on the WHO website until September 2011.[64]

Subsequent WHO pages on influenza pandemics are not accessible.[65] In some cases, the explanation was: "*The page or file you are trying to access was not found.* This is because the web address was incorrect or the file had been moved or deleted. We migrated web content to a new platform in 2020, so some old content may no longer be available".[66]

Most WHO website pages relating to events before 2012 are currently unavailable. Small number of pages on infectious diseases and pandemics have been found on the archive website (https://web.archive.org/web/),[67] but the number of available pages is gradually decreasing. To maintain the possibility of further research on the swine flu pandemic, the collected web pages were systematized and published.[1,33...000]

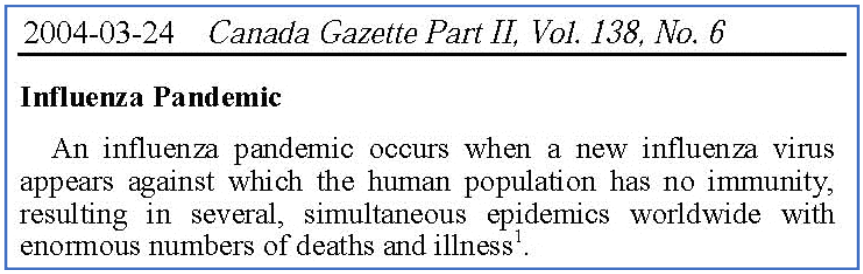
9. Discussion

A comparison of the WHO documents and pages on the WHO website published in different years revealed fundamental differences in the description of a pandemic.

In the WHO document issued in 1999, there was an explanation that the characteristic attributes of a pandemic were *high morbidity and mortality*.[15] In 2005, when leading epidemiologists predicted the imminent start of an avian influenza pandemic, the emphasis that a pandemic virus could cause an epidemic with high morbidity and mortality was retained. Therefore, the first objective of WHO during a pandemic was to unite the efforts of the health systems of various countries *to minimize morbidity and mortality*.[22]

In the WHO document published in the spring of 2009, the emphasis on high morbidity and mortality associated with a pandemic virus and pandemic was removed,[23] in connection with which there was no need for a unifying effort by WHO *to minimize morbidity and mortality*.

On the WHO website, the description of a pandemic familiar to many, such as the "*enormous numbers of deaths and illness*," had been present for over six years.[26,64] With a slight change in wording but without change in meaning, it was used by the governments of Canada, (fig. 6) the United States, the United Kingdom, (fig. 7) and other officials who prepared documents dealing with the pandemic in 2004-2008.[68-71]



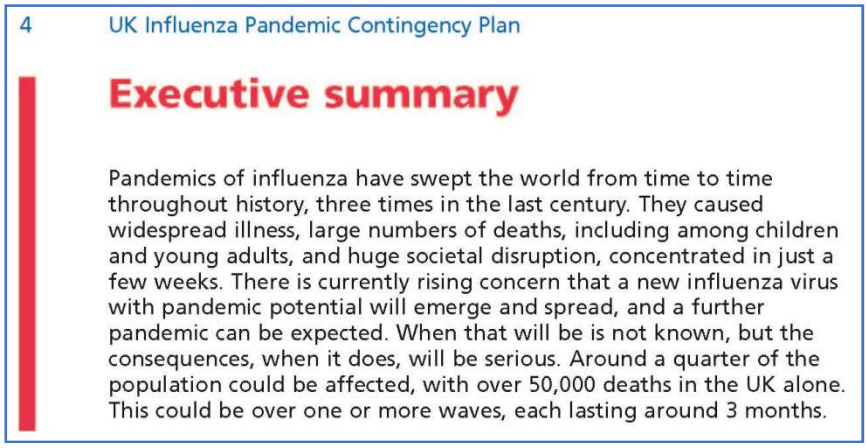
2004-03-24 *Canada Gazette Part II, Vol. 138, No. 6*

Influenza Pandemic

An influenza pandemic occurs when a new influenza virus appears against which the human population has no immunity, resulting in several, simultaneous epidemics worldwide with enormous numbers of deaths and illness[1].

Figure 6. Quarantine Act. – Canada Gazette 2004; Mar 24, 138(6): 113.[68]

Nevertheless, during a press conference held on May 4, 2009, Natalie Boudou, a WHO communications officer, said that the definition of a pandemic, which included "*enormous numbers of deaths and illness*," was wrong and would be corrected.[13] Sometime later, another WHO representative, Gregory Hartl, stated that the definition of a pandemic with *enormous numbers of deaths and illness* was posted on the website in 2004, however, it was not official, so the Pandemic Preparedness Guide should be read.[72]



4 UK Influenza Pandemic Contingency Plan

Executive summary

Pandemics of influenza have swept the world from time to time throughout history, three times in the last century. They caused widespread illness, large numbers of deaths, including among children and young adults, and huge societal disruption, concentrated in just a few weeks. There is currently rising concern that a new influenza virus with pandemic potential will emerge and spread, and a further pandemic can be expected. When that will be is not known, but the consequences, when it does, will be serious. Around a quarter of the population could be affected, with over 50,000 deaths in the UK alone. This could be over one or more waves, each lasting around 3 months.

Figure 7. Pandemic Flu: UK Influenza Pandemic Contingency Plan. – London, 20 Oct 2005, p. 4.[69]

Remarks

One cannot imagine that the definition of a pandemic on the WHO website from February 2003 to May 2009 was incorrect, especially given the changes to the text that were made in 2004, 2005, and 2008.

Besides that, Hartl's statement that the WHO website does not reflect the official position of the World Health Organization raises additional questions for this organization. For example, currently, there is no published document confirming that the Director General of the WHO has raised the influenza pandemic alert level from Phase 5 to Phase 6. A Google search (2009-2011) revealed only two web links, dated June 11 and 12, 2009,[73] which do not belong to the WHO and are not directly associated with the WHO. (Fig. 8) Does it mean that all documents disappeared or did not exist?

ReliefWeb
https://reliefweb.int › report › world › world-now-start-...
World now at the start of 2009 influenza pandemic
11 Jun 2009 — I have therefore decided to raise the level of influenza pandemic alert from phase 5 to phase 6. The world is now at the start of the 2009 influenza ...
Solomon Times Online
https://www.solomontimes.com › news › world-now-on...
World Now on Influenza Pandemic Alert
12 Jun 2009 — I have therefore decided to raise the level of influenza pandemic alert from phase 5 to phase 6. The world is now at the start of the 2009 influenza ...

Figure 8. "I have therefore decided to raise the level of influenza pandemic alert from phase 5 to phase 6"

A similar incident occurred on March 11, 2020,[74] when the WHO Director's thoughts on the pandemic expressed during his briefing were perceived as prompting local decision-making. However, no official WHO documents reflecting the collective decision made by WHO experts have been published so far.

To understand the statements of N. Budu and G. Hartl in 2009 and the reasoning of T. Ghebreyesus in 2020, one should listen to the speech of the WHO Director at the World Government Summit (February 12, 2024). In particular, he said: "Let me be clear: *WHO did not impose anything on anyone* during the COVID-19 pandemic. Not lockdowns, not mask mandates, not vaccine mandates… Our job is to support governments with evidence-based guidance, advice and, when needed, supplies, to help them protect their people. But the decisions are theirs".[75]

After the Paul Flynn report (June 4, 2010), the changes in the definition of a pandemic were discussed many times, but WHO staff insisted that it was not changed.[52] Actually, it was true since WHO has never formally defined pandemic influenza either in the WHO documents or on the WHO websites.[76] However, in mid-summer 2011, the description of a pandemic on the WHO website reverted to its original definition with *enormous numbers of deaths and illness*.[63]

10. Conclusion

The concept of epidemics caused by external pathogens has been known for many centuries. The term "pandemic" appeared later than "epidemic" and could have several meanings. It was used as a synonym for an epidemic, or to describe an epidemic that covered a vast territory, or to indicate an epidemic of an infectious disease accompanied by high mortality, like a pandemic of plague, smallpox, or cholera. In the 20th century, the term "pandemic" began to be used with severe influenza epidemics and non-communicable diseases that increased mortality in most countries.

From the formal perspective of the WHO document issued in 2009, the declaration of a swine flu pandemic in June 2009 seemed justified. However, taking into account the previous history, common sense, and the consequences of declaring a pandemic for a disease not accompanied by a

high number of cases and high mortality, it was a somewhat premature move, which was reflected in the resolution of the Health Committee of the Parliamentary Assembly of the Council of Europe.

Despite the achievements of modern medicine, in less than a quarter of the 21st century, humanity managed to survive two pandemics that could not have happened. From a practitioner's point of view, the difference between a pandemic, an epidemic, and one infectious disease case is irrelevant. A knowledgeable and experienced physician will not focus on the name of the virus or its strain since, in each case, individual pathogenesis-based treatment is used, considering the leading clinical syndrome.

To minimize the likelihood of a new pandemic studying and implementing all effective medicines and methods from ancient times to the present is necessary. Medical Universities should include Dr. Zhan's universal theory of acute infectious diseases in the curriculum. According to this theory, the progression of any viral infectious disease is accompanied by a succession of specific clinical syndromes, reflecting the inclusion of various phases of the pathogenesis of the infectious process. Assessing the patient's complaints is sufficient to use this theory in practice. The development of modern drugs, used in the past according to Dr. Zhan's theory, will effectively treat any new infectious disease without waiting for the results of clinical trials.

Thus, by improving the quality of the university education and postgraduate medical specialization, the problem of successful treatment of new infectious diseases can be solved, and future epidemics and pandemics be prevented.

11. Chronology of the events

This study has revealed the following sequence of the significant historical and epidemiological events that preceded and accompanied changes in the definition of a pandemic on the WHO website in 2009 and 2011:

2003-2009: Increasing, but then decreasing in probability of an Avian Flu pandemic.[32]

2004-2009: Development and production of vaccines against a virtual pandemic strain of the Avian Flu virus.[77]

2009, January: The Austrian company Baxter delivered "vaccines" against seasonal flu which contained live deadly Avian Flu virus.[33]

April 8: A lawsuit was filed with the Vienna City Prosecutor's Office against the Austrian branch of Baxter and Avir Green Hills Biotechnology.[78]

April 14: CDC: The American Centers for Disease Control and Prevention (CDC) announced the identification of the first case of a febrile illness in the United States caused by a new strain of swine flu.[79]

April 22: Cable News Network (CNN) reported the possible leaking of pathogens from a laboratory in Frederick, Maryland.[80]

April 23: CDC: Dr. Ann Schuchat reported that the causative agent of the new disease was a reassortant virus consisting of genes from four strains of influenza, namely North American swine, North American avian, Eurasian swine, and seasonal human.

April 24: CDC: Dr. Richard Besser, acting director of the CDC, announced the beginning of the swine flu epidemic in Mexico and the United States.

April 25: WHO: The first meeting of the Emergency Committee convened by the WHO Director-General took place.

April 26: WHO: A new edition of the "Pandemic Influenza Preparedness and Response" was published on line.

April 27: WHO: Influenza pandemic alert level raised from phase 3 to phase 4.

April 28: Indonesian Health Minister suggests that the new virus is of artificial origin. [84]

April 29: WHO: Influenza pandemic alert level raised from phase 4 to phase 5.

May 2: Mexico's Health Minister said that the epidemic is declining, and the country will probably return to normal life next week.

May 4: CDC: Dr. Richard Besser announced that the swine flu report must now include both confirmed and probable cases of infection with the 2009 H1N1 virus.

May 4: WHO: During a press conference, a WHO representative, Nathalie Boudou, stated that the previous definition of the pandemic with the *enormous numbers of deaths and illnesses* … "was a mistake, and we apologize for the confusion."

May 4 (20:58): The definition of a pandemic has disappeared from the WHO website.

May 5: The Chief State Sanitary Doctor of Russia, Gennady Onishchenko, in an interview with Echo of Moscow, stated that “WHO acts as the marketing department of the La Roche company." [85]

May 6 (00:51): A new definition of the pandemic has appeared on the WHO website.

May 12: Experts say swine flu may result from human (laboratory) error. [86]

June 11: WHO: Pandemic influenza alert level raised from phase 5 to phase 6.

June 18: An inventory of potentially deadly pathogens at Fort Detrick's infectious disease laboratory found more than 9,000 vials that had not been accounted for. [87]

June 30: Experts continue to claim that the swine flu virus is of artificial origin. [88]

July 16: WHO: Canceling testing for swine flu virus.

May-October: Discussion and development of the first global vaccination project.

October 24: US President Obama declared a national emergency in the United States due to the 2009 H1N1 influenza pandemic.

November 5: Polish Minister of Health Ewa Kopacz, speaking at a meeting of the Polish parliament, said that the new disease is no more dangerous than seasonal flu. Vaccine manufacturers must provide a list of vaccine ingredients and clinical trial results.

November 16: Danish journalists accused WHO employees of corrupt connections with vaccine manufacturers.

November 25: The newspaper Novye Izvestia published an article "Agents of Infusion," which ended the propaganda about the Swine pandemic in Russia.

December 18: Dr. Wolfgang Wodarg, Chairman of the Committee on Social Health and Family Affairs of the Parliamentary Assembly of the Council of Europe (PACE), and a group of parliamentarians introduced the topic for discussion: – "False pandemics - a threat to health"; Dr. V. Wodarg accused WHO employees of organizing a false pandemic and having corrupt connections with vaccine manufacturers.

2010, January 12: The topic "Fake pandemics - a threat to health" was planned for discussion at the plenary session of the PACE winter session.

January 29: PACE adopted a resolution to investigate the influence of pharmaceutical companies on the global campaign against swine flu, paying particular attention to the degree of influence of the pharmaceutical industry on the WHO.

June 4: In a report to members of the Committee on Social Health and Family Affairs, PACE, Paul Flynn reported the identification of severe shortcomings in the transparency of decision-making; ... He also noted that WHO does not want to acknowledge the fact that changes have been made to the definition of a pandemic, as well as to revise the forecast for the further development of the pandemic.

June 24: PACE approved the conclusions of its Committee on Social Health and Family Affairs. The resolution said there was overwhelming evidence that WHO officials overestimated the severity of the pandemic, resulting in misrepresentation of public health priorities.

August 10: WHO Director-General Dr Margaret Chan announced that the influenza pandemic caused by the H1N1 virus is over.

2011, March: A new independent Committee of Experts, which studied the actions of WHO employees before and during the swine flu pandemic, found the accusations of corruption against the WHO leadership unsubstantiated.

March 28: The head of the Commission, Dr. Harvey Fineberg, gave an acquittal speech at the office of the World Health Organization.

March 28: WHO Director Margaret Chan thanked Commission members for appreciating the efforts of WHO staff during the swine flu pandemic.

May 17: Columbia University awarded Dr. Harvey W. Feinberg its highest honor in public health, the Frank A. Calderon Award.

2011, July-August: The WHO website returned to the original definition of a pandemic, emphasizing high morbidity and mortality.

Special digests related to the Swine Flu pandemic have been prepared to collect facts and to identify cause-and-effect relationships between events presented above. [1,35, 89-91]

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COVID-19

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THE DEFINITION OF PANDEMIC: CAUSES AND CONSEQUENCES OF ITS ADJUSTMENT IN 2009 AND 2011

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The article considers results of the study evaluating historical and epidemiological events that preceded and accompanied adjustment of the pandemic description on the WHO website in 2009 and 2011.
The analysis covered publications related to epidemics and pandemics issues, the WHO documents, the WHO website.
The descriptions of pandemic mostly focused on "enormous numbers of cases and deaths". Since May 2009, new description of pandemic was published, focusing on disease prevalence. In 2011 it reverted to initial one with no comments. From perspective of the WHO document of 2009, declaration of swine flu pandemic in June 2009 seemed justified. However, considering previous pandemic history, common sense and consequences of declaring pandemic of disease with low both number of cases and mortality, it was premature move.
Since primary factor hindering development of pandemic is effectiveness of infectious disease treatment, to minimize likelihood of new pandemic it is necessary to improve special medical education quality and to study and to adapt to modern conditions all effective medications and methods used in the past.

K e y w o r d s : pandemic; epidemic; swine flu; the WHO; H1N1.

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"For years, the organization's web site defined an influenza pandemic as causing 'enormous numbers of deaths and illness.' But the agency recently pulled the definition, apologizing for causing confusion and anxiety."

(*The New York Times*, 8 June 2009)

Introduction

Infectious diseases, as well as epidemics, have been well-known since ancient times. The Chinese Yellow Emperor's Inner Canon, believed to date from the tenth century BC, describes external pathogens that can cause acute infectious diseases which affect many people simultaneously [1]. At that time, doctors knew that the course of a disease in each case depended on the patient's initial state and his "defense energy" (Wei Qi) [2]. By "defense energy," one can mean a complex response of the immune and other body systems involved in the pathogenetic and sanogenetic reactions of the patient.

Despite the variety of external pathogens represented by thousands of viruses and bacteria, the human body has a limited set of protective reactions known in modern pathophysiology as inflammation, fever, hypoxia, general adaptation syndrome, and others. These pathogenetic syndromes are accompanied by nonspecific symptoms, such as fever, weakness, chills or feeling hot, headache, cough, shortness of breath, nausea, vomiting, diarrhea, skin rash, discoloration of the skin, and so on, which have similar pathogenesis, regardless of the causative agent of the infectious disease.

With all the variety of pathogens, in the case of the development of any febrile disease, only two main mechanisms are involved that lead to an increase in temperature — an increase in heat production or a decrease in heat transfer [3]. Similarly, 2–3 mechanisms are involved in forming each clinical syndrome.

About 1800 years ago, Dr. Zhang Zhongjing studied the results of previous generations of research and developed a theory of acute infectious diseases that explained the diagnosis and treatment of leading syndromes. According to this theory, in the case of the development of an acute infectious process, there is a change in six phases of the disease, reflecting the gradual inclusion of various levels of protection. Each phase can proceed according to one of two or three options. Thus, the variety of clinical syndromes associated with acute infectious diseases can be reduced to ten or twelve options, each of which a protocol of etiopathogenetic treatment has been developed [4]. When symptoms change and, accordingly, when the clinical syndrome changes, a new treatment must be selected. Therefore, in treating one patient, the protocol for the use of drugs was constantly changed following changes in the main symptoms of the disease. This phenomenon could ex-

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plain failed clinical trials conducted by modern scientists unfamiliar with phases of an infectious disease.

There are some examples of treatment of the initial phases of infectious diseases: in the case of initial fever with general cold feelings without sweating — *Herba Ephedrae* was recommended; if there is initial fever with general hot feelings — *Folium Mori Albae* or *Herba Menthae Haplocalycis* should be used; if there is initial fever with intensive sweating or tension in the muscles — *Ramulus Cinnamomi Cassiae* was recommended; in the case of fever with alternating cold and hot feelings — *Radix Bupleuri*, was used, and so on. A change in symptoms pointed to a change in the phase of the disease and required an adjustment of therapy. If a patient has a severe fever with hemorrhagic symptoms, skin rashes, kidney and liver impairment, delirium, and other symptoms of aggravation of the disease — *Radix of Isatis tinctoria* should be applied [5]. In the succeeding centuries, protocols for treating infectious diseases were updated following a new understanding of the etiology and pathogenesis of diseases and advances in pharmacology.

A modern physician who has studied Hans Selye's General Adaptation Syndrome [6] is only familiar with a limited version of Dr. Zhang's theory of acute infectious diseases and needs more knowledge to apply it at the patient's bedside.

It can be assumed that the development of an epidemic or pandemic depends not so much on the danger of an external pathogen but on the knowledge and experience of the doctor and on his ability to choose an individual treatment corresponding to the current phase of the acute disease. Therefore, training a doctor who knows how to use effective means and methods of treatment should be the basis for a successful fight against future pandemics. Otherwise, we are in for a series of pandemics reminiscent of those that occurred in 2009–2010 and 2020–2023, when the main hope was placed on quarantine, movement restrictions, and mass vaccination.

Materials and methods

Since the cause of the change of the description of a pandemic on the WHO website in 2009 and 2011 is not clear, analyses of the literature related to the epidemics and pandemics, WHO documents, WHO website, and articles published in journals and the Internet pages have been done. This study aims to reveal the main historical and epidemiological events that preceded and accompanied the adjustment of the description of a pandemic on the WHO website in 2009 and 2011.

To optimize this study, pages of the WHO website dedicated to the description of a pandemic were collected in a thematic digest containing text and page screenshots [7].

Results

A brief overview of the pre-1999 definition of a pandemic

In a dictionary published in London in 1791, the term epidemic (*epidemius*) refers to a disease that affects many people simultaneously and then disappears. In the same dictionary, the word pandemic (*pandemius*) is explained as a synonym for the word epidemic [8].

In a dictionary published in Philadelphia in 1874, there is an explanation, that the term 'Epidemic' (*Epidemius*) derived from the Greek words — ἐπί (epi), meaning "upon", and δῆμος (dēmos), meaning "people" is applied to any disease which seems to be upon the entire population of a country at one time [9]. A term 'Pandemia' also derived from Greek words — παν (pan), that means "all" or "everything", and δῆμος (dēmos), that means "people". This term refers to the disease which affects the people of a country generally [10].

At the end of the 20th century, the term "epidemic" took on a broader meaning and began to be applied to an unusual increase in the number of cases of a particular disease, both infectious and non-infectious. The term "pandemic" is used to describe an epidemic affecting a very high proportion of the population of a significant geographic region but "customarily restricted to diseases such as cholera, plague, and influenza" [11, 12].

The discussion of the contradictions between the necessity and legitimacy of using the term "pandemic" began in early May 2009 [13], i.e., about a month before June 11, 2009, when the Director-General of the World Health Organization (WHO), Dr. Margaret Chan, stated: "*The world is now at the start of the 2009 influenza pandemic*" [14].

Definition of the "pandemic" in the WHO documents published in 1999–2017

In 1999, the WHO issued a document, the "Influenza Pandemic Preparedness Plan". It referred to influenza pandemics that occurred in 1918, 1957, and 1968 and provided a detailed description of the phases of pandemic development, including the Inter-Pandemic phase, the Preparedness phase (three levels), and the Pandemic period (four phases), after which the Post-Pandemic period, that is the same as the Inter-Pandemic one began again [15].

The 1999 document did not define what a pandemic was but clarified that "A pandemic will be declared when the new virus sub-type has been shown to cause several outbreaks in at least one country, and to have spread to other countries, with consistent disease patterns indicating that serious morbidity and mortality is likely in at least one segment of the population" [15]. Thus, the criterion for the onset of a pandemic was *serious morbidity and mortality*.

Due to the emergence of sporadic cases of avian influenza a new document was issued in 2004, where the following description of the emergence of a pandemic was given: "An influenza pandemic occurs with the appearance of a new influenza virus against which none of the population has any immunity. This results in several simultaneous epidemics worldwide with *enormous numbers of cases and deaths*. With the increase in global transport and communications, as well as urbanization and overcrowded conditions, epidemics resulting from a new influenza virus are likely to be established quickly around the world" [16]. Thus, the main pandemic crite-

rion as *enormous numbers of cases and deaths* remained unchanged.

The following are the descriptions of the pandemic presented in the WHO documents in subsequent years, suggesting that the characteristics of the pandemic have remained the same. For example, "Influenza pandemics are associated with *high morbidity, excess mortality*, and social and economic disruption" (January 2005). [17] "Influenza pandemics (worldwide epidemics) have occurred at irregular and unpredictable intervals, and have been associated with *substantial morbidity, mortality* and economic cost" (March 2005) [18]. "An influenza pandemic (or global epidemic) occurs when a new influenza virus subtype appears, against which no one is immune. This may result in several simultaneous epidemics worldwide with *high numbers of cases and deaths*. With the increase in global transport and urbanization, epidemics caused by the new influenza virus are likely to occur rapidly around the world." (Spring 2005) [19]. "Influenza pandemics (worldwide epidemics) … have been associated with *substantial morbidity, mortality* and economic cost (October 2005) [20]. In addition, documents of the WHO emphasized that the pandemic virus may lead to several simultaneous epidemics worldwide, resulting in *high numbers of cases and deaths* [18], or *considerable morbidity and mortality* [21].

In March 2005, the WHO prepared one more document — "WHO Global Influenza Preparedness Plan" [22] which, like the previous documents, stated that the pandemic virus could cause significant *morbidity and mortality* in all age groups. This new document mentioned the 1918, 1957, and 1968 influenza pandemics, which claimed millions of lives. It also provided a detailed description of six phases of the development of a pandemic, all of which were characterized by an increased and sustained transmission in the general population.

The first objective for the WHO leadership during a pandemic (phase 6) was "to minimize morbidity and mortality" associated with current human infections [22]. Thus the pandemic was still characterized by *high morbidity and mortality*; otherwise, there would be no reason to lower these parameters.

The development of the following WHO document — "Pandemic Influenza Preparedness and Response," was completed in the spring of 2009. According to a 'Google search,' the new edition was published on April 26, 2009 [23], on the very next day after the first meeting of the Emergency Committee convened by the WHO Director-General to address the swine flu outbreak [24].

Like the previous analog document, published in 2005, the new one mentioned the 1918, 1957, and 1968 influenza pandemics, which claimed millions of lives; however, the occurrence of the word 'mortality' or 'death' in the new document has decreased by half. The new document retained the six-phase structure. The Phase 6 (the pandemic phase) was characterized "by community level outbreaks in at least one other country in a different WHO region in addition to the criteria defined in Phase 5" [23].

There was no definition of a pandemic; various pandemic phases differ only in the prevalence of infection without considering the severity of the course of the disease and mortality. According to the new document, WHO did not commit "*to minimize morbidity and mortality*," as it was in the document issued in 2005. This document was used as a guide to declare the swine flu pandemic on June 11, 2009.

In the document issued by the WHO in 2017 — "Guidelines on Regulatory Preparedness for provision of marketing authorization of human pandemic influenza vaccines in non-vaccine-producing countries," it was mentioned that a pandemic could cause several simultaneous epidemics worldwide with *high numbers of cases of clinical disease and deaths* [25].

Definition of the term "pandemic" on the WHO website before May 4, 2009

In 2003–2005, the section on infectious diseases was entitled "Communicable Disease Surveillance & Response." In October 2005, this page was renamed "Epidemic and Pandemic Alert and Response." On July 10, 2009, the WHO website dedicated to infectious diseases was named "Global Alert and Response" [7].

The first description of a pandemic, available on the WHO website, dates back to February 2, 2003. In particular, it says: "An influenza pandemic occurs when a new influenza virus appears against which the human population has no immunity, resulting in several, simultaneous epidemics worldwide with *enormous numbers of deaths and illness*". Further: "With the increase in global transport and communications, as well as urbanization and overcrowded conditions, epidemics due the new influenza virus are likely to quickly take hold around the world" [7]. This description was similar to that which appeared in the WHO document published in 2005 [19].

In the second half of June 2004, an addendum appeared on the WHO website: "Outbreaks of influenza in animals, especially when happening simultaneously with annual outbreaks in humans, increase the chances of a pandemic, through the merging of animal and human influenza viruses. During the last few years, the world has faced several threats with pandemic potential, making the occurrence of the next pandemic just a matter of time" [7].

In October 2008, minor changes were made on the WHO website: "An influenza pandemic occurs when a new influenza virus appears against which the human population has no immunity, resulting in epidemics worldwide with enormous numbers of deaths and illness". This definition of a pandemic remained on the WHO website until May 4, 2009 [7].

The historical and epidemiological events that preceded the adjustment of the description of a pandemic on the WHO website in May 2009

For several years, commencing in 2003, scientists in many countries have warned about the possible beginning of an avian influenza pandemic. Under the 1999 Pandemic Preparedness Plan, the WHO initiated the re-

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search necessary to produce a new vaccine rapidly. However, after a small peak in deaths in 2006, they began to decline in subsequent years, and by the end of 2008, it was clear that the threat of an avian influenza pandemic had subsided [26].

Despite declining demand for an avian influenza vaccine, development and production continued. In January 2009, the Austrian pharmaceutical company Baxter sent containers with a "vaccine" against influenza (H3N2) to biological laboratories in Germany, the Czech Republic, and Slovenia. It was soon discovered that the "vaccine" contained live avian influenza (H5N1) virus. At first, a Baxter spokesman said that the vaccine was contaminated accidentally. However, he later admitted that "experimental viral material" was sent instead of vaccines, which was not noticed in the accompanying documents. By the beginning of April 2009, the discussion of the spread of the contaminated vaccine had reached the international level. On April 8, 2009, a lawsuit was filed against the Austrian branch of Baxter and against AVIR Green Hills Biotechnology [27].

On April 17, 2009, the Center for Disease Control and Prevention (CDC) determined that two cases of febrile respiratory illness in southern California were infected with a swine influenza A (H1N1) virus [28]. On April 23, 2009, Dr. Anne Schuchat (Director of CDC's National Center for Influenza and Respiratory Diseases), reported about five new cases and informed that the causative agent of the new disease was a reassortant virus consisting of the genes of four strains of influenza, namely North American swine, North American avian, Eurasian swine, and human seasonal [29]. On April 24, 2009, Richard Besser, acting director of the CDC, declared that a swine flu epidemic had begun in Mexico and the United States [30].

On April 25, 2009, the first meeting of the Emergency Committee convened by the Director-General of WHO took place [24]. Two days later, after the second meeting of the Committee, the pandemic influenza alert level was raised from Phase 3 to Phase 4 [31]. On April 29, 2009, WHO Director Dr. Chang stated: "Based on assessment of all available information, and following several expert consultations, I have decided to raise the current level of influenza pandemic alert from phase 4 to phase 5." She also urged all governments to activate their pandemic preparedness plans and be on "high alert for unusual outbreaks of influenza-like illness and severe pneumonia" [32].

However, on April 30, 2009, Mexican officials said the swine flu epidemic was stable for several days. Of the 168 deaths attributed to swine flu, only 12 have been confirmed [33]. On May 3, 2009, the Mexican Health Minister, Jose Angel Cordova, said the swine flu virus peaked between April 23 and 28, and the evolution of an epidemic began to decline. He also assumed businesses would return to regular activity during the week and schools would be opened for studies [34].

On May 4, 2009, Dr. R. Besser announced a change in reporting of morbidity, which should now include confirmed and probable cases of the infection with the 2009 H1N1 virus [35]. On the same day, during a press conference held by WHO staff, a CNN reporter expressed doubt about a possible pandemic announcement and pointed out that on the WHO website, the flu pandemic was characterized by "enormous numbers of deaths and illness". To this remark, WHO's public relations representative, Natalie Boudou, replied, "It was a mistake, and we apologize for the confusion. The definition was put up a while ago and paints a rather bleak picture and could be very scary" [13]. On the evening of May 4, the definition of a pandemic disappeared from the WHO website [7], and a new definition appeared on May 6, 2009. It read as follows: "What is an influenza pandemic? A disease epidemic occurs when there are more cases of that disease than normal. A pandemic is a worldwide epidemic of a disease. An influenza pandemic may occur when a new influenza virus appears against which the human population has no immunity. With the increase in global transport, as well as urbanization and overcrowded conditions in some areas, epidemics due to a new influenza virus are likely to take hold around the world, and become a pandemic faster than before. WHO has defined the phases of a pandemic to provide a global framework to aid countries in pandemic preparedness and response planning. Pandemics can be either mild or severe in the illness and death they cause, and the severity of a pandemic can change over the course of that pandemic" [7].

On June 11, 2009, WHO Director Dr. Margaret Chan stated: "…I have conferred with leading influenza experts, virologists, and public health officials. In line with procedures set out in the International Health Regulations, I have sought guidance and advice from an Emergency Committee established for this purpose. On the basis of available evidence, and these expert assessments of the evidence, the scientific criteria for an influenza pandemic have been met. I have therefore decided to raise the level of influenza pandemic alert from phase 5 to phase 6. The world is now at the start of the 2009 influenza pandemic" [14].

In mid-July 2009, the WHO representative stated: "This pandemic has been characterized, to date, by the mildness of symptoms in the overwhelming majority of patients, who usually recover, even without medical treatment, within a week of the onset of symptoms". Therefore it was recommended to stop testing for the swine flu virus [36].

The historical and epidemiological events that preceded the adjustment of the description of a pandemic on the WHO website in 2011

The increase in the pandemic phase to the sixth level was accompanied by the intensification of anti-pandemic measures. Most government officials and doctors around the world followed the recommendations of the WHO, in connection with which mass production and purchase of antiviral drugs and vaccines began. At the same time, some scientists and journalists believed that the pandemic announcement lacked common sense because mortality from the new virus did not exceed the seasonal influenza statistics [37, 38].

Besides, there were criticisms from professionals and officials. In particular, on November 5, 2009, Polish Minister of Health, Dr. Ewa Kopacz, speaking at a meeting of the Polish Parliament, said that the new disease is not more dangerous than seasonal flu, and before starting to purchase vaccines, it is necessary to study the results of clinical trials, the list of ingredients, and reports on side effects which had not been provided. She also noted that vaccine manufacturers should be held responsible for side effects [39].

The most severe blow to the "pandemic" was the statement of journalists who found signs of financial interest in WHO experts when declaring a pandemic [40].

At the end of January 2010, the Parliamentary Assembly of the Council of Europe (PACE) adopted a resolution to investigate the influence of pharmaceutical companies on the global swine flu campaign, focusing on the extent of the pharmaceutical industry's influence on the WHO [41].

On June 24, 2010, PACE approved the conclusions of its Health Committee. According to the Assembly, the actions of the WHO, the health institutions of the European Union, and national Governments have led to unjustified concerns about the health risks faced by Europeans during the swine flu pandemic and the wastage of large sums of public money. The adopted resolution states that there was irrefutable evidence that WHO staff overestimated the severity of the pandemic, which led to a distortion of public health priorities. Paul Flynn, a speaker from the UK, reported on identifying severe shortcomings in the transparency of decision-making about the pandemic outbreak, which raised concerns about the influence of the pharmaceutical industry on decisions made. He also noted that the WHO wanted to deny making changes to the definition of a pandemic and revising the forecast of further development of the pandemic. Flynn also urged the media to avoid sensationalizing and staring up panic in public health [42].

On August 10, 2010, WHO Director-General Dr. Margaret Chan announced that the H1N1 influenza pandemic was over, and the post-pandemic period had begun [43].

The new description of a pandemic on the WHO website had been in place for a little more than two years. In 2011, between July 8 and August 7, the WHO website reverted to the description of a pandemic that was prior to May 4, 2009, namely: "An influenza pandemic occurs when a new influenza virus appears against which the human population has no immunity, resulting in epidemics worldwide *with enormous numbers of deaths and illness*". This description was on the WHO website until September 2011. Subsequent WHO influenza pandemic pages are not available [7].

Discussion

A comparison of the WHO documents and pages on the WHO website published in different years revealed fundamental differences in the description of a pandemic.

In the WHO document issued in 1999, there was an explanation that the characteristic attributes of a pandemic were *high morbidity and mortality* [15]. In 2005, when leading epidemiologists predicted the imminent start of an avian influenza pandemic, the emphasis that a pandemic virus could cause an epidemic with high morbidity and mortality was retained. Therefore, the first objective of WHO during a pandemic was to unite the efforts of the health systems of various countries *to minimize morbidity and mortality* [22].

In the WHO document published in the spring of 2009, the emphasis on high morbidity and mortality associated with a pandemic virus and pandemic was removed [23], in connection with which there was no need for a unifying effort by WHO *to minimize morbidity and mortality*.

On the WHO website, the description of a pandemic familiar to many, such as the "*enormous numbers of deaths and illness*," had been present for over six years [7]. With a slight change in wording but without change in meaning, it was used by the governments of Canada, the United States, the United Kingdom, and other officials who prepared documents dealing with the pandemic in 2004–2008 [44–46].

Nevertheless, during a press conference held on May 4, 2009, Natalie Boudou, a WHO communications officer, said that the definition of a pandemic, which included "*enormous numbers of deaths and illness*," was wrong and would be corrected [13]. Sometime later, another WHO representative, Gregory Hartl, stated that the definition of a pandemic with *enormous numbers of deaths and illness* was posted on the website in 2004, however, it was not official, so the Pandemic Preparedness Guide should be read [47].

In the following months, changing the definition of a pandemic was discussed many times, but WHO staff insisted that there was no change in the definition of a pandemic [42]. Actually, it was true since WHO has never formally defined pandemic influenza either in the WHO documents or on the WHO websites [48]. However, in mid-summer 2011, the description of a pandemic on the WHO website reverted to its original definition with *enormous numbers of deaths and illness* [7].

Conclusion

The concept of epidemics caused by external pathogens has been known for many centuries. The term "pandemic" appeared later than "epidemic" and could have several meanings. It was used as a synonym for an epidemic, or to describe an epidemic that covered a vast territory, or to indicate an epidemic of an infectious disease accompanied by high mortality, like a pandemic of plague, smallpox, or cholera. In the 20th, the term "pandemic" began to be used with severe influenza epidemics and non-communicable diseases that increased mortality in most countries.

From the formal perspective of the WHO document issued in 2009, the declaration of a swine flu pandemic in June 2009 seemed justified. However, taking into account the previous history, common sense, and the consequences of declaring a pandemic for a disease not accompanied by a high number of cases and high mortality, it was a somewhat premature move, which was re-

flected in the resolution of the Health Committee of the Parliamentary Assembly of the Council of Europe.

Despite the achievements of modern medicine, in less than a quarter of the 21st century, humanity managed to survive two pandemics that could not have happened. From a practitioner's point of view, the difference between a pandemic, an epidemic, and one infectious disease case is irrelevant. A knowledgeable and experienced physician will not focus on the name of the virus or its strain since, in each case, individual pathogenesis-based treatment is used, considering the leading clinical syndrome.

To minimize the likelihood of a new pandemic studying and implementing all effective medicines and methods from ancient times to the present is necessary. Medical Universities should include Dr. Zhan's universal theory of acute infectious diseases in the curriculum. According to this theory, the progression of any viral infectious disease is accompanied by a succession of specific clinical syndromes, reflecting the inclusion of various phases of the pathogenesis of the infectious process. Assessing the patient's complaints is sufficient to use this theory in practice. The development of modern drugs, used in the past according to Dr. Zhan's theory, will effectively treat any new infectious disease without waiting for the results of clinical trials.

Thus, by improving the quality of the university education and postgraduate medical specialization, the problem of successful treatment of new infectious diseases can be solved, and future epidemics and pandemics be prevented.

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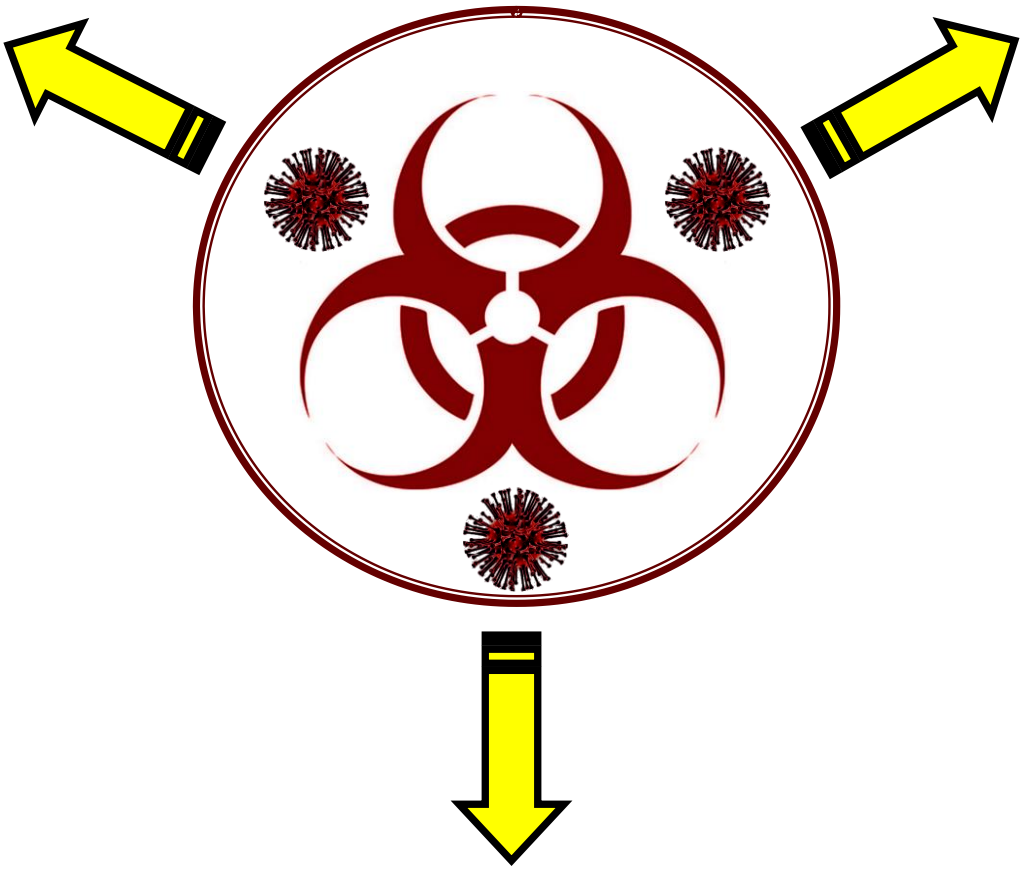
Chapter 5

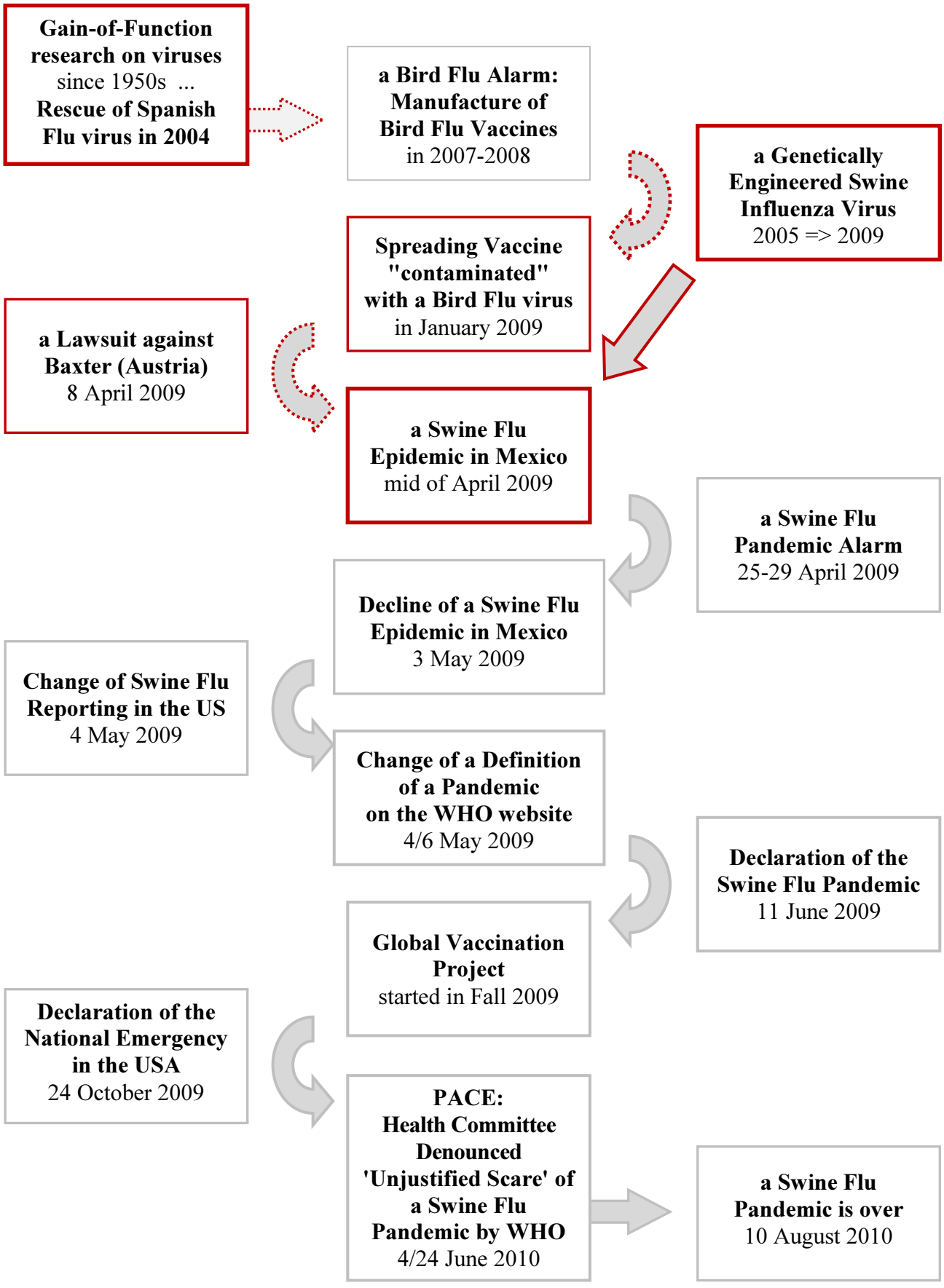
A Genetically Engineered

Swine Flu virus

Could Escape
from some Laboratory



Roadmap
of the Swine Flu Pandemic


Gain-of-Function research on viruses since 1950s ... Rescue of Spanish Flu virus in 2004
a Bird Flu Alarm: Manufacture of Bird Flu Vaccines in 2007-2008
a Genetically Engineered Swine Influenza Virus 2005 => 2009
Spreading Vaccine "contaminated" with a Bird Flu virus in January 2009
a Lawsuit against Baxter (Austria) 8 April 2009
a Swine Flu Epidemic in Mexico mid of April 2009
a Swine Flu Pandemic Alarm 25-29 April 2009
Decline of a Swine Flu Epidemic in Mexico 3 May 2009
Change of Swine Flu Reporting in the US 4 May 2009
Change of a Definition of a Pandemic on the WHO website 4/6 May 2009
Declaration of the Swine Flu Pandemic 11 June 2009
Global Vaccination Project started in Fall 2009
Declaration of the National Emergency in the USA 24 October 2009
PACE: Health Committee Denounced 'Unjustified Scare' of a Swine Flu Pandemic by WHO 4/24 June 2010
a Swine Flu Pandemic is over 10 August 2010

BBC NEWS

Killer flu recreated in the lab:
Scientists have shown that tiny changes to modern flu viruses
could render them as deadly as the 1918 strain which killed millions

BBC News, 7 October 2004, 05:02 GMT 06:02 UK
http://news.bbc.co.uk/2/hi/health/3719990.stm

A US team added two genes from a sample of the 1918 virus to a modern strain known to have no effect on mice. Animals exposed to this composite were dying within days of symptoms similar to those found in human victims of the 1918 pandemic. The research is published in the journal Nature.

The work of the US team, lead by Dr Yoshihiro Kawaoka of the University of Wisconsin, was carried out under the tightest security. Experts focused on two genes thought to play a key role in the infection process. One controls production of a spike-like molecule called haemagglutinin (HA), believed to be used by the flu virus to attach itself to the cells it is about to infect.

Previous research published earlier this year in the journal Science identified the HA gene as being the crucial element which made the 1918 virus so deadly - and the latest work appears to confirm this. Post mortems on mice injected in the nose with the composite virus showed that it had rampaged through their lungs, producing inflammation and haemorrhaging. The researchers stress the experiment is conclusive for lab mice, and not humans.

Better monitoring

But they say that their work may lead to better ways to assess the potential danger of emerging flu viruses. Writing in Nature, the researchers say: "Once the properties of the (1918) HA gene that gave rise to its lethal infectivity are better understood, it should be possible to devise effective control measures and to improve global surveillance networks for influenza viruses that pose the greatest threat to humans as well as other animal species."

Scientists believe the 1918 virus leapt to humans by mutating from bird flu, possibly after passing through pigs, which are able to harbour both human and avian viruses and thus allow them to swap genes as the viruses reproduce. For that reason, experts are deeply concerned that the avian flu that has broken out in poultry flocks in parts of south-east Asia may acquire genes that will make it highly infectious as well as lethal for humans.

Professor John Oxford, an expert in virology at Queen Mary College London, told BBC News Online the latest research underlined just what a threat all flu viruses potentially posed. He said: "It is not a big difference at all between a virus that kills 15m people and one that does not kill anyone at all. "The lesson is not to be complacent about anything to do with flu. Every flu virus must be carrying baggage that could potentially harm us, and we would be well advised not to ignore them."

Many deaths

The 1918 "Spanish" flu pandemic is estimated to have infected up to one billion people - half the world's population at the time. The virus killed more people than any other single outbreak of disease, surpassing even the Black Death of the Middle Ages.

Although it probably originated in the Far East, it was dubbed "Spanish" flu because the press in Spain - not being involved in World War I - were the first to report extensively on its impact. The virus caused three waves of disease. The second of these, between September and December 1918, resulting in the heaviest loss of life.

It is thought that the virus may have played a role in ending World War I as soldiers were too sick to fight, and by that stage more men on both sides died of flu than were killed by weapons. Although most people who were infected with the virus recovered within a week following bed rest, some died within 24 hours of infection.

SPIEGEL Wissenschaft

Zwei Killervirus-Proben verschwunden

Spiegel, 16 April 2005, 10.32 Uhr
https://www.spiegel.de/wissenschaft/mensch/seuchengefahr-zwei-killervirus-proben-verschwunden-a-351566.html

Einige der Proben mit tödlichen Grippeviren, die ein US-Labor in alle Welt verschickt hat, sind möglicherweise verloren gegangen. Der Verbleib von mindestens zwei Behältern mit dem gefährlichen Erreger der Asiatischen Grippe ist derzeit unbekannt.

Genf - Ein US-Labor hatte über mehrere Monate tödliche Grippeviren an 3747 Labore verschickt und damit vor einigen Tagen weltweit Alarm ausgelöst. Nun stellt sich heraus, dass manche der hoch gefährlichen Proben mit dem Erreger der Asiatischen Grippe möglicherweise verschwunden sind. Der Verbleib von zwei Lieferungen nach Mexiko und in den Libanon sei ungeklärt, teilte die Weltgesundheitsorganisation (WHO) mit.

"Wir wissen nicht, wann diese Behälter verschickt werden sollten und auch nicht, wo sie verloren gegangen sein könnten", sagte WHO-Grippeexperte Klaus Stöhr in Genf. "Die Ermittlungen, was zwischen dem Versand und der nie erfolgten Ankunft geschehen ist, steht ganz oben auf unserer Liste." Derzeit bestehe aber auch die Möglichkeit, dass die Proben nie verschickt worden seien.

Das tödliche Virus war von der Firma Meridian Bioscience mit Sitz in Cincinnati (US-Bundesstaat Ohio) an Labors in 18 Ländern verschickt worden, die meisten davon in den USA. Das Unternehmen hatte den Auftrag, eine Influenza-A-Probe für Testkits herzustellen, mit denen Labore interne Qualitätskontrollen ihrer Arbeit durchführen.

Statt der vorgesehenen H3N2-Viren wählte Meridian Bioscience aber den tödlichen H2N2-Erreger aus, der 1957 die sogenannte Asiatische Grippe ausgelöst hat. Zwischen einer und vier Millionen Menschen kamen bei der Pandemie ums Leben. Da das hochansteckende H2N2-Virus seit Ende der sechziger Jahre als ausgerottet gilt und nur noch in den Kühlschränken von Labors existierte, ist es heute besonders gefährlich: Zumindest nach 1968 geborene Menschen besitzen keinen Immunschutz mehr gegen den Erreger.

Die Besorgnis, dass erneut eine verheerende Pandemie ausbrechen könnte, wird laut Stöhr jedoch von der Tatsache gedämpft, dass die Viren als gefriergetrocknetes Pulver versandt worden seien. Die Erreger reagierten äußerst empfindlich auf Hitze und ultraviolettes Licht und würden schon bei Zimmertemperatur schnell unschädlich werden.

"Falls eine der Behälter im Müll landen und zerbrechen würde, wären die Viren mit Sicherheit schnell zerstört", sagte Stöhr. Sollten aber Menschen eine solche Probe finden, sähe die Sache anders aus. Die libanesischen und mexikanischen Behörden erklärten unterdessen, die Proben seien niemals in Laboratorien ihrer Länder eingetroffen.

Bis zum heutigen Samstag sollten laut WHO alle Proben, die an Labore außerhalb der USA verschickt wurden, vernichtet sein. Die sechs deutschen Empfänger des Testkits hätten dies nach eigenen Angaben bereits erledigt, berichtete das Robert-Koch-Institut aus Berlin.

SPIEGEL Wissenschaft

Markus Becker

US-Forscher beleben altes Killervirus

Spiegel, 2 Oktober 2005, 20:16 h
https://www.spiegel.de/wissenschaft/mensch/kampf-gegen-vogelgrippe-us-forscher-beleben-altes-killervirus-a-378217.html

US-Forscher haben in einem Militärlabor den extrem gefährlichen Erreger der Spanischen Grippe rekonstruiert. Die Ergebnisse, die jetzt erstmals detailliert veröffentlicht werden, sollen eine drohende Vogelgrippe-Pandemie verhindern helfen. Kritiker warnen jedoch vor der Gefahr eines Ausbruchs.

Was alle Seuchen der Geschichte nicht geschafft hatten, gelang der Spanischen Grippe binnen weniger Monate. 1918 tötete die Pandemie 20 bis 50 Millionen Menschen, mehr als jede andere Krankheit zuvor. Allein in den USA gab es 550.000 Tote. Die Infizierten litten unter hohem Fieber, ihre Lungen entzündeten sich. Innerhalb weniger Tage ertranken die Opfer an ihrer eigenen Flüssigkeit.

Ein US-Forscherteam hat das Virus in jahrelanger Arbeit seit 1995 nachgebaut. Die Ergebnisse des Experiments, das bereits im Oktober 2003 publik wurde, erscheinen jetzt erstmals detailliert in den Fachblättern "Nature" und "Science".

Die Erkenntnisse der Wissenschaftler um Jeffrey Taubenberger vom Institute of Pathology der US-Armee legen nahe, dass das von ihnen rekonstruierte Virus H1N1 von einem Vogelgrippe-Virus abstammte und die Fähigkeit entwickelte, den Menschen anzufallen. Genau diese Entwicklung befürchten die Experten derzeit in Asien: Der dort grassierende Erreger H5N1 könnte mutieren oder sich mit einem menschlichen Grippevirus vermischen und dann eine weltweite Epidemie auslösen.

Uno befürchtet bis zu 150 Millionen Tote

Erst vergangene Woche hat die Uno vor den schrecklichen Auswirkungen einer solchen Seuche gewarnt, die die Spanische Grippe noch um ein Mehrfaches übertreffen könnte. Bis zu 150 Millionen Tote seien möglich, sagte David Nabarro, der neue Uno-Chefkoordinator im Kampf gegen die Vogelgrippe. => https://www.spiegel.de/wissenschaft/mensch/grippe-pandemie-uno-rechnet-mit-bis-zu-150-millionen-toten-a-377590.html

Um das vor acht Jahrzehnten verschwundene Virus der Spanischen Grippe wieder zum Leben zu erwecken, entnahm Taubenbergers Team mehreren Leichen Gewebeproben, unter anderem einer Frau, die 1918 im Dauerfrostboden von Alaska beerdigt worden war. Zusätzlich verwendeten sie in Formalin konserviertes Lungengewebe von anderen Opfern der Spanischen Grippe.

In einem komplizierten Verfahren gelang es den Wissenschaftlern, den genetischen Code des extrem aggressiven H1N1-Virus zu identifizieren und es im Labor zu reproduzieren. Die Mediziner stellten mit dem genetischen Code virusartige Genstränge her, sogenannte Plasmide. Diese wiederum wurden menschlichen Nierenzellen eingepflanzt.

"Sobald das Plasmid in der Zelle ist, baut sich das Virus von selbst auf", sagt Terrence Tumpey von der US-Behörde Centers for Disease Control. "Es dauert nur wenige Tage." Man habe so die biologischen Eigenheiten des Virus erforscht, die seine extrem tödliche Wirkung ausgelöst haben.

Die Forscher testeten den Erreger der Spanischen Grippe auch an Mäusen, Hühner-Embryos und menschlichen Lungenzellen. Die infizierten Mäuse und Embryonen starben binnen weniger Tage.

1918 war H1N1 zunächst in Vögeln aufgetaucht, wie auch jetzt das H5N1-Virus. "Unsere Bemühungen, die Spanische Grippe zu verstehen, haben eine aktuelle Dringlichkeit erhalten", betont Forschungsleiter Taubenberger.

Ein Gen, das die Forscher für die besondere Aggressivität des Virus verantwortlich machen, ist in einem Protein an dessen Oberfläche enthalten: Hämaglutinin, das das Andocken an eine Zelle ermöglicht. Wenn es gelänge, genau diesen Mechanismus zu blockieren, könnte das zur Entwicklung wirksamer Gegenmittel auch gegen H5N1 beitragen, sagte Tumpey.

Kritiker zweifeln an Immunschutz

Die Mediziner stellten außerdem fest, dass moderne Medikamente wirksam gegen den alten Erreger eingesetzt werden könnten. Das Risiko, das von dem wiedererweckten Virus ausgehe, ist den US-Gesundheitsbehörden zufolge minimal. Nach der Epidemie hätten die Menschen weltweit Antikörper entwickelt, die bis heute vorhanden sein sollen.

Genau das bezweifeln Kritiker allerdings. Schon Oktober 2003 hielten Experten die Rekonstruktion des H1N1-Virus durch Taubenberger für gefährlich. Ihr Argument: Von den Zeitgenossen der Spanischen Grippe lebe heute kaum noch jemand. Die Menschheit verfüge deshalb über keinen wirksamen Immunschutz. Ein versehentlicher Ausbruch des Virus könne daher verheerende Folgen haben.

Die Wahrheit dürfte in der Mitte liegen. Das H1N1-Virus sei Bestandteil des Impfstoffs, der jährlich von der Weltgesundheitsorganistation neu entwickelt und auch in Deutschland verabreicht werde, erklärte Georg Pauli vom Berliner Robert-Koch-Institut im Gespräch mit SPIEGEL ONLINE. "Insofern besteht ein gewisser Schutz gegen den H1N1-Erreger", so der Virologe. "Wie weit dieser Schutz reicht, ist allerdings nicht klar."

H5N1 zirkuliert seit Jahrzehnten in vielen Teilen der Welt. Der heutige Impfstoff basiert auf diesem modernen Virus, das sich aber vom ursprünglichen Erreger von 1918 unterscheiden dürfte. "Das Virus kann nur in einem bestimmten Rahmen mutieren", sagt Pauli. "Aber eine Voraussage über die Wirksamkeit des heutigen Impfstoffes gegen das alte Virus würde ich nicht treffen wollen."

Ängste vor einer versehentlichen Freisetzung von H1N1 sind nicht völlig unbegründet. Erst im April dieses Jahres hat ein US-Labor Proben des H2N2-Virus, das 1957 die Asiatische Grippe mit bis zu vier Millionen Toten auslöste, an über 3700 Labore in aller Welt verschickt.

https://www.spiegel.de/wissenschaft/mensch/seuchengefahr-zwei-killervirus-proben-verschwunden-a-351566.html

Da der hoch ansteckende Erreger seit Ende der sechziger Jahre nur noch in den Kühlschränken von Labors existierte, ist er heute besonders gefährlich. "Gegen dieses Virus bestünde überhaupt kein ausreichender Immunschutz mehr", sagt Pauli.

Trotz der Bedenken speisten die Forscher um Taubenberger die genetischen Informationen des H1N1-Erregers in die GenBank ein, einer öffentlichen Datenbank der amerikanischen National Institutes of Health. "Wir haben sorgfältig überlegt, ob wir unsere Ergebnisse veröffentlichen sollen", sagt er. "Die Chancen für den Schutz der Öffentlichkeit vor einer Pandemie überwiegen die Risiken, die die Arbeit mit dem Virus mit sich bringt."

Peter Palese, Adolfo Garcia-Sastre, Richard J. Webby,
Juergen A. Richt, Robert G. Webster, Kelly M. Lager

Genetically Engineered Swine Influenza Virus and Uses Thereof

US Patent, 8 January 2009 [Application Filed on June 1, 2005].
https://patents.google.com/patent/US20090010962A1/en

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(19) **United States**

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Palese et al.

(10) **Pub. No.: US 2009/0010962 A1**

(43) **Pub. Date: Jan. 8, 2009**

(54) **GENETICALLY ENGINEERED SWINE INFLUENZA VIRUS AND USES THEREOF**

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(52) **U.S. Cl.** **424/199.1**; 435/236; 424/209.1; 435/325

(57) **ABSTRACT**

The present invention relates, in general, to attenuated swine influenza viruses having an impaired ability to antagonize the cellular interferon (IFN) response, and the use of such attenuated viruses in vaccine and pharmaceutical formulations. In particular, the invention relates to attenuated swine influenza viruses having modifications to a swine NS1 gene that diminish or eliminate the ability of the NS1 gene product to antagonize the cellular IFN response. These viruses replicate in vivo, but demonstrate decreased replication, virulence and increased attenuation, and therefore are well suited for use in live virus vaccines, and pharmaceutical formulations.

Abstract

The present invention relates, in general, to attenuated swine influenza viruses having an impaired ability to antagonize the cellular interferon (IFN) response, and the use of such attenuated viruses in vaccine and pharmaceutical formulations.

In particular, the invention relates to attenuated swine influenza viruses having modifications to a swine NS1 gene that diminish or eliminate the ability of the NS1 gene product to antagonize the cellular IFN response. These viruses replicate in vivo, but demonstrate decreased replication, virulence and increased attenuation, and therefore are well suited for use in live virus vaccines, and pharmaceutical formulations.

SWINE FLU

Swine Flu Epidemic/ H1N1 Vaccine Deaths and Injuries

Swine Flu, 6 March 2009
http://vaccineriskawareness.com/swine-flu/

Now in April we are hearing of dozens of cases of people in Mexico, dying of 'swine flu'. I think the Baxter accident and the swine flu are related.

It's emerged that virulent H5N1 bird flu was sent out by accident from an Austrian lab last year and given to ferrets in the Czech Republic before anyone realised. As well as the risk of it escaping into the wild, the H5N1 got mixed with a human strain, which might have spawned a hybrid that could unleash a pandemic.

Last December, the Austrian branch of US vaccine company Baxter sent a batch of ordinary human H3N2 flu, altered so it couldn't replicate, to Avir Green Hills Biotechnology, also in Austria. In February, a lab in the Czech Republic working for Avir alerted Baxter that, unexpectedly, ferrets inoculated with the sample had died. It turned out the sample contained live H5N1, which Baxter uses to make vaccine. The two seem to have been mixed in error.

Markus Reinhard of Baxter says no one was infected because the H3N2 was handled at a high level of containment. But Ab Osterhaus of Erasmus University in the Netherlands says: "We need to go to great lengths to make sure this kind of thing doesn't happen."

Accidental release of a mixture of live H5N1 and H3N2 viruses could have resulted in dire consequences. While H5N1 doesn't easily infect people, H3N2 viruses do. If someone exposed to a mixture of the two had been simultaneously infected with both strains, he or she could have served as an incubator for a hybrid virus able to transmit easily to and among people.

Source: The Times of India, 6th March 2009.

The Frederick News-Post

Justin M. Palk

Fort Detrick disease samples may be missing

The Frederick News-Post, 22 April 2009
https://web.archive.org/web/20090424100741/https://www.fredericknewspost.com/sections/news/display.htm?StoryID=89293

Army criminal investigators are looking into the possibility that disease samples are missing from biolabs at Fort Detrick.

As first reported in today's edition of The Frederick News-Post by columnist Katherine Heerbrandt, the investigators are from the U.S. Army Criminal Investigation Division unit at Fort Meade.

Chad Jones, spokesman for Fort Meade, said CID is investigating the possibility of missing virus samples from the U.S. Army Medical Research Institute of Infectious Diseases.

He said the only other detail he could provide is that the investigation is ongoing.

Fort Detrick does not have its own CID office, Jones said, which is why Fort Meade's CID was brought in.

Jones said he could not comment on when the investigation started.

CID is responsible for investigating crimes where the Army is, or may be, a party of interest, according to the U.S. Army Criminal Investigation Command website.

USAMRIID is the Army's top biodefense lab, where researchers study pathogens including Ebola, anthrax and plague.

In February, USAMRIID halted all its research into these and other diseases, known as "select agents" following the discovery of virus samples that weren't listed in its inventory.

The institute's commander, Col. John Skvorak, ordered research halted while workers conducted a complete inventory of the institute's select agents.

That inventory is nearly completed, though the exact end date isn't known yet, said Caree Vander Linden, USAMRIID spokeswoman.

Vander Linden said she didn't know about the CID investigation and referred questions to the CID's head public affairs office.

There is no indication whether the CID investigation is connected to USAMRIID's re-inventorying of its select agent stocks.

Larry Shaughnessy

Army: 3 vials of virus samples missing from Maryland facility

CNN, 22 April 2009.
https://edition.cnn.com/2009/US/04/22/missing.virus.sample/

Washington (CNN) – Missing vials of a potentially dangerous virus have prompted an Army investigation into the disappearance from a lab in Maryland.

The Army's Criminal Investigation Command agents have been visiting Fort Detrick in Frederick, Maryland, to investigate the disappearance of the vials. Christopher Grey, spokesman for the command, said this latest investigation has found "no evidence of criminal activity."

The vials contained samples of Venezuelan Equine Encephalitis, a virus that sickens horses and can be spread to humans by mosquitoes. In 97 percent of cases, humans with the virus suffer flu-like symptoms, but it can be deadly in about 1 out of 100 cases, according to Caree Vander Linden, a spokeswoman for the Army's Medical Research Institute of Infectious Diseases. There is an effective vaccine for the disease and there hasn't been an outbreak in the United States since 1971.

The vials had been at the research institute's facility at Fort Detrick, home of the Army's top biological research facility, for more than a decade. The three missing vials were among thousands of vials that were under the control of a senior scientist who retired in 2004. When another Fort Detrick scientist recently inventoried the retired scientist's biological samples, he discovered that the three vials of the virus were missing. The original scientist's records about his vials dated back to the days of paper-and-pen inventories.

During the investigation, the retired scientist and another former Fort Detrick researcher cooperated with investigating agents and, according to Vander Linden, they came back to the facility to help look for the vials.

Vander Linden said the investigators know that several years ago an entire freezer full of biological samples broke down and all the samples had to be safely destroyed. But a complete inventory of what was in the freezer was not done before the samples were destroyed. Vander Linden said there's a "strong possibility" the vials were in that freezer and destroyed, but that isn't known for sure.

This investigation comes two months after all research at the research institute facility at Fort Detrick was halted for a complete computer-based inventory of all disease samples at the fort. That inventory is expected to be complete before summer and may help solve the mystery of the three missing vials, officials said.

NEWWORLDLIBERTY

Swine Flu Attack Likely a Beta Test

New World Liberty, 25 April 2009

https://web.archive.org/web/20090427222530/https://newworldliberty.wordpress.com/

The latest bioterrorism attack by the New World Order is likely a beta test. Yes, it is a bioterrorism attack. It was a hybrid strain created from human, swine, and bird flu from North America, Europe, and Asia. It was created in a laboratory. This doesn't happen in nature.

Baxter was caught shipping a weaponized avian bird flu mixed strain in their vaccines last month in Europe. Again, this is proof that this deadly virus was created in a laboratory because they did exactly that last month. Bayer was caught shipping HIV in their drugs in the 80s. Both of these events are published in mainstream newspapers. You can use Google like everyone else to find them.

I predicted this event last month in my documented and linked article when Baxter was caught. If Baxter was trying to do this, they weren't going to stop trying, especially when Baxter wasn't even prosecuted for the crime, and the television news was completely silent about it.

It seems someone wasn't caught this time before they were able to make delivery of the virus. Not that anyone would be prosecuted for bioterrorism. They weren't prosecuted the previous numerous times where they were caught.

This latest flu hasn't been widespread and not that deadly. It seems to be just a beta test and not the real release to drastically reduce the population of the world.

Yes, the ruling elite want to reduce the population of the world. They write about it in their books, in their think tank documents, in government documents, and at their conferences. You won't hear about it on television news because they're part of the mainstream media trust, along with AP and Reuters, which are all owned by the same people.

They add the industrial waste and active ingredient of rat poison, known as fluoride, in your water, causing your brain, liver, and bones to rot and decay. They add mercury, which is as toxic as lead or arsenic, to the vaccines as a preservative, causing autism and sudden infant death syndrome, among several other things. Yes, the government hates you and wants to kill you. Government loves war and death.

Before any scientist does anything very drastic they always do a beta test. They are studying several different things such as how far it spreads and how fast. They are studying if it mutates. They are studying if they'll get away with the crime.

Mexico seems like an ideal distribution point since they know it would spread to the United States. There are less safeguards in Mexico than the United States, but the United States is the primary target. Americans have a Second Amendment right, which makes Americans a big threat to the New World Order and the ruling elite's power.

It is your duty not to make the latest beta test a success by screaming about it. Scream about it to your elected representatives and to the media. Demand justice.

The sick part about this is that they are using vaccines to spread the virus. The cure for the bio-terrorism attack is the method of delivery so take vaccines at your own risk. Take a rat or your local politician to the doctor with you to beta test the vaccine before you take it.

Just be aware they may switch the delivery mechanism to something like food, water, or aerial spraying to drastically reduce the population. I'm not an expert, but I believe injections are the most effective delivery mechanism for spreading such a biological weapon and is why they were caught doing just that.

The real test will be much more deadly and much more widespread. They'll bring in martial law when it happens and take the rest of our rights away if we happen to survive a large-scale bioterror attack.

This is why you must awaken everybody that the government and big corporations are the terrorists, not Islamic brown people hiding in caves. Switch the word "Islamic" with the word "Jew", and you'll understand how Hitler came to power in a democratic society. I can't believe people haven't caught onto the race baiting by the national socialists running this nation and the world. You're bigots and don't even realize it. You're a bunch of Nazis and don't even realize it.

This is why you must demand justice for these crimes against humanity by the evil terrorist tyrants in power. This is a big deal. Your life and the lives of your friends, family, and children depend on fighting it.

You might want to question who is making a profit on this as well. I believe Obama even own shares of the company who makes the drug to treat this virus. Illinois-based Baxter working on swine flu vaccine.

This is not a hoax. Dead bodies are not a hoax. What is happening now is not a hoax. It is fact. What Baxter and Bayer did is fact. If you deny these facts, I can't help you. You're beyond help.

=> The same text:

Alex Jones
Swine Flu Attack Likely a Beta Test
Prison Planet TV, 26 April 2009
https://web.archive.org/web/20201109040810/https://www.prisonplanet.com/swine-flu-attack-likely-a-beta-test.html

=> The same text:

infonews.co.nz

Roberto Jelash
Swine Flu Attack Likely A Beta Test
Info News, 27 April 2009, 1:07PM
https://web.archive.org/web/20140811143302/https://www.infonews.co.nz/news.cfm?id=36258

Paul Joseph Watson

Medical Director: Swine Flu Was "Cultured in a Laboratory"

Info Wars, 25 April 2009

https://web.archive.org/web/20090427130805/https://www.infowars.com/medical-director-swine-flu-was-cultured-in-a-laboratory/

Editor's note: On Friday, NPR reported that the deadly swine flu "combines genetic material from pigs, birds and humans in a way researchers have not seen before," thus leading us to suspect it was cooked up in a lab.

Swine flu panic is spreading in Mexico and soldiers are patrolling the streets after it was confirmed that human to human transmission is occurring and that the virus is a brand-new strain which is seemingly affecting young, healthy people the worst. Questions about the source of the outbreak are also being asked after a public health official said that the virus was "cultured in a laboratory".

"This strain of swine influenza that's been *cultured in a laboratory*is something that's not been seen anywhere actually in the United States and the world, so this is actually a new strain of influenza that's been identified," said Dr. John Carlo, Dallas Co. Medical Director (video clip here).

Was this a slip-up or an admission that this new super-strain of swine influenza was deliberately *cultured in a laboratory* and released?

Alarming reports are now filtering in about people catching the illness who have had no contact with pigs whatsoever. These include a man and his daughter in San Diego County, a 41-year-old woman in Imperial County and two teenagers in San Antonio, Texas. In fact, in all U.S. cases, the victims had no contact with any pigs.

Dr. Wilma Wooten, San Diego County's public health officer, told KPBS "We have had person-to-person spread with the father and the daughter," says Wooten, "And also with the two teenagers in Texas, they were in the same school. So that also indicates person-to-person transfer." Dr. Wooten says it's unclear how people were exposed to swine flu. She says "none of the patients have had any contact with pigs," according to the report.

Although the situation in the U.S. looks under control, panic is spreading in Mexico, where 800 cases of pneumonia in the capital alone are suspected to be related to the swine flu and the virus has hit young and healthy people, which is very rare with an flu outbreak. Despite the danger of a pandemic, the U.S. border with Mexico remains open.

"Mexico has shut schools and museums and canceled hundreds of public events in its sprawling, overcrowded capital of 20 million people to try to prevent further infections," reports Reuters.

"My level of concern is significant," said Dr. Martin Fenstersheib, the health officer for Santa Clara County. "We have a novel virus, a brand-new strain that's spreading human to human, and we are also seeing a virulent strain in Mexico that seems to be related. We certainly have concerns for this escalating."

The WHO insists that the outbreak has "pandemic potential" and has been stockpiling supplies of Tamiflu, known generically as oseltamivir, a pill that can both treat flu and prevent infection, according to officials.

As we previously highlighted, those that have a stake in the Tamiflu vaccine include top globalists and BIlderberg members like George Shultz, Lodewijk J.R. de Vink and former Secretary of Defense

Donald Rumsfeld. => [Steve Watson. Killing Two Birds with One Tamiflu Stone. Avian Flu: Precedent for Martial Law and Globalist money spinner rolled into one. – Info Wars, 8 November 2005].

Indeed, Rumsfeld himself played a key role in hyping an outbreak of swine flu back in the 1976 when he urged the entire country to get vaccinated. Many batches of the vaccine were contaminated, resulting in hundreds of sick people and 52 fatalities.

The fact that the properties of the strain are completely new, that the virus is spreading from people to people, and that the young and healthy are being hit worst, has disturbing parallels to the deadly 1918 pandemic that killed millions.

It is unclear as to why, if the virus is a brand new strain, that public health officials are so confident programs of mass vaccination, which are already being prepared, would necessarily be effective.

It certainly wouldn't be the first time that deadly flu viruses have been concocted in labs and then dispatched with the intention of creating a pandemic.

When the story first broke last month, Czech newspapers questioned if the shocking discovery of vaccines contaminated with the deadly avian flu virus which were distributed to 18 countries by the American company Baxter were part of a conspiracy to provoke a pandemic.

Since the probability of mixing a live virus biological weapon with vaccine material by accident is virtually impossible, this leaves no other explanation than that the contamination was a deliberate attempt to weaponize the H5N1 virus to its most potent extreme and distribute it via conventional flu vaccines to the population who would then infect others to a devastating degree as the disease went airborne.

However, this is not the first time that vaccine companies have been caught distributing vaccines contaminated with deadly viruses.

In 2006 it was revealed that Bayer Corporation had discovered that their injection drug, which was used by hemophiliacs, was contaminated with the HIV virus. Internal documents prove that after they positively knew that the drug was contaminated, they took it off the U.S. market only to dump it on the European, Asian and Latin American markets, knowingly exposing thousands, most of them children, to the live HIV virus. Government officials in France went to prison for allowing the drug to be distributed. The documents show that the FDA colluded with Bayer to cover-up the scandal and allowed the deadly drug to be distributed globally. No Bayer executives ever faced arrest or prosecution in the United States.

In the UK, a 2007 outbreak of foot and mouth disease that put Britain on high alert has been originated from a government laboratory which is shared with an American pharmaceutical company, mirroring the deadly outbreak of 2001, which was also deliberately released.

As we reported yesterday, last time there was a significant outbreak of a new form of swine flu in the U.S. it originated at the army base at Fort Dix, New Jersey.

=> same text

GlobalResearch

Paul Joseph Watson

Medical Director: Swine Flu Was "Cultured in a Laboratory"

Global Research, April 26, 2009

https://www.globalresearch.ca/medical-director-swine-flu-was-cultured-in-a-laboratory/13353

Grist

Tom Philpott

Swine-flu outbreak could be linked to Smithfield factory farms

Grist, 26 April 2009
https://grist.org/article/2009-04-25-swine-flu-smithfield/

One flu east, one flu west.

The outbreak of a new flu strain – a nasty mash-up of swine, avian, and human viruses – has infected 1,000 people in Mexico and the U.S., killing 68. The World Health Organization warned Saturday that the outbreak could reach global pandemic levels.

Is Smithfield Foods, the world's largest pork packer and hog producer, linked to the outbreak? Smithfield operates massive hog-raising operations Perote, Mexico, in the state of Vera Cruz, where the outbreak originated. The operations, grouped under a Smithfield subsidiary called Granjas Carroll, raise 950,000 hogs per year, according to the company Web site.

On Friday, the U.S. disease-tracking blog Biosurveillance published a timeline of the outbreak containing this nugget, dated April 6 (*major tip of the hat to Paula Hay, who alerted me to the Smithfield link on the Comfood listserv and has written about it on her blog, Peak Oil Entrepreneur)*:

Residents [of Perote] believed the outbreak had been caused by contamination from pig breeding farms located in the area. They believed that the farms, operated by Granjas Carroll, polluted the atmosphere and local water bodies, which in turn led to the disease outbreak. According to residents, the company denied responsibility for the outbreak and attributed the cases to "flu." However, a municipal health official stated that preliminary investigations indicated that the disease vector was a type of fly that reproduces in pig waste and that the outbreak was linked to the pig farms. It was unclear whether health officials had identified a suspected pathogen responsible for this outbreak.

From what I can tell, the possible link to Smithfield has not been reported in the U.S. press. Searches of Google News and the websites of the *New York Times, Washington Post*, and *Wall Street Journal* all came up empty.

The link is being made in the Mexican media, however. "Granjas Carroll, causa de epidemia en La Gloria," declared a headline in the Vera Cruz-based paper *La Marcha.* No need to translate that, except to point out that La Gloria is the village where the outbreak seems to have started. Judging from the article, Mexican authorities treat hog CAFOs with just as much if not more indulgence than their peers north of the border, to the detriment of surrounding communities and the general public health. Get this:

De acuerdo con uno de los habitantes de la comunidad, Eli Ferrer Cortés, los desechos fecales y orgánicos que produce Granjas Carroll no son tratados adecuadamente, lo que genera contaminación del agua y del viento en la region.

=> https://web.archive.org/web/20090430042243/http://www.marcha.com.mx/resumen.php?id=2128

My rough translation: According to one community resident, the organic and fecal waste produced by Granjas Carrol isn't adequately treated, creating water and air pollution in the region. I witnessed – and smelled – the same thing in Hardin County, Iowa, a couple of years ago, another area marked by intensive industrial hog production. The article goes on to say that area residents have long complained of "fetid odors" in the air and water, and swarms of flies hovering around waste lagoons. Like their counterparts who live in CAFO-heavy U.S. areas, they also complain of respiratory ailments. Now, with 30 percent of the area's residents now infected with the virulent flu bug, people are demanding that state and federal authorities inspect hog operations there. So far, reports *La Marcha,* the response has been: *nada.* => http://www.jornada.unam.mx/2009/04/06/index.php?section=estados&article=030n1est

The Mexico City Daily *La Jornada* has also made the link. According to the newspaper, the Mexican health agency IMSS has acknowledged that the orginal carrier for the flu could be the "clouds of flies" that multiply in the Smithfield subsidiary's manure lagoons. => https://web.archive.org/web/20090410023226/http://www.jornada.unam.mx/2009/04/06/index.php?section=estados&article=030n1est

I'll be in touch with contacts in Mexico as this story develops – and I'll be curious to see whether the U.S. media explores the link with Smithfield's Mexico operation.

Note: In the original version of this post, I had called production at Granjas Carroll "nearly equal to Smithfield's total U.S. production." I had been confusing total production at Granjas Carroll – 950,000 hogs produced in fiscal 2008 – with the number of sows, or breeding pigs, kept by Smithfield in the United States. According to my source – "Concentration of Ag Markets, 2007" (PDF) by Hendrickson and Heffernan – Smithfield keeps 1.2 million sows. Actual hog production is much larger – thus Smithfield's total U.S. hog production is much larger than Granjas Carroll's. I regret the error.
=> https://web.archive.org/web/20071011141336/http://www.nfu.org/wp-content/2007-heffernanreport.pdf

CNN Health

Avian Swine Flu created by the CIA

Youtube, 27 Apr 2009
https://www.youtube.com/watch?v=K_rI7kfdO1A
https://diriw.wordpress.com/2009/09/14/avian-swine-flu-created-by-the-cia/

"On Friday, NPR reported that the deadly swine flu combines genetic material from pigs, birds and humans in a way researchers have not seen before, thus leading us to suspect it was cooked up in a lab.

Swine flu panic is spreading in Mexico and soldiers are patrolling the streets after it was confirmed that human to human transmission is occurring and that the virus is a brand new strain which is seemingly affecting young, healthy people the worst. Questions about the source of the outbreak are also being asked after a public health official said that the virus was cultured in a laboratory.

This strain of swine influenza thats been cultured in a laboratory is something thats not been seen anywhere actually in the United States and the world, so this is actually a new strain of influenza thats been identified, said Dr. John Carlo, Dallas Co. Medical Director

ONLINE JOURNAL™

Wayne Madsen

New swine flu feared to be weaponized strain

Online Journal, 27 April 2009, 00:12
http://onlinejournal.com/artman/publish/article_4631.shtml

According to two mainstream media journalists, one in Mexico City and the other in Jakarta, who spoke to WMR on background, they are convinced that the current outbreak of a new strain of swine flu in Mexico and some parts of the United States is the result of the introduction of a human-engineered pathogen that could result in a widespread global pandemic, with potentially catastrophic consequences for domestic and international travel and commerce.

The journalists have been told by top officials of the United Nations and the World Health Organization (WHO) about the grave dangers posed by the new and deadly swine flu strain, known as A-H1N1. This flu, never before seen by scientists, has already killed up to 68 people in Mexico and has forced the cancellation of public events, including sports matches and concerts, and the closure of schools, libraries, and museums. Eight cases have been reported in Texas and California. Doctors are examining several students at a Queens high school in New York who displayed symptoms similar to those experienced by swine flu patients in Mexico.

Our Mexico City source said a top scientist for the United Nations, who has examined the outbreak of the deadly Ebola virus in Africa, as well as HIV/AIDS victims, concluded that H1N1 possesses certain transmission "vectors" that suggest that the new flu strain has been genetically-manufactured as a military biological warfare weapon. The UN expert believes that Ebola, HIV/AIDS, and the current A-H1N1 swine flu virus are biological warfare agents.

Past swine flu outbreaks have been spread from pigs to humans, who then passed the flu on to other humans. However, with A-H1N1, there have been no reported infections of pigs. In fact, according to the Centers for Disease Control and Prevention (CDC), A-H1N1 has gene segments from North American swine, bird and human flu strains and a segment from Eurasian swine flu. Costa Rica, Brazil, and Peru have issued alerts to check all incoming passengers from Mexico at border crossings, airports, and seaports for symptoms of the swine flu.

WHO is convening an emergency session of its top medical experts in Geneva and is set to declare H1N1 a "public health event of international concern." It is reported that WHO will recommend travel restrictions to and from areas where the flu has been reported, including Mexico City and the states of Mexico, Hidalgo, San Luis PotosÃ- and Oaxaca.

Our Jakarta source said WHO officials are afraid that the presence of gene segments from dreaded H5N1 bird flu in the A-H1N1 swine flu strain could mean that the new swine flu strain was engineered to "jump species."

WMR has been informed that the CDC and U.S. Army dug up the body of an Inuit woman who died in 1918 in Brevig Mission, Alaska from an outbreak of Spanish flu. The influenza pandemic

that year killed up to 100 million people worldwide in an 18-month period. Brevig Mission saw 72 of its 80 residents die within five days, the worst case recorded anywhere in the world. WMR has been told the genetic material recovered by the U.S. government from the corpse of the Inuit woman provided the basis for the development of the H5N1, or bird (avian), flu strain at the U.S. Army Medical Institute of Infectious Diseases (USAMRIID) laboratory at Fort Detrick, Maryland, the point of origin for the Ames strain of anthrax used in the 2001 bio-war attacks against the U.S. Congress and the media.

The fear in Asia is that if the A-H1N1 pandemic spreads to the United States, travel to and from the country will be all but shut down.

The following are the symptoms associated with A-H1N1:

· cough
· fever
· sore throat
· shortness of breath
· muscle and joint pain

The drugs Tamiflu and Relenza are seen as the most effective against A-H1N1.

RT

Swine flu is a man made virus ?

Russian Today, 28 April 2009
https://www.youtube.com/watch?v=RnSX_jS0STA

Natural News.com
Natural Health, Natural Living, Natural News

Mark Adams

As Swine Flu Spreads, Conspiracy Theories of Laboratory Origins Abound

Natural News, 27 April 2009
https://www.naturalnews.com/026141.html

(NaturalNews) Perhaps due to the genetic makeup of the fast-spreading H1N1 strain of influenza – which includes genetic elements from bird flu, swine flu and human flu spanning three continents – there is considerable speculation that the origins of this virus are man-made.

It's not an unreasonable question to ask: Could world governments, spooked by the prospect of radical climate change caused by over-population of the planet, have assembled a super-secret task force to engineer and distribute a super virulent strain of influenza designed to "correct" the human population (and institute global Martial Law)?

Technically, it's possible. The U.S. military, all by itself, has the know-how to engineer and unleash such a virus. That doesn't mean they've done so, however. It would be an astonishing leap into crimes against humanity to intentionally unleash such a biological weapon into the wild.

Then again, governments of the world have routinely engaged in crimes against humanity, haven't they? The U.S., for example, dropped nuclear bombs on civilian populations in Japan. Israel rained white phosphorous on Palestinians, Hitler exterminated countless Jews, and Americans fired millions of rounds of depleted uranium rounds into targets in Iraq and Afghanistan. Unleashing a viral biological weapon in Mexico City is no great leap beyond what governments have already done to achieve their goals.

Throughout human history, virtually all the great crimes against humanity have been carried out by governments -- mostly in the name of peace, prosperity and security, by the way. So let's be clear about one thing: Governments are certainly capable of doing this if properly motivated. Let there be no question about that.

Is there any hard evidence of laboratory origins?

As of this moment, I have not personally seen any conclusive evidence of laboratory origins for this H1N1 swine flu. I am open to the possibility that new evidence may emerge in this direction, however, and I am suspicious of the genetic makeup of the virus as one possible indicator of its origins.

I am not a medical specialist in the area of infectious disease, but I have studied microbiology, genetics and a considerable amount of material on pandemics. What seems suspicious to me is the hybrid origin of the viral fragments found in H1N1 influenza. According to reports in the mainstream media (which has no reason to lie about this particular detail), this strain of influenza contains viral code fragments from:

- Human influenza
- Bird Flu from North America
- Swine flu from Europe
- Swine flu from Asia

This is rather astonishing to realize, because for this to have been a natural combination of viral fragments, it means an infected bird from North America would have had to infect pigs in Europe, then be re-infected by those some pigs with an unlikely cross-species mutation that allowed the bird

to carry it again, then that bird would have had to fly to Asia and infected pigs there, and those Asian pigs then mutated the virus once again (while preserving the European swine and bird flu elements) to become human transmittable, and then a human would have had to catch that virus from the Asian pigs – in Mexico! – and spread it to others. (This isn't the only explanation of how it could have happened, but it is one scenario that gives you an idea of the complexity of such a thing happening).

Now, on a common-sense level, what is the likelihood of such a combination of seemingly unlikely, trans-continental events taking place? At first glance, without the benefit of additional laboratory analysis, it seems extremely unlikely that this could have happened "naturally," without human intervention. It's not outside the realm of possibility, of course, but it seems exceedingly remote that such events happened without some human encouragement.

This is perhaps why the internet is smoking hot with talk of swine flu conspiracy theories. Alex Jones is, of course, covering the issue in articles like this one: =>
https://web.archive.org/web/20090427130805/http://www.infowars.com/medical-director-swine-flu-was-cultured-in-a-laboratory/

If the release of the virus was intentional, there are essentially two explanations for who might be behind it: 1) Governments attempting to reduce the human population, 2) Bio-terrorists attempting to kill lots of people. Or perhaps 3) Those two groups are one and the same!

Why we shouldn't dismiss the conspiracy theories outright

Many of the points made in conspiracy articles are well made, in fact: There is both a motive and a means for governments of the world to have played a role in the creation and transmission of this virus. Still, it doesn't mean they did, and NaturalNews will be cautious in reporting such conclusions until more evidence emerges.

There's no question about one aspect of the circulating conspiracy theories, however: If governments wanted to infect people with this bio-engineered swine flu, vaccines would be the best way to do it. It seems interesting that Mexico City health officials, in particular, leaped to a mass vaccination campaign in the midst of the swine flu outbreak even though no vaccines are yet available for swine flu!

…

Vaccinated doctors dead in days

Did you catch what was said here? As Dr. Yeny Gregoria Davila posted on the BBC website, vaccines were given to the medical personnel and those very same medical personnel were dead within six days. Thus, the vaccine is certainly not protecting these people from infection.

According to the conspiracy theories, these vaccines may indeed be the carrier of the virus. Injecting front-line medical personnel with the virus is the fastest way to spread it even further because medical workers interact with large numbers of immune-compromised people on a daily basis, including many people who tend to travel from far away to visit the hospital and then return to their distant towns, burros or villages in Mexico.

Furthermore, the true number of people infected or killed by the virus is being vastly underreported, according to these doctors. It's just like China's handling of SARS: The country was hesitant to admit the disease existed at all in order to avoid international embarrassment over its lackluster health policies.

As the WHO knows quite well, nations are universally reluctant to tell the truth about infectious disease. There's even a good reason why: Big Pharma usually attempts to acquire the virus early on, patent its particular genetic code, then manufacture expensive vaccines that it sells back to the stricken nation at a ridiculously-high price. This is how Big Pharma profits from a pandemic, turning human suffering into corporate profits.

Thus, it is actually in a nation's economic interests to avoid sharing viral strains with world health authorities because WHO routinely shares viral specimens with pharmaceutical companies. This is just one factor in a long list of factors that compel nations to lie about infectious disease outbreaks.

Even when it comes to pandemic outbreaks, *we are still dealing with layer upon layer* of commercially-motivated deception on the part of nations. That's why it's so important to figure out how to "*read between the lies*" of the mainstream media. …

ABS-CBN NEWS

Indonesian minister says swine flu could be man-made

ABS-CBN News, 28 April 2009, 03:22 PM
https://news.abs-cbn.com/world/04/28/09/indonesian-minister-says-swine-flu-could-be-man-made

Jakarta - Indonesian Heath Minister Siti Fadilah Supari said Tuesday the deadly swine flu virus could have been man-made, as she urged calm over its spread around the world..

The controversial minister did not elaborate but in the past she has said Western governments could be making and spreading viruses in the developing world to boost pharmaceutical companies' profits.

"I'm not sure whether the virus was genetically engineered but it's a possibility," she told reporters at a press conference called to reassure the public over the government's response to the swine flu threat.

No cases of the disease have been reported in Indonesia, the country worst hit by the bird flu virus which has killed about 250 people worldwide since 2003.

Indonesian authorities have increased body temperature scanners at airports and banned imports of live pigs and pork products, amid World Health Organisation (WHO) warnings of a pandemic.

Supari, a cardiologist, also claimed that the H1N1 strain of swine flu, which is believed to have killed more than 150 people in Mexico, could not survive in tropical countries like Indonesia.

"We have to be alert at all times although swine flu in Indonesia is not a cause for panic," she said.

"H1N1 survives in countries with four seasons. The type A H1N1 virus hopefully won't be able to sustain itself once it enters the tropical climate of Indonesia," she added.

The virus has been found in 11 countries including Mexico, the United States and Spain, while several other countries from Colombia to New Zealand are investigating suspected cases.

Supari said the health ministry had prepared 100 hospitals to handle swine flu cases should the disease enter Indonesia.

The minister has refused since 2006 to share all but a handful of Indonesia's bird flu virus samples with WHO researchers, saying the system is being abused by rich countries to develop profitable vaccines which poor countries must buy.

=> For more information about this topic see:
Chapter 5. Swine Flu may have Escaped from a Laboratory

Los Angeles Times

Lori Kozlowski

Is swine flu a conspiracy?

Los Angeles Times, 28 April 2009 12:44 PM PT
https://www.latimes.com/archives/blogs/booster-shots/story/2009-04-28/is-swine-flu-a-conspiracy

With so much worldwide panic and pressure surrounding swine flu, you had to guess that the conspiracy theorists would come out of the woodwork.

Everyone wants to find what pig was the original carrier. Everyone wants to know if the government is behind this. The FBI? The CIA? Is this is a great pandemic that was warned about by Nostradamus? Is Donald Rumsfeld secretly planning our demise to make money with Tamiflu? And who stands to gain?

As the news continues to break, and everyone wants to name a bad guy first, let's take a look at the theories swirling around the Interweb.

From Grist.org: Swine-flu outbreak could be linked to Smithfield factory farms
=> https://grist.org/article/2009-04-25-swine-flu-smithfield/

Is Smithfield Foods, the world's largest pork packer and hog producer, linked to the outbreak? Smithfield operates massive hog-raising operations Perote, Mexico, in the state of Vera Cruz, where the outbreak originated.

From MotherJones.com: Swine flu: Bringing home the bacon
=> https://www.motherjones.com/politics/2009/04/swine-flu-bringing-home-bacon/

As the world gears up once again for a flu pandemic that may or may not arrive (it actually seems possible this time), we might want to remember some of the lessons of the last flu scare. One of these is that there are winners as well as losers in every high-profile outbreak of infectious disease. First and foremost among them, of course, is Big Pharma, which can always be counted on to have its hand out wherever human misery presents an opportunity to rake in some cash.

From LayScientist.net:

This site wryly rounded up an array of blogs and tweets crying "Conspiracy!" A sample of the notes posted there:

ATTENTION AMERICA!!!! This is highly significant. The WHO 'Pandemic Control Room' is a creation of the Illuminati elite for the final 'end-game' killer virus mapping and tracking, and is thus equipped with super-computers tied to all U.N. member government's security forces.

Obama makes an official visit to Mexico, and a short week later, Mexico City schools, Universities and all PUBLIC BUILDINGS are shut down in pandemic fear -- (for the first time since the devastating 1985 earthquake!) Again, is this just a bizarre co-incidence?'

From Twitter:

How could we leave out the latest Internet phenomenon? Love it or hate it – Twitter is being talked about and used. Who knew that in 140 characters, hundreds of little tweet-ed paranoias could be passed and spread, much like a virus. From Twitter user @supergodiva:

- Is Swine Flu lethal Israeli scam to force Mexico=Gaza comparison via separation fence? =>
https://web.archive.org/web/20060601203928/http://www.haaretz.com/hasen/pages/rosnerBlog.jhtml?itemNo=719046&contrassID=25&subContrassID=0&sbSubContrassID=1&listSrc=Y&art=1

Ret. Army General Russell Honore asks @donlemoncnn 'Did this swine flu come out of a lab?' http://is.gd/uUaO'

Swine Flu reported as unusual as it affects the most healthy (20-45) vs weak kids/elderly. Perfect pathogen to quell dissent.

Finally, from NaturalNews.com:

The naturalists weigh in with "As Swine Flu Spreads, Conspiracy Theories of Laboratory Origins Abound." From the article:

It's not an unreasonable question to ask: Could world governments, spooked by the prospect of radical climate change caused by over-population of the planet, have assembled a super-secret task force to engineer and distribute a super virulent strain of influenza designed to 'correct' the human population (and institute global Martial Law)? => https://www.naturalnews.com/026141.html

So, what's the real truth here? One sick pig? Man-made lab experiment? Population control? Pharm companies cashing in? Rummy cashing in? Or a whole lot of floated hogwash?

What's your theory? Tell us in the comments below.

DH Dr. Leonard Horowitz

Dr. Leonard Horowitz

Mexican Flu Outbreak 2009 Special Report

YouTube, 28 April 2009
https://revolutiontelevision.net/video/mexican-swine-flu-outbreak-2009-special-report-by-dr-leonard-horowitz/

This unprecedented H1N1-H5N1 flu outbreak implicates the Ango-American Vaccine Pipeline, says world leading consumer health protector, Dr. Leonard Horowitz

Consider the skyrocketing stock values of Novavax, Inc., precipitated by dozens of alleged flu deaths in Mexico. Then investigate the leading Anglo-American network of genetic engineers manipulating, mutating, and distributing these viruses. The evidence compels you, for the benefit of public health and safety to seriously consider, even decree, a conspiracy to commit genocide, according to this Harvard trained expert in emerging diseases.

Here, Dr. Horowitz urges an investigation of Dr. James S. Robertson, Englands leading bioengineer of flu viruses for the vaccine industry, and avid promoter of U.S. Government funding for lucrative biodefense contracts, along with collaborators at the US Centers for Disease Control & Prevention (CDC). These suspects helped Novavax, Inc., in Bethesda, Maryland, produce genetically-modified recombinants of the avian, swine, and Spanish flu viruses, H5N1 and H1N1, nearly identical to the unprecedented Mexican virus that is allegedly spreading to the United States at the time of this posting. The outbreak was precisely timed to promote the companys new research and huge vaccine stockpiling contracts.

Scientists at the U.S. Centers for Disease Control (CDC) are implicated through collaborations and publications involving private contracts with Novavax, a company that obtains its biosimulars through CDC Influenza Branch director, Ruben O. Donis, and Dr. Rick Bright, previously working with Donis at the CDC, now Novavaxs Vice President of Global Influenza Programs.

Descriptions of this virus is pathognomonic, or diagnostic, of a virus that came from Robertsons circle of friends, Dr. Horowitz charges. No other group in the world takes H5N1 Asian flu infected chickens, brings them to Europe, extracts their DNA, combines their proteins with H1N1 viruses from the 1918 Spanish flu isolate, additionally mixes in swine flu genes from pigs, then reverse engineers them to infect humans. The end product could only have ended up in Mexico via the United States from Britain in care of the CDC. The CDC had to have sent them to Novavax, where Rick Brights team is now implicated in a conspiracy to commit genocide – the mass killing of people for profit.

Swine flu is a man made virus?

YouTube, 28 April 2009
https://www.youtube.com/watch?v=RnSX_jS0STA

Dr Len Horowitz Anglo American Flu Genocide

YouTube, 10 June 2009
https://www.youtube.com/watch?v=VjEh6BJvYnc
https://www.youtube.com/watch?v=oGDRUYPQDkM

The "Big One" is coming, experts say. The growing H1N1-H5N1 recombined flu pandemic implicates the Anglo-American Vaccine Pipeline, proves world leading consumer health protector, Dr. Leonard Horowitz, using documents published by implicated officials. ...

NWO Observer

Lajla Mlinarić Blake

Swine Flu Created in Lab as Bio-Weapon?

NWO Observer, 29 April 2009, 18:12
https://web.archive.org/web/20100624121808/http://nwoobserver.wordpress.com/2009/04/29/swine-flu-created-in-lab-as-bio-weapon/

According to a UN scientist, the swine flu virus, Ebola and HIV viruses were created artificially as military biological weapons…

According to the belief of two renowned reporters who spoke with top officials at the UN and WHO, the epidemic of the new strand of swine flu virus in Mexico is the result of an artificially created pathogen, the Online Journal reported.

Swine flu, Ebola and HIV were produced in laboratories

The reported from Mexico City claims that one of the leading UN scientists discovered certain joint transmission vectors, that is, the transmission of the swine flu virus is similar to the transmission of the Ebola virus and of the HIV/AIDS virus, which indicates that they were genetically modified with the aim of being military bio-weapons.

The UN scientist is convinced that the swine flu virus, A-H1N1, and Ebola and HIV viruses were in fact manufactured biological weapons.

As proof, they state that the usual process of transmission is that the virus is transmitted from a pig to a human, which is not the case in this outbreak because no case of a pig being infected with the A-H1N1 virus has been registered. Furthermore, the A-H1N1 virus partly contains American pig genes, partly human and bird flu strains and the virus of the Euro-Asian swine flu.

American military responsible

The other reporter, from Jakarta, claims that WHO leaders are worried that the current swine flu virus has been genetically modified to be transmitted from one species to another because of the fact that the A-H1N1 virus contains the genetic material of the H5N1 virus, that is, bird flu.

Allegedly, American scientists exhumed the body of a woman who died of the Spanish flu in 1918 and used the genetic material of the flu virus as the basis for the creation of the H5N1 virus through genetic manipulation. All this happened in laboratories at the Fort Detrick military base from which the new strain of anthrax called ames originated.

XstylëS

Свиной грипп из Мексики или заговор США?

XstyleS, 3 май 2009
https://xstyles.ru/razmyshlenie/111-svinojj-gripp-iz-meksiki-ili-zagovor-ssha.html

В начале марта публицист Сергей Дибров выступил с материалом «*Америка заметает следы*!»

Коротко: Компания Бакстер была замечена в подозрительных экспериментах по скрещиванию штаммов вируса гриппа человеческого и животного происхождения, что может быть особо опасно в общегуманитарных масштабах. Экспериментальные образцы были разосланы в партнёрские лаборатории восемнадцати стран, причём, без каких-либо необходимых в таких случаях примечаний. На момент выявления данного факта образцы были изъяты, а лабораторные сотрудники получили жёсткий карантин и были привиты противовирусными препаратами.

В европейской либеральной прессе шума не получилось – сообщения на эту тему стали попросту изымать.Теперь мы наблюдаем некий «свиной» грипп и компанию Бакстер, которая героически с ним борется на переднем крае вирусной войны – в Мексике. Не хочется фантазировать на тему разработки бактериологического оружия. Просто, всё это очень похоже на ещё один способ хорошо заработать на искусственно созданной болезни. Филиалы компании Бакстер представлены на территории России и Украины – вот, именно это и вызывает тревогу»

Поскольку появились сообщения о гибели людей в европейских странах, нам осталось ждать всего несколько дней, когда смерть примется косить и наши ряды. Об опытах коммерческих учёных, которые обслуживают не Науку и Человечество, а интересы конкретных корпораций, снято множество фильмов в тех же Штатах, и, можно сказать, население тщательно приготовили к раскрытию «страшной тайны», если секреты придадут огласке. Штамм вырвался из пробирки, и тайну пока что успешно заминают, но сценарий по её раскрытию уже, конечно, готов: придумают басню про зарвавшегося завлаба, который, подобно московскому майору, повздорил с женой и решил насолить всем людишкам, оставшимся равнодушными к его личной трагедии. Ну или типа того. Понятно, что завлаба найдут уже объеденным червями или язвами – в качестве справедливого возмездия.

А если серьёзно, то, например, версии о появлении того же ВИЧ аналогично восходят к американским медицинским опытам: тренировались на обезьянах – может, хотели сделать такую фигню, которая торкала бы исключительно любителей коммунизма (как версия), а фигня оказалась всеядной и быстренько побежала колошматить обычных граждан, начав, понятно дело, с «продвинутых» – с гомосексуалистов.

Вопрос стоит много шире, нежели просто очередной смертельный вирус – вопрос стоит о том, чтобы запретить коммерческим лабораториям заниматься исследованиями в тех областях, которые касаются искусственного создания болезней. Ведь что сделали в упомянутой конторе: там болезнь человека соединили с болезнью свиньи, и таким образом только свиные, грубо говоря, антибиотики на неё не действуют – равно как и только человеческие. Получился универсальный убийца, справятся с которым нескоро, потому что автор никогда открыто не скажет, что он и создал «свиной грипп».

Фактически речь идёт о том, что фармацевтические гиганты могут создавать новый виток глобальной «наркомании»: чтобы вы купили таблетки или ампулы с обычной наркотой, в вашем окружении должен нарисоваться дилер, а в вашей жизни – наступить «чёрная полоса». Обычный дилер может подождать такого стечения обстоятельств, а вот корпорации – нет: им нужен тот, кому жизненно необходимы «наркотики» прямо сейчас! Идеальный вариант – сделать человека зависимым при помощи вируса, болезни, которая уничтожается тем эксклюзивным, запатентованным средством, что есть только у этой корпорации. Конечно, для создания ажиотажа в аптеках нескольким тысячам придётся сдохнуть, но разве велика эта цена за миллионные партии лекарства от искусственной болезни?!

Удивляться такому цинизму уже не приходится – жизнь ничего не стоит, потому что у типового потребителя она и смысла особого не имеет. Если ты живёшь для того, чтобы работать, а работаешь, чтобы жить, то смешна цена такому прозябанию. Впрочем, и у таких животных есть право на жизнь: власти обязаны серьёзно разобраться с коммерческим научным миром и с коммерческими лабораториями, чтобы отобрать у них саму возможность креативить новую заразу.

Конечно, если только коммерческие лаборатории не являются просто неким «научным оффшором», местом, свободным для любых опытов, где спецслужбы занимаются антигуманными исследованиями, прикрываясь брендом. Этакие доктора Менгеле 21-го века. Думаю, как вариант – вполне жизнеспособная версия.

Richard Harris

New Strain May Edge Out Seasonal Flu Bugs

NPR, 4 May 2009, 12:03 PM ET
http://www.npr.org/templates/story/story.php?storyId=103711274&sc=emaf
https://web.archive.org/web/20090719002006/http://www.npr.org/templates/story/story.php?storyId=103711274&sc=emaf

Biologists say there's a good chance that the emerging flu strain could establish itself as the dominant strain of influenza in future flu seasons.

Three times in the last century, a substantially new flu virus has emerged and displaced the existing strains. That's quite different from the usual pattern, in which the circulating virus mutates just enough to keep vaccine makers tweaking their annual product.

"You can think of those strains, that vary from year to year, as though they were cousins in the same family. They are variations on a theme," says William Schaffner at Vanderbilt's medical school. But he says the emergence of this new virus is different. This virus, which originated partly in pigs, could be a game-changer.

"This one is completely new," Schaffner says. "This one is a stranger in town. We've never seen one like this before."

Pandemic Strains Become Dominant

The new swine flu virus has continued to spread, with more than 1,200 confirmed cases and 27 deaths worldwide. All but one of the fatalities occurred in Mexico, where officials decided Monday to allow most businesses to reopen Wednesday.

In the U.S., the number of confirmed cases stood at 310 in 37 states as of Monday evening.

The new swine flu virus is not merely a case of the usual gradual evolution. The big change scientists have seen with this strain is called a "shift."

The most infamous shift was the virus that appeared in 1917 and caused the deadly flu pandemic of 1918. That virus then became the dominant variety of flu for several decades. Then in 1957, it was displaced by another shift virus.

There was yet another shift in 1968, says Stephen Morse at Columbia University's Mailman School of Public Health.

"There does seem to be a rule of thumb about this, which is that every pandemic in the 20th century essentially established the variants that would become the circulating seasonal influenzas until the next pandemic came along to displace them," Morse says.

Each shift led to a stronger-than-usual flu season, but each one also calmed down after a year or two, once the population became exposed to the new viruses or were vaccinated. Morse says the question now is whether the new H1N1 swine virus will keep moving from person-to-person efficiently.

"If it continues like that, we'll expect to see this virus chugging along, and probably the next seasonal influenza will be a descendent of this one," Morse says.

Distant Cousins Provide Some Protection

The question, then, is how nasty the virus will end up being. Professor John Oxford at St. Bart's and the Royal London Hospital says there's some reason for cautious optimism.

"In one sense, it's one of the mildest shifts because most people on the planet have got some memory, have come across H1N1 viruses since 1978," Oxford says.

Even though health officials are calling this new virus H1N1, that's also the type of virus that's in wide circulation today. And it has an interesting history. It was the dominant flu virus through the 1920s, '30s and '40s. Oxford says it disappeared in 1957, when it was displaced by another flu virus. But then a strain of H1N1 suddenly reappeared in 1977.

"Now where could it have come from?" he asks. "We reckon now, in retrospect, it was probably released accidentally from a laboratory, probably in northern China or just across the border in Russia, because everyone was experimenting with those viruses at the time in the lab."

It was nothing malicious, Oxford believes, just some flu vaccine research that broke out of containment. The descendents of this virus are still circulating. He notes that most people who have encountered the newly emerged H1N1 virus seem to have developed only mild disease, and he speculates that's because we have all been exposed to a distant cousin, the H1N1 virus that emerged in the 1970s.

"That escaped virus perhaps will provide some benefit now in the face of this pig thing," Oxford says.

This is well-informed speculation, not iron-clad assurance. And there is another less reassuring lesson from the previous big shifts in flu viruses. They caused mild disease when they first appeared in the spring, but they all caused big flu seasons when they returned in the fall as the new dominant virus. That's one reason that health officials are taking the new virus very seriously.

Bloomberg

Jason Gale and Simeon Bennett

Swine Flu may be Human Error, Scientist says; WHO Probes Claim

Bloomberg, 12 May 2009 // 13 May 2009
https://web.archive.org/web/20100526000030/http://www.bloomberg.com/apps/news?pid=20601087&sid=afrdATVXPEAk&refer=home
https://web.archive.org/web/20120314201724/http://www.bloomberg.com/apps/news?pid=newsarchive&sid=afrdATVXPEAk
https://mapcruzin.com/news/swine-flu051309a.htm

May 13 (Bloomberg) – The World Health Organization is investigating a claim by an Australian researcher that the swine flu virus circling the globe may have been created as a result of human error.

Adrian Gibbs, 75, who collaborated on research that led to the development of Roche Holding AG's Tamiflu drug, said in an interview that he intends to publish a report suggesting the new strain may have accidentally evolved in eggs scientists use to grow viruses and drugmakers use to make vaccines. Gibbs said he came to his conclusion as part of an effort to trace the virus's origins by analyzing its genetic blueprint.

"One of the simplest explanations is that it's a laboratory escape," Gibbs said in an interview with Bloomberg Television today. "But there are lots of others."

The World Health Organization received the study last weekend and is reviewing it, Keiji Fukuda, the agency's assistant director-general of health security and environment, said in an interview May 11. Gibbs, who has studied germ evolution for four decades, is one of the first scientists to analyze the genetic makeup of the virus that was identified three weeks ago in Mexico and threatens to touch off the first flu pandemic since 1968.

A virus that resulted from lab experimentation or vaccine production may indicate a greater need for security, Fukuda said. By pinpointing the source of the virus, scientists also may better understand the microbe's potential for spreading and causing illness, Gibbs said.

Possible Mistake

"The sooner we get to grips with where it's come from, the safer things might become," Gibbs said by phone from Canberra yesterday. "It could be a mistake" that occurred at a vaccine production facility or the virus could have jumped from a pig to another mammal or a bird before reaching humans, he said.

Gibbs and two colleagues analyzed the publicly available sequences of hundreds of amino acids coded by each of the flu virus's eight genes. He said he aims to submit his three-page paper today for publication in a medical journal.

"You really want a very sober assessment" of the science behind the claim, Fukuda said May 11 at the WHO's Geneva headquarters.

The U.S. Centers for Disease Control and Prevention in Atlanta has received the report and has decided there is no evidence to support Gibbs's conclusion, said Nancy Cox, director of the agency's influenza division. She said since researchers don't have samples of swine flu viruses from South America and Africa, where the new strain may have evolved, those regions can't be ruled out as natural sources for the new flu.

No Evidence

"We are interested in the origins of this new influenza virus," Cox said. "But contrary to what the author has found, when we do the comparisons that are most relevant, there is no evidence that this virus was derived by passage in eggs."

The WHO's collaborative influenza research centers, which includes the CDC, and sites in Memphis, Melbourne, London and Tokyo, were asked by the international health agency to review the study over the weekend, Fukuda said. The request was extended to scientists at the Food and Agriculture Organization in Rome, the World Organization for Animal Health in Paris, as well as the WHO's influenza network, he said.

"My guess is that the picture should be a lot clearer over the next few days," Fukuda said. "We have asked a lot of people to look at this."

Virus Expert

Gibbs wrote or co-authored more than 250 scientific publications on viruses during his 39-year career at the Australian National University in Canberra, according to biographical information on the university's Web site.

Swine flu has infected 5,251 people in 30 countries so far, killing 61, according to WHO data. Scientists are trying to determine whether the virus will mutate and become more deadly if it spreads to the Southern Hemisphere and back. Flu pandemics occur when a strain of the disease to which few people have immunity evolves and spreads.

Gibbs said his analysis supports research by scientists including Richard Webby, a virologist at St. Jude Children's Research Hospital in Memphis, who found the new strain is the product of two distinct lineages of influenza that have circulated among swine in North America and Europe for more than a decade.

In addition, Gibbs said his research found the rate of genetic mutation in the new virus was about three times faster than that of the most closely related viruses found in pigs, suggesting it evolved outside of swine.

Gene Evolution

"Whatever speeded up the evolution of these genes happened at least seven or eight years ago, so one wonders, why hasn't it been found?" Gibbs said today.

Some scientists have speculated that the 1977 Russian flu, the most recent global outbreak, began when a virus escaped from a laboratory.

Identifying the source of new flu viruses is difficult without finding the exact strain in an animal or bird "reservoir," said Jennifer McKimm-Breschkin, a virologist at the Commonwealth Science and Industrial Research Organization in Melbourne.

"If you can't find an exact match, the best you can do is compare sequences," she said. "Similarities may give an indication of a possible source, but this remains theoretical."

The World Organization for Animal Health, which represents chief veterinary officers from 174 countries, received the Gibbs paper and is working with the WHO on an assessment, said Maria Zampaglione, a spokeswoman.

Genetic Patterns

The WHO wants to know whether any evidence that the virus may have been developed in a laboratory can be corroborated and whether there are other explanations for its particular genetic patterns, according to Fukuda. "These things have to be dealt with straight on," he said. "If someone makes a hypothesis, then you test it and you let scientific process take its course."

Gibbs said he has no evidence that the swine-derived virus was a deliberate, man-made product.

"I don't think it could be a malignant thing," he said. "It's much more likely that some random thing has put these two viruses together."

Gibbs, who spent most of his academic career studying plant viruses, said his major contribution to the study of influenza occurred in 1975, while collaborating with scientists Graeme Laver and Robert Webster in research that led to the development of the anti-flu medicines Tamiflu and Relenza, made by GlaxoSmithKline Plc.

Bird Poo

"We were out on one of the Barrier Reef islands, off Australia, catching birds for the flu in them, and I happened to be the guy who caught the best," Gibbs said. The bird he got "yielded the poo from which was isolated the influenza isolate strain from which all the work on Tamiflu and Relenza started."

Gibbs, who says he studies the evolution of flu viruses as a "retirement hobby," expects his research to be challenged by other scientists.

"This is how science progresses," he said. "Somebody comes up with a wild idea, and then they all pounce on it and kick you to death, and then you start off on another silly idea."

BMC Part of Springer Nature | Virology Journal

Adrian J Gibbs, John S Armstrong, Jean C Downie

From where did the 2009 'swine-origin' influenza A virus (H1N1) emerge?

Virol Journal, 24 November 2009, 6, 207.
https://doi.org/10.1186/1743-422X-6-207

Abstract

The swine-origin influenza A (H1N1) virus that appeared in 2009 and was first found in human beings in Mexico, is a reassortant with at least three parents.

Six of the genes are closest in sequence to those of H1N2 'triple-reassortant' influenza viruses isolated from pigs in North America around 1999-2000. Its other two genes are from different Eurasian 'avian-like' viruses of pigs; the NA gene is closest to H1N1 viruses isolated in Europe in 1991-1993, and the MP gene is closest to H3N2 viruses isolated in Asia in 1999-2000.

The sequences of these genes do not directly reveal the immediate source of the virus as the closest were from isolates collected more than a decade before the human pandemic started. The three parents of the virus may have been assembled in one place by natural means, such as by migrating birds, however the consistent link with pig viruses suggests that human activity was involved.

We discuss a published suggestion that unsampled pig herds, the intercontinental live pig trade, together with porous quarantine barriers, generated the reassortant. We contrast that suggestion with the possibility that laboratory errors involving the sharing of virus isolates and cultured cells, or perhaps vaccine production, may have been involved. Gene sequences from isolates that bridge the time and phylogenetic gap between the new virus and its parents will distinguish between these possibilities, and we suggest where they should be sought.

It is important that the source of the new virus be found if we wish to avoid future pandemics rather than just trying to minimize the consequences after they have emerged. Influenza virus is a very significant zoonotic pathogen. Public confidence in influenza research, and the agribusinesses that are based on influenza's many hosts, has been eroded by several recent events involving the virus.

Measures that might restore confidence include establishing a unified international administrative framework coordinating surveillance, research and commercial work with this virus, and maintaining a registry of all influenza isolates.

Washington's Blog

Health Organizations Checking Top Virus Scientist's Claim that Swine Flu May Have Escaped from Lab

Washington's Blog, 12 May 2009
https://web.archive.org/web/20090716201347/http://www.washingtonsblog.com/2009/05/health-organizations-checking-top-virus.html

Adrian Gibbs isn't a wild-eyed youth. He was one of the researchers whose worked was instrumental in the creation of the flu drugs Tamiflu and Relenza, and he has written or co-authored more than 250 scientific publications on viruses during his 39-year career at the Australian National University in Canberra.

The fact that Gibbs is saying that the swine flu may have escaped from a lab is causing the CDC and other health organizations to investigate his claim. They aren't buying it at this point, but they are looking into it.

Such speculation is not entirely new.

National Public Radio noted that Professor John Oxford at St. Bart's and the Royal London Hospital says that the 1957 H1N1 pandemic probably started when it escaped from a lab:

"We reckon now, in retrospect, it was probably released accidentally from a laboratory, probably in northern China or just across the border in Russia, because everyone was experimenting with those viruses at the time in the lab." It was nothing malicious, Oxford believes, just some flu vaccine research that broke out of containment.

Similarly, Bloomberg notes:

Some scientists have speculated that the 1977 Russian flu, the most recent global outbreak, began when a virus escaped from a laboratory.

It is also interesting that 2 of the 3 other flu pandemics of the last century - the 1918 Spanish Flu and the 1976 swine flu scare - both started at military bases. Specifically, the 1918 flu started at Fort Riley, Kansas. The 1976 swine flu started - and never spread beyond - Fort Dix, New Jersey. It is unclear whether or not those bases conducted defensive biowarfare research.

newser

Jason Farago

Swine Flu Came From Lab: Researcher
WHO investigates claim that H1N1 arose from human error

Newser, 13 May 2009, 4:22 AM CDT
https://www.newser.com/story/58841/swine-flu-came-from-lab-researcher.html

The World Health Organization is investigating a claim by an Australian researcher that the swine flu virus may have been created in a laboratory as a result of human error. Adrian Gibbs, who helped develop Tamiflu, said in an interview with Bloomberg that the new strain may have evolved in eggs that drug makers use to make vaccines. "One of the simplest explanations is that it's a laboratory escape," he said.

Gibbs came to suspect human error behind swine flu after analyzing the genetic blueprint of the H1N1 strain. The rate of genetic mutation in the new virus was about three times faster than similar viruses in pigs, which suggests it evolved outside of swine populations, he said. CDC officials in Atlanta said there was no evidence to support Gibbs' claim.

Barbados Free Press

Swine Flu A Laboratory Creation Let Wild?
World Health Organization Launches Serious Investigation After Roche Tamiflu Scientist Report

Barbados Free Press, 13 May 2009, 1:38 PM.
https://barbadosfreepress.wordpress.com/2009/05/13/swine-flu-a-laboratory-creation-let-wild-world-health-organization-launches-serious-investigation-after-roche-tamiflu-scientist-report/

Tamiflu Scientist Adrian Gibbs Says Swine Flu Might Be Lab Escape

From Bloomberg.com ...
Swine Flu May Be Human Error; WHO Investigates Claim (Update1)

By Jason Gale and Simeon Bennett

May 13 (Bloomberg) — The World Health Organization is investigating a claim by an Australian researcher that the swine flu virus circling the globe may have been created as a result of human error.

Adrian Gibbs, 75, who collaborated on research that led to the development of Roche Holding AG's Tamiflu drug, said in an interview that he intends to publish a report suggesting the new strain may have accidentally evolved in eggs scientists use to grow viruses and drugmakers use to make vaccines. Gibbs said he came to his conclusion as part of an effort to trace the virus's origins by analyzing its genetic blueprint.

"One of the simplest explanations is that it's a laboratory escape," Gibbs said in an interview with Bloomberg Television today. "But there are lots of others."

The World Health Organization received the study last weekend and is reviewing it, Keiji Fukuda, the agency's assistant director-general of health security and environment, said in an interview May 11. Gibbs, who has studied germ evolution for four decades, is one of the first scientists to analyze the genetic makeup of the virus that was identified three weeks ago in Mexico and threatens to touch off the first flu pandemic since 1968…

... continue reading this Swine Flu Origins article at Bloomberg.com
https://web.archive.org/web/20100526000030/http://www.bloomberg.com/apps/news?pid=20601087&sid=afrdATVXPEAk&refer=home

=> the same text

THE TIMES OF INDIA

Human error behind H1N1? WHO probes

The Times of India, May 14, 2009
http://timesofindia.indiatimes.com/articleshow/4527107.cms?utm_source=contentofinterest&utm_medium=text&utm_campaign=cppst

novinite.com
Sofia News Agency

Swine Flu May Be Human Error – Researcher

Novinite.com, 13 May 2009
https://www.novinite.com/articles/103560/Swine+Flu+May+Be+Human+Error+-+Researcher

The World Health Organization is investigating a claim by an Australian researcher that the swine flu virus circling the globe may have been created as a result of human error.

Adrian Gibbs, 75, who collaborated on research that led to the development of Roche Holding AG's Tamiflu drug, said in an interview for Bloomber Television that he intends to publish a report suggesting the new strain may have accidentally evolved in eggs scientists use to grow viruses and drugmakers use to make vaccines.

Gibbs said he came to his conclusion as part of an effort to trace the virus's origins by analyzing its genetic blueprint.

"One of the simplest explanations is that it's a laboratory escape," Gibbs said in an interview with Bloomberg Television today. "But there are lots of others."

"The sooner we get to grips with where it's come from, the safer things might become," Gibbs said by phone from Canberra yesterday.

"It could be a mistake" that occurred at a vaccine production facility or the virus could have jumped from a pig to another mammal or a bird before reaching humans, he said.

The World Health Organization received the study last weekend and is reviewing it.

abcNEWS

Lee Ferran, Josh Gaynor

Tamiflu Developer: Swine Flu Could Have Come From Bio-Experiment Lab

ABC News, 14 May 2009
https://abcnews.go.com/GMA/SwineFlu/story?id=7584420&page=1
https://web.archive.org/web/20110629050551/http://abcnews.go.com/GMA/SwineFlu/story?id=7584420&page=1

An Australian researcher claims the swine flu, which has killed at least 64 people so far, might not be a mutation that occurred naturally but a man-made product of genetic experiments accidently leaked from a laboratory – a theory the World Health Organization is taking very seriously.

Adrian Gibbs, a scientist on the team that was behind the development of Tamiflu, says in a report he is submitting today that swine flu might have been created using eggs to grow viruses and make new vaccines, and could have been accidently leaked to the general public.

"It might be some sort of simple error that's not being recognized," Gibbs said on ABC's "Good Morning America."

In an interview with Bloomberg Television, Gibbs admitted there are other ways to explain swine flu's origin. "One of the simplest explanations if that it's a laboratory escape, but there are lots of others," he said.

In the United States, the Centers for Disease Control and Prevention says it has reviewed Gibb's report but says there is no evidence to support his claims, a conclusion many experts found comforting.

"Technically it's plausible but not likely," Christopher Ohl, an associate professor of medicine at Wake Forest University School of Medicine, and a specialist in infectious diseases.

"In this case I'm not concerned that this virus represents anything other than a naturally occurring mixture of viruses happening in nature," concluded Dr. Julie Gerberding, an infectious disease expert and the former director of the CDC.

Laboratory Safety

Regardless of the validity of Gibb's claims, he and several experts say that just bringing the idea of laboratory security to the public's attention is important. "There are lives at risk," Gibbs said. "The sooner this idea gets out, the better."

In 2001, foot-and-mouth disease led to the slaughter of more than 6 million animals, all after a vial went missing from a research laboratory in the United Kingdom. Since then, however, experts said lab security and regulations have been getting tighter and better. "Laboratories have a lot of security from having this happen, and it's very unlikely," Ohl said of the new theory about swine flu's origin.

Though Outbreak Seems to Slow, Experts Warn of Possible Surge

Even though the swine flu outbreak in Mexico is waning and the country reopened schools and businesses earlier this month, international health officials have still not ruled out the chance of a new surge in swine flu cases.

And infectious disease experts said that it is too early to say that we are out of the woods when it comes to the disease.

Dr. Gregory Poland, professor of medicine and infectious diseases at Mayo Clinic in Rochester, Minn., said that it is "way too early to 'pull back' yet in our level of concern.

"Always expect the unexpected from influenza," Poland said.

"While there are some signs that are reassuring, less severity, decrease cases in Mexico, et cetera, I believe we are not out of the woods yet," agreed Ohl. "I am concerned this virus is with us for a while. It could change, become more virulent, have an increased secondary transmission rate ... in the future."

The virus, according to the World Health Organization report today, has spread to 33 countries, 6,497 cases have been reported and more than 60 people have died after infected.

The WHO continues to urge individuals to "delay travel plans" in hopes of stemming the spread of the disease.

ABC News' Ammu Kannampilly and Theresa Cook contributed to this report.

eXaminer.com

Fred Burks

Tamiflu developer: Swine flu possibly man-made

eXaminer, 14 May 2009, 9:49 AM
https://web.archive.org/web/20090518024814/http://www.examiner.com/x-6495-National-Intelligence-Examiner~y2009m5d14-Tamiflu-developer-Swine-flu-possibly-manmade

Adrian Gibbs, a scientist on the team that developed Tamiflu, has submitted a report today stating that swine flu may have been man-made. The WHO is reviewing his claim.

An ABC News article published today on this revelation states: "Adrian Gibbs, a scientist on the team that was behind the development of Tamiflu, says in a report he is submitting today that swine flu might have been created using eggs to grow viruses and make new vaccines, and could have been accidently leaked to the general public."

What would cause one of the developers of the medication that is recommended as treatment for swine flu to come out with such a bold statement? Why would he risk his reputation in writing such a controversial report? Could Gibbs know something that is being hidden from the public? Could he possibly feel some remorse about the way his research and development with Tamiflu is being used?

The ABC article does not mention the prime suspect in this case, Fort Detrick, Maryland. For decades, Fort Detrick has been a center of research into biological defense and warfare. On the official website, Fort Detrick is described as "home to the United States Army Medical Research and Materiel Command, the National Cancer Institute and 37 mission partners. The primary missions include biomedical research and development, medical materiel management and global telecommunications. We are also home to a National Interagency Confederation for Biological Research and National Interagency Biodefense Campus."

Numerous researchers of these matters have long claimed that biodefense research centered at Fort Detrick has been actively developing and testing highly dangerous viruses which, if released, could spread deadly pandemics around the globe. A few researchers, such as Dr. Leonard Horowitz, even believe that rogue elements of government may have already released some of these dangerous viruses into the public to forward their own hidden agendas. Could this be what Tamiflu developer Adrian Gibbs is referring to?

A webpage posted by the highly respected Dr. Mercola on his popular health website mercola.com is titled "Critical Alert: The Swine Flu Pandemic – Fact or Fiction?" This excellent webpage has received over one million visits since being posted on April 29th. In this informative essay, Dr. Mercola states, "[The swine flu] has a noticeable subplot - preparing you for draconian measures to combat a future pandemic as well as forcing you to accept the idea of mandatory vaccinations." He mentions the previous swine flu in 1976 when only one person actually died, yet fear-mongering by the government led to massive vaccinations, which in turn caused at least 30 deaths as a direct result of contaminated vaccines.

Dr. Mercola, Dr. Horowitz, and many others have pointed out how the fear generated by the media and government with the avian and swine flu has made some individuals very wealthy. Former Secretary of Defense Donald Rumsfeld alone added $5 million to his investment portfolio thanks to massive sales of Tamiflu during the avian flu scare, which never materialized. Note that Tamiflu is also being recommended for the current swine flu scare.

How much of the swine flu scare is real and how much is fear mongering? Could it be that certain members of the power elite profit handsomely when fear is spread around the globe through exaggerated alerts such as the avian flu and swine flu scares? Could there actually be deadly man-made viruses created at Fort Detrick and elsewhere, which if released could cause a true pandemic killing millions around the globe? These are important questions worth exploring.

If you are interested in learning more from reliable sources and working to make a difference on this vital topic, the box immediately below provides several excellent ideas on what you can do. We also invite you to comment below and let us know your thoughts. Do you think rogue elements of government might have had something to do with the swine flu scare?

CIDRAP

Robert Roos

WHO rejects idea that novel H1N1 virus is lab-derived

CIDRAP, 14 May 2009
https://www.cidrap.umn.edu/avian-influenza-bird-flu/who-rejects-idea-novel-h1n1-virus-lab-derived

May 14, 2009 (CIDRAP News) – An international group of experts has examined and rejected the idea proposed recently by an Australian scientist that the novel H1N1 influenza (swine flu) virus is the product of a laboratory accident, the World Health Organization (WHO) reported today.

"The group of scientists feels that this hypothesis does not really stand up to scrutiny, that the evidence suggests that this is a naturally derived virus, and not a laboratory-derived virus," said Dr. Keiji Fukuda, WHO assistant director-general for health security and environment, at a press briefing today.

Adrian Gibbs, 75, a veteran flu researcher, said recently that he had concluded from his analysis of the virus's genetic sequence that it might have evolved in eggs used by scientists to grow viruses and by drug companies to make flu vaccines. Gibbs said he intended to publish a scientific paper describing his hypothesis, according to a May 13 Bloomberg News report.

Fukuda said Gibbs contacted the WHO May 9 to communicate his idea, which he had arrived at by studying genetic data deposited in public databases, not from studying the virus directly.

"Because of the nature of the hypothesis and the credible nature of the scientist, we took this seriously," Fukuda said. The Bloomberg story said Gibbs was involved in research that led to the development of oseltamivir (Tamiflu).

After hearing Gibbs' idea, the WHO asked five of its collaborating centers to evaluate it, Fukuda said. A day later the agency asked the United Nations Food and Agriculture Organization (FAO) and the World Organization for Animal Health (OIE) to do the same. WHO officials discussed the hypothesis with a large group of experts in both human and animal influenza 2 days ago, he said. They concluded that Gibb's proposition didn't fit the evidence.

Fukuda added that the WHO will need to review Gibbs's research article when it is published, but he indicated that it is unlikely to change the experts' conclusions.

He cited the episode as a positive example of rapid, open scientific communication and debate on medical issues, facilitated by putting genetic data in public repositories.

"We live in an age when it's really not possible to hide things," he said. "It's all for the better as far as I'm concerned. Maybe it means a little more work, but you can also address it in a way which is convincing to people."

"This is much better than dealing with rumors in which the basis for the rumor is not clear and then dealing with answers in which the basis of the answer is not clear," he added.

In response to a question, Fukuda said Gibbs suggested that the novel virus seems to have an increase in lysine (an amino acid) residues and that it sits out on a "long branch" of the influenza phylogenetic tree in comparison with other swine flu viruses. He said it is known that growing flu viruses in eggs can lead to an increase in lysine residues.

However, human, avian, and swine flu viruses differ somewhat in this respect, Fukuda said, adding, "After discussion and looking at older swine influenza viruses, it was concluded that the amount of lysine being seen was in fact very consistent with the natural increase in lysine being seen in swine flu viruses."

Also, the experts who evaluated the hypothesis said that because of historical gaps in swine flu genetic data, many swine flu viruses are somewhat isolated on the phylogenetic tree, so Gibbs' observation on this point was nothing unusual, according to Fukuda.

In other comments at today's briefing, WHO spokesman Gregory Hartl announced that the agency's daily briefings would be suspended for about a week because of upcoming WHO meetings.

A WHO-hosted intergovernmental meeting on virus sharing will begin tomorrow, Hartl said. That will be followed by the World Health Assembly, the annual meeting of WHO member countries, which runs all of next week.

The intergovernmental meeting will deal with the sharing of viral isolates and access to vaccines and other products derived from them, an issue pursued by Indonesia in relation to H5N1 avian flu in recent years.

In other comments at today's briefing:

- Fukuda said experts who met today to discuss whether to recommend mass production of a vaccine for the novel H1N1 virus will probably need to meet several more times before they can come to a conclusion.

- He said the WHO has not seen any evidence that the novel virus is resistant to the antiviral drugs in use (oseltamivir and zanamivir), and the agency is not making any changes in its recommendations on antiviral use.

- The WHO continues to be concerned about the fact that most of the people infected with the H1N1 virus have been young, he said. About half of those who died were healthy and had no predisposing conditions. "It's highly unusual for young, healthy people to die from influenza," he said. "So this is a pattern which is different than what we see with normal influenza," though it has been seen in previous pandemics.

The New York Times

Donald G. McNeil Jr.

Swine Flu Not an Accident From a Lab, W.H.O. Says

The New York Times, 14 May 2009, p. A12
https://www.nytimes.com/2009/05/15/health/policy/15flu.html
https://web.archive.org/web/20110403002252/https://www.nytimes.com/2009/05/15/health/policy/15flu.html

The swine flu virus did not result from a laboratory accident, the World Health Organization said Thursday, working to debunk rumors started by an Australian virologist and circulated by news outlets all over the world.

"We took this very seriously," Dr. Keiji Fukuda, the agency's deputy director general, said of the virologist's assertion. "But the evidence suggests that this is a naturally occurring virus, not a laboratory-derived virus."

In a telephone news conference, Dr. Fukuda also expressed support for drug companies' making a generic version of the antiviral drug Tamiflu. Many poor countries have no stockpiles of the drug.

Almost 6,500 confirmed cases of the new H1N1 flu have been reported from 33 countries, and 65 people have died, the W.H.O. said. About 4,300 confirmed and probable cases, with 3 deaths, were reported in the United States.

A woman in Arizona who was suffering from lung disease died last week from complications of swine flu, the Maricopa County Department of Public Health said late Thursday, Reuters reported.

The virus rumor was started by Adrian J. Gibbs, a retired plant virologist from the Australian National University, who previously published work in the journal Science questioning the idea, now accepted, that the 1918 pandemic started as a bird flu.

Dr. Gibbs, who had studied the gene sequences of the swine flu virus posted on public data banks, argued that it must have been grown in eggs, the medium used in vaccine laboratories. He reached that conclusion, he said, because the new virus was not closely related to known ones and because it had more of the amino acid lysine and more mutations than typical strains of swine flu.

His theory was reported by Bloomberg News on Tuesday. Even though scientists at the Centers for Disease Control and Prevention were skeptical and some prominent virologists openly derisive, news outlets have repeated and magnified the theory, adding speculation about bioterrorism that even Dr. Gibbs repudiated. He was also interviewed Thursday on the ABC News program "Good Morning America."

Dr. Fukuda said a W.H.O. panel of experts had concluded that "the hypothesis does not really stand up to scrutiny." The lysine residues and mutation rates were typical, he said, and many swine flus seem unrelated because not enough pigs are tested each year.

But he added that he doubted that the rumor would prove damaging, and he said he would not want genetic sequences kept off public databases.

“This is healthy,” he said. “This is much better than dealing with rumors where you don’t know where the mistake comes from and can’t correct it.”

Persistent false rumors, like those that AIDS is not caused by a virus or that polio vaccine sterilizes Muslim girls, have devastated efforts to control other diseases.

Scientists have yet to pinpoint the origin of the swine flu virus, the earliest cases of which were found in Veracruz, Mexico. It contains genes from flu viruses that normally circulate in pigs in Europe and Asia, as well as avian and human genes.

Late Thursday, Smithfield Foods reported that the Mexican health authorities had not found the new virus in herds at its huge hog-fattening operations in Veracruz, which some have blamed for the outbreak. But it was not clear what test was used; only blood tests for antibodies would show whether pigs had the virus in February, when the human outbreak is thought to have begun.

As for the use of oseltamivir, the generic form of Tamiflu, the W.H.O. has certified only one drug – Antiflu, made by the Indian company Cipla in both pill and liquid forms – as equivalent to brand-name Tamiflu.

Dr. Yusuf K. Hamied, Cipla’s chairman, said he would sell large amounts to Mexico and was in discussion with countries in Africa, Latin America and the Middle East.

The move could prompt patent lawsuits by Gilead Sciences and Roche, which developed and sell Tamiflu, so Cipla will sell only to countries indemnifying them against such suits, the company said.

Roche has offered 6.5 million doses of Tamiflu to the World Health Organization and 1 million doses to Mexico.

Dr. Hamied, reluctant to buy supplies for orders that might not materialize, said that poor countries should stockpile shikimic acid, the oseltamivir precursor, then pay Cipla or other generic companies to make the drug as needed.

The swine flu may cause the W.H.O. to cut short its nine-day annual conference of world health ministers so they can get home to fight the disease, Reuters reported.

Michel Chossudovsky, Prof.

The A H1N1 Pandemic: Pig to Human Transmission of the Swine Flu?

Global Research, 15 May 2009.
http://www.globalresearch.ca/index.php?context=va&aid=13622

The initial outbreak of the H1N1 swine virus is said to have occurred in Mexico. The emphasis, at the political level, has been on tracking the spread of the Mexican swine flu virus as well controlling and monitoring the movement of people in and out of Mexico. A global campaign of fear and insecurity was unleashed following the WHO April 28 announcement of a phase 5 pandemic. The decision of the WHO, which was taken after consultations with Washington and Brussels, was based on unconfirmed and incomplete data regarding the spread of the swine flu and the numbers of cases.

What proves that Mexico was the epicentre of the WHO's global swine flu pandemic?

There are several important issues underlying this question:

1. The official data pertaining to morbidity and mortality were, in numerous cases, both in Mexico, the US and around the World, **not firmly corroborated by laboratory testing of the H1N1 virus.**

A large number of so-called recorded cases were the result of data manipulation. The Mexican data used by the WHO to justify the phase 5 pandemic, largely pertained to cases of non-specific rather than laboratory confirmed H1N1 influenza. Out of the 159 deaths reported prior to the WHO's decision on April 28th, only 7, according to official sources, had been corroborated by laboratory tests of H1N1 infection.

Another case in point, which directly implicates the Atlanta based Centers for Disease Control and Prevention (CDCP), was an April 30 report by the CDCP entitled *Swine-Origin Influenza A (H1N1) Virus Infections in a School — New York City.* The report outlines swine flu infection among New York school children, when in fact the children had been infected with a non-specific influenza. None of these cases were corroborated by laboratory testing:

In the first week in May, "the CDC claimed 109 victims of confirmed swine flu in the United States. Forty five of the 109 came from this New York School. The TV news channels were flooded with panic messages of the uncontrolled spread of Swine Flu." (see William Engdahl, Flying Pigs and the WHO, Global Research, May 2009)

The question is: can we trust the official figures and statements.

2. Numerous cases of alleged H1N1 infection in North America, the Europe Union and other countries have been reported, which bear no causal relationship to the Mexican outbreak, namely they *cannot be traced back to Mexico.*

Are the cases of H1N1, reported in different countries, the consequence of a process of international transmission of the swine flu virus, or are they the result of a pre-existing situation? Or are they the consequence of a process of incorrect and misleading recording of the data. In other words, were these various "recorded cases" corroborated by lab testing of the H1N1 virus?

3. According to a recent report (Bloomberg, May 12, 2009) which was barely publicised, a prominent scientist directly involved in the development of Tamiflu points to the possibility that **the H1N1 strain "resulted from lab experimentation or vaccine production".** According to professor Adrian Gibbs of the Australian National University (ANU), the virus which "escaped from a lab", was the direct product of a laboratory experiment by the company which produces Tamiflu.

" "It could be a mistake" that occurred at a vaccine production facility or the virus could have jumped from a pig to another mammal or a bird before reaching humans, he said." (Ibid)

There have been several previous unconfirmed reports on the issue. Professor John Oxford of St. Bart's and the Royal London Hospital contends that "the 1957 H1N1 pandemic probably started when it escaped from a lab" (National Public Radio, May 4, 2009).

While the findings of Professor Gibbs require further investigation, they, nonetheless, raise the broader issue of transmission out of a laboratory, not to mention the underlying geographic location of a laboratory. The WHO is investigating the findings of Professor Gibbs.

4. The issue of pig to human transmission of the virus has been carefully overlooked. Can pigs infect humans with swine flu? This question is fundamental in assessing the origins as well as the causes of the pandemic.

Are industrial hog farms a source of infection? *A priori,* industrial hog farms are ruled out as a possible source of viral infection both by the WHO and the Atlanta based CDCP: "The World Health Organization has insisted there is no evidence that pigs are passing the virus to humans, or that eating pork products poses an infection risk." (Canadian Press, May 2, 2009)

Ironically, while denying pig to human transmission of the swine flu, health authorities do not deny the transmission of the H1N1 from humans to pigs.

Pig to Human Transmission of Swine Flu

The focus of the WHO and the Atlanta based CDCP has been on human to human transmission of the swine flu virus, from one country to another, while carefully avoiding the broader issue of pig to human transmission.

The WHO has argued that in the case of the H1N1 swine flu strain (a hybrid combination of human, pig and avian flu), there is no possible transmission from pigs to humans. This assessment implies that the health and environmental conditions on the hog farms have nothing to do with the spread of the virus.

While one of the first cases of the H1N1 influenza was recorded in the municipality of Perote, State of Veracruz, which houses an extensive hog farm industry, Mexican public health officials are categorical: the environmental and health conditions in the hog farms are not the cause of the transmission.

The City of La Gloria, Perote, is a company town, which is described in some Mexican reports as the pandemic's "ground zero". The employer is Granjas Carroll, a joint venture between the World's largest hog producing company Smithfield and its Mexican partner Agroindustrias Unidas de Mexico (AUM). The Smithfield project in Perote Municipality includes 16 farms and an annual output of more than one million pigs.

According to official Mexican data, there is no tangible evidence of swine flu within the Perote hog farms, namely the pigs were not infected. A number of other ailments could, however, have been triggered among the population as a result of the health and environmental conditions in the factory farms.

The broader question is whether we can actually trust the data.

Scientific Evidence of Pig to Human Transmission

A recent authoritative study by the John Hopkins School of Public Health on Industrial Farm Animal Production (IFAP) refutes the statements of the WHO. It confirms that IFAP hog farms are not only the source of contamination of surrounding groundwater but also of the spread of novel viruses including swine flu (See Pew Commission on Industrial Farm Animal Production, Pew Foundation and Bloomberg and John Hopkins School of Public Health, Putting Meat on the Table Industrial Farm Animal Production in Americas, see also Washington Post, May 9 2009).

These viruses can be transmitted from pigs to humans and then "from person to person in a community setting and well beyond." (Ibid) The transmission can also occur in the food chain. The virus contaminates the meat which is then consumed:

"An infectious agent that originates at an IFAP facility may persist through meat processing and contaminate consumer food animal products, resulting in a serious disease outbreak far from the ifap facility" (See Putting Meat on the Table Industrial Farm Animal Production in Americas, p. 11.)

Canadian Pigs Infected by the "Mexican Flu"

While the data regarding Granjas Carroll in Perote Municipality, remains inconclusive, there is evidence, confirmed by official reports, that at least one hog farm outside Mexico was infected by the H1N1 virus.

In early May, health authorities in Canada reported on a rather unusual case whereby an entire hog farm in the province of Alberta became infected with the H1N1 swine flu. A Mexican carpenter, returning from Mexico to a hog farm in central Alberta where he was employed, allegedly infected 220 hogs out of a total of 2200.

While denying the possibility that pigs could infect humans, Canadian officials contend that the pigs were infected by the Mexican carpenter, who had returned from Mexico:

"The farm worker returned to Canada from Mexico on April 12 and had contact with the pigs two days later. About 220 pigs in the herd of 2,200 began showing signs of the flu on April 24, said the country's top veterinary officer, Dr. Brian Evans of the Canadian Food Inspection Agency.

All of the pigs are recovering or have recovered and the farm worker has also recovered.

One other farm worker subsequently fell ill. It's not yet known if that person caught the swine flu.

Bulletins were sent to Alberta pork producers warning them of the possible danger that swine flu could present to their herds on April 24, said Gerald Hauer, the province's chief provincial veterinarian. But by that time, the farm worker was already back from Mexico and on the job at the 2,200-hog operation. "He was in the barn, doing his work on April 14," Hauer said.

The farmer notified provincial officials that an unspecified number of his animals were showing flu symptoms on April 28. The barn was quarantined later that day and remains under quarantine." (Canadian Press, May 3, 2009)

The Alberta hog farm, which is part of an evolving saga, is central to an understanding of the origins of the pandemic, namely that pigs on IAFP farms in North America could potentially be the source of pig to human infection.

Stage One. Mexican Carpenter infects the Pigs, Owner of the Farm and Family

The official version is that *the hogs were infected by a Mexican worker.*

According to the first press reports, the owner of the hog farm and his family as well as the pigs were infected by the Mexican worker. These official reports pointed unequivocally to Mexico as the source of the infection on the alberta hog farm.

Stage Two: Owner and Family of Hog Farm Test Negative

It was subsequently confirmed after laboratory confirmation that the owner and family members tested negative to the H1N1 virus.

"Canada's chief public health officer says *the people who live on an Alberta pig farm where pigs were found to be infected with swine flu have tested negative for the virus.*

A number of people living on the unidentified pig farm experienced flu-like symptoms after the pigs fell ill and *were tested to see if they too were infected.*

But Dr. David Butler-Jones says tests suggest *the people were not infected with the H1N1 swine virus.* (Edmonton Sun, May 5, 2009)

The official version is that the Mexican worker infected the pigs but not the people on the farm.

Stage Three: Mexican Carpenter Tests Negative

The Mexican carpenter also tested negative to the virus, which suggests that he could not be the source of a human to pig transmission:

The pigs are thought to have been infected by a worker who had been in Mexico and was ill on his return to work in mid-April. *The unidentified carpenter also tested negative for the virus*, … (Edmonton Sun, May 5, 2009)

Stage Five: The Official Story Sticks. The Mexican carpenter infected the Pigs

Following the release of the lab reports confirming that the Mexican carpenter tested negative to the H1N1 virus, one might have expected that the Canadian authorities would have broadened their assumptions. If the Mexican worker tests negative, what are the likely causes of the H1N1 infection on the Alberta hog farm?

Despite the visible lack of reliable evidence, the Mexican farm worker is still considered to be the source of the infection.

The official story sticks.

"Butler-Jones says, though, that there may have been "sampling issues" and blood samples from the people will be tested for antibodies to look for a definitive answer on whether they were infected. He won't say how many people were tested or what he means by sampling issues." (ibid) One might reasonably ask: was the culling intended to get rid of the evidence of infection on the hog farm?

A few days, following the report, Canadian officials announced that one quarter of the herd including the infected pigs had been culled. The pigs were infected by a Mexican. Canadian health officials believe that he tested negative to the H1N1 "because he was too far along in his recovery"**.** They have ordered new blood tests, "looking for antibodies to the new H1N1 swine flu virus". (Canadian Press, May 6, 2009)

Stage Six: Culling the Infected Pigs. Covering Up the Evidence?

The pigs are infected. But all the humans on the hog farm, including the Mexican carpenter, test negative. No report has been released regarding the results of the antibody test.Culling is defined as killing animals "with undesirable characteristics", namely getting rid of the infected hogs.

Canadian animal health officials are categorical the culling is not related to the fact that the animals are infected with the H1N1 virus:

"*This doesn't have anything to do with the flu*," Hauer told a news conference. "It has to do … with animal welfare." The decision to cull the herd [500 heads] was to ease overcrowding, Dr. Gerald Hauer said Saturday.

"Due to the quarantine, these animals cannot be moved off the farm as they normally would. The living conditions would soon become unacceptable due to overcrowding and they (the pigs) would have been in distress," Hauer said. (CBC, May 10,2009)

Concluding Remarks

The evidence of person to person transmission across international borders remains to be firmly established. The US authorites have used the Mexican flu outbreak as a pretext to tighten up security on the US-Mexican border,

Did the pandemic originate in Mexico. The evidence is contradictory.

Many of the reported cases in Canada, the US, and around the World, cannot be traced back to the epicenter of the virus in Mexico.

These cases were discovered and reported following the Mexican outbreak. The question is whether they were "discovered" as a result of a process of laboratory examination or were recorded without adequate testing. Are these figures reliable. Are they the product of data manipulation with a view to creating an atmosphere of fear and panic.

Is the H1N1 swine virus prevalent in industrial hog farms?

Visibly there was an outbreak of swine influenza in a central Alberta hog farm, confirmed by the Canadian health authorities. The pigs tested positive to the H1N1 virus, according to the official report. People on the farm tested negative. Canadian officials have failed to address the exact causes of the swine flu on the Albertan hog farm. It is worth noting that there was intense lobbying by the pork industry to change the name of the virus, from swine flu to A H1N1 influenza.

If the Mexican carpenter is not the source of the infection, this suggests that the H1N1 swine flu was already prevalent in the Alberta hog farm and had noting to do with the outbreak in Mexico. This in turn raises the broader issue of H1N1 swine flu infection in similar Canadian and US hog farms as well as the issue of pig-human transmission of the virus.

What happened on the Alberta hog farm, therefore, could potentially upset North America's industrial hog production.

Journal of Virology

Jackson S, Van Hoeven N, Chen LM,
Maines TR, Cox NJ, Katz JM, Donis RO.

Reassortment between avian H5N1 and human H3N2 influenza viruses in ferrets a public health risk assessment

J Virol. 3 June 2009 // 2009 Aug; 83(16):8131-40.
doi: 10.1128/JVI.00534-09. Epub. PMID: 19493997; PMCID: PMC2715755.

Abstract

This study investigated whether transmissible H5 subtype human-avian reassortant viruses could be generated in vivo. To this end, ferrets were coinfected with recent avian H5N1 (A/Thailand/16/04) and human H3N2 (A/Wyoming/3/03) viruses.

Genotype analyses of plaque-purified viruses from nasal secretions of coinfected ferrets revealed that approximately 9% of recovered viruses contained genes from both progenitor viruses.

H5 and H3 subtype viruses, including reassortants, were found in airways extending toward and in the upper respiratory tract of ferrets. However, only parental H5N1 genotype viruses were found in lung tissue.

Approximately 34% of the recovered reassortant viruses possessed the H5 hemagglutinin (HA) gene, with five unique H5 subtypes recovered. These H5 reassortants were selected for further studies to examine their growth and transmissibility characteristics. Five H5 viruses with representative reassortant genotypes showed reduced titers in nasal secretions of infected ferrets compared to the parental H5N1 virus.

No transmission by direct contact between infected and naïve ferrets was observed.

These studies indicate that reassortment between H5N1 avian influenza and H3N2 human viruses occurred readily in vivo and furthermore that reassortment between these two viral subtypes is likely to occur in ferret upper airways.

Given the relatively high incidence of reassortant viruses from tissues of the ferret upper airway, it is reasonable to conclude that continued exposure of humans and animals to H5N1 alongside seasonal influenza viruses increases the risk of generating H5 subtype reassortant viruses that may be shed from upper airway secretions.

Science

Yudhijit Bhattacharjee

Unlogged Pathogen Samples Found at Fort Detrick

Science, 17 June 2009.
https://www.science.org/content/article/unlogged-pathogen-samples-found-fort-detrick

A 4-month effort to inventory the contents of freezers and refrigerators at the United States Army Medical Research Institute of Infectious Diseases (USAMRIID) in Fort Detrick, Maryland, has turned up 9,220 vials of dangerous pathogens and toxins that were not listed in USAMRIID's database.

USAMRIID officials announced at a press conference today that the institute has resumed all of its research activities, which were suspended in early February to enable a complete accounting of select agents at the premier biodefense lab. The institute has been under intense public scrutiny since last summer when the Federal Bureau of Investigation's implicated former USAMRIID researcher Bruce Ivins in the 2001 anthrax letter attacks.

The labs at USAMRIID house more than 70,000 vials of select agents and toxins, including samples of Ebola, anthrax, and other deadly germs. Officials decided to conduct a full inventory of the materials after researchers found four vials of Venezuelan Equine Encephalitis in a freezer that had never been entered into the institute's electronic database, created in 2005. They turned out to be just the tip of the iceberg. The inventory showed that 13% of the vials at the institute were not in the database, which officials had been using to keep track of materials.

Most of the unlisted vials were materials left behind by researchers who had left the institute before 2005, Col. Mark Kortepeter, USAMRIID's deputy commander, told reporters at today's press conference. "The vast majority of these were working stocks that had accumulated over several decades," he said, explaining that the initial inventory for the electronic database 4 years ago had focused on vials that were in active use. Kortepeter said it was very "unlikely" that any unlisted vials had been lost or stolen.

About half of the 9220 vials were destroyed after scientists determined that the materials in them were of limited scientific value, Kortepeter said. The rest were added to the database. The institute plans to conduct a 100% inventory every year from now on, he said.

The Washington Post

Nelson Hernandez

Fort Detrick Inventory Turns up 9,220 More Vials of Pathogens

The Washinogton Post, 18 June 2009
https://www.washingtonpost.com/wp-dyn/content/article/2009/06/17/AR2 009061703271.html
https://web.archive.org/web/20121112050843/http://www.washingtonpost.com/wp-dyn/content/story/2009/06/17/ST2009061703604.html

An inventory of potentially deadly pathogens at Fort Detrick's infectious disease laboratory found more than 9,000 vials that had not been accounted for, Army officials said yesterday, raising concerns that officials wouldn't know whether dangerous toxins were missing.

After four months of searching about 335 freezers and refrigerators at the U.S. Army Medical Research Institute of Infectious Diseases in Frederick, investigators found 9,220 samples that hadn't been included in a database of about 66,000 items listed as of February, said Col. Mark Kortepeter, the institute's deputy commander.

FBI investigators concluded that Fort Detrick probably was the source of the anthrax spores used in the deadly mailings of 2001 (2008 Photo By Susan Biddle - The Washington Post).

The vials contained some dangerous pathogens, among them the Ebola virus, anthrax bacteria and botulinum toxin, and less lethal agents such as Venezuelan equine encephalitis virus and the bacterium that causes tularemia. Most of them, forgotten inside freezer drawers, hadn't been used in years or even decades. Officials said some serum samples from hemorrhagic fever patients dated to the Korean War.

Kortepeter likened the inventory to cleaning out the attic and said he knew of no plans for an investigation into how the vials had been left out of the database. "The vast majority of these samples were working stock that were accumulated over decades," he said, left there by scientists who had retired or left the institute.

"I can't say that nothing did [leave the lab], but I can say that we think it's extremely unlikely," Kortepeter said.

Still, the overstock and the previous inaccuracy of the database raised the possibility that someone could have taken a sample outside the lab with no way for officials to know something was missing.

"Nine thousand, two hundred undocumented samples is an extraordinarily serious breach," said Richard H. Ebright, a professor at Rutgers University who follows biosecurity. "A small number would be a concern; 9,200 . . . at an institution that has been the focus of intense scrutiny on this issue, that's deeply worrisome. Unacceptable."

The institute has been under pressure to tighten security in the wake of the 2001 anthrax attacks, which killed five people and sickened 17. FBI investigators say they think the anthrax strain used in the attacks originated at the Army lab, and its prime suspect, Bruce E. Ivins, researched anthrax there. Ivins committed suicide last year during an investigation into his activities.

Kortepeter noted that since 2001 the lab has imposed multiple layers of security to check people entering and leaving, that there are now cameras in the labs, and that employees are subjected to a reliability program and random inspections.

"The bottom line is, we have a lot of buffers to prevent anybody who shouldn't be getting into the laboratory," Kortepeter said.

Sam Edwin, the institute's inventory control officer, said most of the samples found were vials with tiny amounts of pathogens that would thaw quickly and die once they were taken out of a freezer, making smuggling something off the base difficult.

The probe began in February, when a problem accounting for Venezuelan equine encephalitis virus triggered the suspension of most research at the lab. A spot check in January found 20 samples of the virus in a box of vials instead of the 16 listed in the institute's database. Most work was stopped until the institute could take a thorough inventory of its stock of viruses and bacteria.

Edwin said about 50 percent of the samples that had been found were destroyed. The rest were added to the catalog. Because the lab will now conduct an inventory every year, "it's really less likely that we will be in a situation like this again," he said.

Procedures have changed, too. Scientists who have worked at the lab said that in the past, departing scientists turned over their logbooks to their successors, but records were sometimes incomplete or complex. As generations of scientists passed through, the knowledge of what was in the freezers was lost. With a comprehensive database, every sample is now tracked until it is destroyed or transferred.

But some scientists are skeptical. Unlike uranium or chemical weapons, pathogens are living materials that can replicate and die. A small amount can easily be turned into a large amount. They said the strict inventories slow their work without guaranteeing security.

Swine flu made in USA

Russia Today, 25 June 2009
https://web.archive.org/web/20100725152156/http://www.youtube.com/watch?v=eNS0Q-uxycA

An American investigative journalist, who claims that swine flu strains *have been engineered in two universities in the US and Canada*, says they've been deliberately designed to resist vaccines.

INDEPENDENT

Steve Connor

Did leak from a laboratory cause swine flu pandemic?

Independent, 30 June 2009 00:00 BST
https://www.independent.co.uk/news/science/did-leak-from-a-laboratory-cause-swine-flu-pandemic-1724448.html

Same strain of influenza was released by accident three decades ago.

It has swept across the world killing at least 300 people and infecting thousands more. Yet the swine flu pandemic might not have happened had it not been for the accidental release of the same strain of influenza virus from a research laboratory in the late 1970s, according to a new study.

Scientists investigating the genetic make-up of flu viruses have concluded there is a high probability that the H1N1 strain of influenza "A" behind the current pandemic might never have been re-introduced into the human population were it not for an accidental leak from a laboratory working on the same strain in 1977.

Yesterday, the Department of Health announced a further surge in the number of cases in Britain with another 1,604 confirmed over the weekend, and the death of a girl in Birmingham with underlying medical complications; the third death in Britain from swine flu-related problems.

Almost 6,000 Britons have now been infected with the influenza "A" (H1N1) strain of swine flu. But two medical researchers believe that this strain of the virus had been extinct in the human population for more than 20 years until it was unwittingly reintroduced by scientists working in a research lab somewhere in the world, leading to a pandemic in 1977 that began in Russia and China.

"Careful study of the genetic origin of the [1977] virus showed that it was closely related to a 1950 strain, but dissimilar to influenza 'A' (H1N1) strains from both 1947 and 1957. This finding suggested that the 1977 outbreak strain had been preserved since 1950. The re-emergence was probably an accidental release from a laboratory source," according to the study published in The New England Journal of Medicine.

Shanta Zimmer and Donald Burke from the University of Pittsburgh in Pennsylvania said that influenza "A" (H1N1) disappeared completely from humans after a pandemic of another strain of flu in 1957. H1N1 was not detected in annual surveillance until an outbreak of H1N1 swine flu in January 1976 at a US Army base in Fort Dix, New Jersey.

This outbreak affected 230 military personnel, killing one person, but it was successfully contained and was almost certainly caused by the direct transmission of swine flu from pigs. Nevertheless, the global anxiety caused by the Fort Dix outbreak led to a surge in research into H1N1 around the world, with experiments on frozen samples of the virus stored in labs since the 1950s, Dr Zimmer said.

"I would imagine that most labs researching into influenza would have had the 1950s strain. We cannot actually pinpoint which lab had it or accidentally released it, but the re-emergence of H1N1 in 1977 made it potentially a man-made pandemic," she said.

"It's a reminder that we need to be continually vigilant in terms of laboratory procedures. The identical virus in the current pandemic would not have occurred because a component of it comes from the H1N1 strain of 1977 – but it doesn't mean to say that we wouldn't have had another one causing a pandemic," she added.

One of the most likely routes for the release of the 1950s virus is that laboratory workers became infected accidentally and then infected families and friends, Dr Zimmer explained. After the 1977 pandemic, the H1N1 strain of flu re-appeared annually as seasonal flu but this year it underwent a radical genetic change to become another pandemic strain.

Professor John Oxford of the Royal London Hospital said that the accidental release of the 1950s strain of H1N1 in 1977 is entirely plausible, but it may have been a good thing as it would have given many older people alive today some measure of immunity to the current pandemic. "We can look upon it now as a stroke of good luck," he said.

Mail Online

Swine flu pandemic 'caused by accidental leak from laboratory

Daily Mail, 30 June 2009, 11:30 GMT
https://www.dailymail.co.uk/news/article-1196507/Swine-flu-pandemic-caused-accidental-leak-laboratory.html

The swine flu pandemic may have been caused by an accidental leak from a laboratory three decades ago, scientists have claimed.

An investigation into the genetic make-up of flu viruses claims the pandemic may not have occurred, had it not been for the accidental release of the same strain of influenza virus from a research lab in 1977.

The Independent reported that researchers believe this strain of the virus had been extinct in the human population for more than 20 years until it was unwittingly reintroduced by scientists.

The study in The New England Journal of Medicine said: 'Careful study of the genetic origin of the (1977) virus showed that it was closely related to a 1950 strain, but dissimilar to influenza 'A' (H1N1) strains from both 1947 and 1957.

'This finding suggested that the 1977 outbreak strain has been preserved since 1950. The re-emergence was probably an accidental release from a laboratory source.'

The strain is thought to be behind the pandemic in 1977 which began in Russia and China.

Shanta Zimmer from the University of Pittsburgh in Pennsylvania said: ‘We cannot actually pinpoint which lab had it or accidentally released it, but the re-emergence of H1N1 in 1977 made it potentially a man-made pandemic.

‘It’s a reminder that we need to be continually vigilant in terms of laboratory procedures.’

The release of the 1950s virus may have occurred after a laboratory worker became infected accidentally and then infected family and friends.

Professor John Oxford of the Royal London Hospital said the accidental release of the 1950s strain of H1N1 in 1977 is a plausible theory.

OpEdNews.com

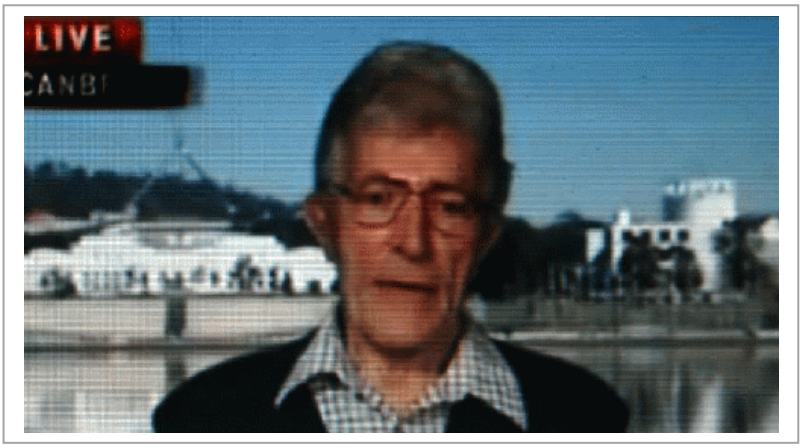
Peter Duveen

Virologist to make his case for lab origin of swine flu

OpedNews, 1 July 2009
https://www.opednews.com/articles/Virologist-to-make-his-cas-by-Peter-Duveen-090630-103.html

Peter's New York, Wednesday, July 1, 2009 – The scientist who made headlines in May by positing a laboratory origin for the swine flu that has swept the world will defend his theory in the scientific literature, Peter's New York has learned.

Dr. Adrian Gibbs, a Canberra, Australia-based virologist with more than 200 scientific publications to his credit, said that over the weekend he submitted his latest work on the swine flu to a prominent scientific journal, and is awaiting a response.



Gibbs, 75, was part of a team that developed the antiviral drug Tamiflu

Back in April, when the first cases of swine flu were diagnosed in Mexico, Gibbs examined the genetic structure of the virus that had been posted on a public database. His analysis led him to speculate that the virus may have been the result of a laboratory error. He contacted the Geneva, Switzerland-based World Health Organization with his conjecture, and scientists there scrutinized his findings, concluding, however, that the virus was most likely a product of nature.

In a series of email exchanges with Peter's New York, Gibbs said he was not satisfied with the WHO's critique, indicating that the basis for it was ambiguous.

"The WHO stated that they had no evidence to support my suggestion," Gibbs said. "They made a very fair statement. However the principle reason for my conclusion remains-that none of the genes of the new virus had been sampled/found/caused epidemics since at least 2000, despite probably coming from at least two different parents on two continents, where other strains had been sampled."

Gibbs said that might have been a coincidence, but the unusual placement of the virus on what what virologists call phylogenetic trees-a sort of schematic family history of the virus--also peeked his interest. On top of that, Gibbs observed that there was a lack of evidence that pig populations in North America, from which the virus is believed to have emerged, had been infected. Only the pigs on one farm in Canada have as yet been shown to have contracted the virus.

It has been established, said Gibbs, that swine easily contract the new flu from humans, and spread it among themselves. The absence of infection in the North American swine, Gibbs noted, may be evidence that the swine had already contracted the disease and built up immunity, or that they were vaccinated against viruses that resembled the novel swine flu closely enough for them to have been protected against it. Gibbs said the one Canadian herd that came down with the novel swine flu had not been inoculated, and that the evidence therefore leans toward inoculation as the reason North American pigs are disease free. That, in turn, would support a theory, according to Gibbs, that "the virus in the vaccine may be the immediate progenitor of the new human virus."

Gibbs said he would have been more satisfied if scientists at the WHO had examined the lists of all the vaccines licensed for production in the United States and Mexico and determined that none of them harbored strains from which the swine flu could have descended. He said he had been unable to locate such lists to make the determination himself.

Gibbs spells out fairly clearly how he thinks the new virus might have emerged due to a laboratory error. In manufacturing a vaccine, each of the viruses to be protected against must first be bred and then sterilized to prevent their further multiplication. When a subject is inoculated, the body reacts to the "killed" viral fragments and produces antibodies that provide protection against the live virus. Gibbs said that if the sterilization process was not carried out properly, pigs could end up being given live viruses, and instead of being protected, would contract the disease. The live viruses would then have a chance to multiply and exchange genetic material within the infected pig in a process known as reassortment, and a new virus could emerge and spread to humans as a "swine flu."

The study of viruses is overlaid with a complex nomenclature and labyrinthine concepts and arguments in the field of genetics that are unfamiliar to the average layman. But the implications are far reaching, a fact not lost on the general public or on Gibbs.

Early this year, the Deerfield, Ill. based drug firm Baxter International Inc. shipped experimental vaccines for human flu that were contaminated with the bird flu. The cocktail of influenzas, if it had not been discovered by alert laboratory specialists in the Czech Republic in February, could have been administered to subjects, after which, some experts feared, the two viruses could have undergone reassortment, producing a new virus that possessed the lethality of bird flu and the communicability of human flu. Bird flu is a deadly disease that kills close to half its victims, but resists spread from human to human. Human flu, on the other hand, is far more benign, but is easily spread through human contact. A recombined virus with the characteristics of each of the two could conceivably wipe out almost half the world's population.

Gibbs steers clear of elaborate intrigues that some believe are behind the new flu's emergence. "Whenever I've thought something has resulted from a conspiracy, it usually turns out to be from a 'co*k-up,'" he said. The importance of establishing whether or not the flu emerged from a laboratory, he emphasized, is "to try to avoid a recurrence."

He did admit, however, that there was a definite risk to the public of escaping pathogens held in government and private facilities.

"There are many historical precedents that are conveniently forgotten," said Gibbs. "The recent Baxter incident seems to have been one."

"The reappearance in 1977 of the H1N1 (virus) last seen in 1950 after a period of non-evolution," which he speculated could represent "suspended animation in a freezer," was another instance in which pathogens might have escaped from a laboratory. Gibbs also cited the escape of foot-and-mouth disease from a British government laboratory facility in 2007.

Asked if the resurrection of the viral agent for the deadly 1918 "Spanish" flu, which was reconstituted in 2005 by scientists at the Centers for Disease Control and Prevention for research purposes, was a safe proposition, he answered, "No, definitely not."

"It's exactly the same principle as should apply to all high security labs," said Gibbs. "If it ain't 'there' it can't get out, whereas if it is, then there is always the possibility, however remote, that it might get out."

The 1918 flu, which spread to every corner of the globe in the two years immediately following World War I, had a rate of lethality some 30 to 50 times greater than other strains of human flu. Tens of millions of people died in the pandemic worldwide.

While some aspects of his presentation have been updated, Gibbs said his basic premise remains unchanged, and has, in fact, been reinforced by recent additions to the scientific literature.

And while the WHO gave the appearance of having put the final nail in the coffin of Gibbs's theory, in a rare show of scientific honesty for a public institution, it affixed the lid rather loosely, leaving itself room to revisit Gibbs's hypothesis once it is published.

In the mid-May press conference in which the WHO addressed Gibbs's analysis, which by that time has spread far and wide throughout the mainstream media, Assistant Director Keiji Fukuda praised the virologist who had contributed to the field for more than fifty years of professional work, calling Gibbs "a credible scientist, a credible virologist."

In answer to a reporter's question about whether Gibbs's theory had been refuted, Fukuda said: "I think that it is fair to say that in the world of science, nothing is ever totally excluded, nothing is ever ended." On the issue of whether Gibbs's theory may actually prove true or not, he said: "We feel very comfortable based on the analyses which have been done, based on the rigor in which it has been looked at, that we are not dealing with a laboratory-created virus. However, I do not expect that the debate itself will stop."

RT

Madsen: 'Swine flu virus began life in lab'

Russia Today, 16 July 2009

https://web.archive.org/web/20170209000402/http://www.youtube.com/watch?v=z64mrb-M7KE
https://web.archive.org/web/20120310025757/http://www.youtube.com/watch?v=z64mrb-M7KE

The number of confirmed cases of swine flu has topped over a hundred thousand, with the World Health Organization calling the pandemic 'unstoppable', and *suggesting mass vaccination*.

THE WALL STREET JOURNAL

Betsy McKay

More Deadly Swine Flu?
CDC Mixes H1N1, H5N1 Viruses in Tests

Wall SJ, 17 September 2009, 11:31 am ET
https://www.wsj.com/articles/BL-HEB-22887

Public-health officials are breathing a small sigh of relief that the H1N1 swine flu virus hasn't mutated to become more deadly since emerging last spring. But what are the chances it will?

To find out, scientists at the CDC recently launched experiments in the agency's labs in which they infected ferrets with both the new H1N1 virus and the highly lethal H5N1 avian flu virus to see if they might "reassort" to create a new hybrid.

The scientists want to know whether a combination of the H1N1 virus – highly transmissible, but not terribly deadly – and the H5N1 flu virus could create an easily transmissible, deadly scourge. The H5N1 virus has only sickened 440 people world-wide since 2003 and generally isn't transmitted from one person to another. But it has killed 262, or about 60%, of those people, according to the World Health Organization.

As the new H1N1 flu has spread, flu experts have kept a close eye on Egypt and parts of the world where human H5N1 infections are occurring too. The two viruses could mix if they infected the same person simultaneously. The new H1N1 virus was also detected recently in turkeys in Chile, proving that it has the capacity to jump to birds, another potential source for reassortment.

The CDC scientists don't have results of their lab experiments in ferrets yet, said Michael Shaw, associate director for laboratory science for the agency's influenza division. While the experiments could produce viable combinations of the two viruses, the real question is whether any could create a virus that would spread, he said. "Viability is one thing," he cautioned. "Whether it's easily transmissible is another."

Other experiments conducted so far suggest the new H1N1 virus isn't terribly prone to doomsday changes. Viruses can change through either mutation of genetic material, or by reassorting with another flu virus. The new virus is lacking certain characteristics that would allow it to mutate to become more virulent, said Nancy Cox, chief of the CDC's influenza division. "It would be difficult for this virus to acquire some of those known virulence markers," she said.

As for reassortment, so far the new H1N1 virus hasn't shown a penchant for mixing with other common flu viruses. In a research note published in late August on the Web site PloS Currents: Influenza, scientists infected ferrets both with the new H1N1 virus and common seasonal strains of H1N1 and H3N2 flu. The new H1N1 pandemic virus didn't reassort.

"Co-infection of seasonal and pandemic strains did not result in the rapid selection of reassortant viruses that either improved replication or transmission or exacerbated virulence," they concluded. The federally funded study was led by scientists at the University of Maryland.

Whatever any of the experiments show, CDC officials warn against drawing definitive conclusions. "Influenza is really unpredictable," Cox said.

H1N1 Swine Flu Virus Patented by Medimmune Back in 2008

Current News, 13 September 2009
https://web.archive.org/web/20091110080615/http://current.com/items/90938347_h1n1-swine-flu-virus-patented-by-medimmune-back-in-2008.htm

Medimmune Patented H1N1 Swine Flu Virus Back in 2008

New York: According to Dr T Ott, the Swine Flu patent is owned by none other than Medimmune who stands to profit around $151 million dollars from US taxpayers.

MedImmune:

MedImmune, LLC, headquartered in Gaithersburg, Maryland, became a wholly owned subsidiary of AstraZeneca in 2007. Since being acquired, MedImmune has remained a Maryland-based biotechnology development enterprise.

It produces Synagis, a drug for the prevention of respiratory infections in infants, which accounted for $1.06 billion of its $1.2 billion in revenue for 2005, and FluMist, a nasal spray influenza vaccine introduced in 2004.

FluMist was approved for children two years of age and older in 2007, but initially was approved only for healthy people ages 5 to 49, a significant limitation because it eliminated a significant market – the millions of young children who find injections objectionable. Sales of FluMist fell short of analysts' expectations for the first two years the drug was sold. FluMist was initially sold in a frozen form, which was difficult for doctors to store

According to MedImmune website they are making a signficant, rapid response with a vaccine to the H1N1 variant of influenza, known as Swine flu. In early June 2009 it won a Department of Health and Human Services (HHS) contract, worth $90m.

Under the contract with HHS, MedImmune will continue to make its seasonal FluMist vaccine and also develop a vaccine targeted specifically at the H1N1 virus MedImmune then won a second contract to test its nasal spray flu technology as a viable treatment for the H1N1.

And now according to Dr T Ott investigation Medimmune applied for and received the patient for Swine Flu Virus back in 2008.

But according to WHO "OFFICIALLY" H1N1 is created naturally and it's a new strain of influenza virus,first identified in April 2009.If so how could Medimmune get the patent for the same back in 2008?

In past we reported about how Baxter Files H1N1 Swine Flu Vaccine Patent a Year Ahead of Outbreak.

=> Influenza hemagglutinin and neuraminidase variants

https://patents.google.com/patent/EP1771552B1/en

11. A method for producing an influenza virus in cell culture, the method comprising:

i) introducing into a population of host cells, which population of host cells is capable of supporting replication of influenza virus, a plurality of vectors comprising nucleic acid sequences corresponding to:

(a) at least 6 internal genome segments of a first influenza strain, wherein the first influenza strain is not A/Ann Arbor/6/60; and, at least one genome segment encoding an immunogenic influenza surface antigen of A/VN/1203/04, wherein said surface antigen comprises the amino acid sequence of SEQ ID NO: 11; or

(b) at least 6 internal genome segments of a first influenza strain, wherein the first influenza strain is not A/Ann Arbor/6/60 and wherein said first influenza strain possesses one or more phenotypic attributes selected from the group consisting of: attenuated, cold adapted and temperature sensitive; and, at least one genome segment encoding an immunogenic influenza surface antigen of A/VN/1203/04, wherein said surface antigen comprises the amino acid sequence of SEQ ID NO: 11,

ii) culturing the population of host cells at a temperature less than or equal to 35°C in the presence of trypsin; and,

iii) recovering a plurality of influenza viruses.

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Influenza Hemagglutinin and Neuraminidase Vairlants.

US 2008/0057081 A1 - Prior Publication Data - Mar. 6, 2008
Patent No.: US 8,039,002 B2 - Oct. 18, 2011
https://patentimages.storage.googleapis.com/51/69/e8/9f6c25e5ff41a2/US8039002.pdf

(12) **United States Patent**
Yang et al.

(10) **Patent No.: US 8,039,002 B2**
(45) **Date of Patent: Oct. 18, 2011**

(54) **INFLUENZA HEMAGGLUTININ AND NEURAMINIDASE VARIANTS**

(75) Inventors: **Chin-Fen Yang**, San Jose, CA (US); **George Kemble**, Saratoga, CA (US)

(73) Assignee: **Medimmune, LLC**, Gaithersburg, MD (US)

(*) Notice: Subject to any disclaimer, the term of this patent is extended or adjusted under 35 U.S.C. 154(b) by 731 days.

(21) Appl. No.: **11/836,369**

(22) Filed: **Aug. 9, 2007**

(65) **Prior Publication Data**

US 2008/0057081 A1 Mar. 6, 2008

Related U.S. Application Data

(60) Provisional application No. 60/821,832, filed on Aug. 9, 2006, provisional application No. 60/942,804, filed on Jun. 8, 2007.

(51) **Int. Cl.**
A61K 39/145 (2006.01)
C12N 7/01 (2006.01)

(52) **U.S. Cl.** **424/206.1**; 424/205.1; 424/209.1; 435/235.1

(58) **Field of Classification Search** ..... None
See application file for complete search history.

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(57) **ABSTRACT**

Polypeptides, polynucleotides, methods, compositions, and vaccines comprising (avian pandemic) influenza hemagglutinin and neuraminidase variants are provided.

29 Claims, 31 Drawing Sheets

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Influenza Hemagglutinin and Neuraminidase Vairlants.

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Bill Sardi

Why Isn't the H1N1 Pandemic Flu Being Investigated as a Designed Bioweapon?

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Strange as it may seem, in an era of heightened concern about biological terrorism, there appears to be little or no talk about the triple-reassortant H1N1 pandemic flu virus as a laboratory-designed bioweapon.

Certainly, this is not out of the question technologically. It is now entirely possible for scientists to artificially re-create an infectious agent from scratch. Researchers have demonstrated that a polio virus can be reduced to a chemical, $C_{332,652}H_{492,388}N_{98,245}O_{131,196}$-$P_{7501}S_{2340}$, and assembled by following its written genetic code. (Viruses are not live organisms, they are sequences of genes that must rely upon entry into a host cell nucleus to utilize the cell's genetic mechanisms for reproduction.) When a synthetically-created polio virus was introduced into the spinal cords of mice it created the same paralysis seen in polio.[1]

The synthesis of flu viruses became more than a possibility in 1999 when researchers demonstrated it was possible to overcome the previously insurmountable problem of arranging eight segments of RNA. This was accomplished by generation of RNA using an enzyme, RNA polymerase, essentially creating a cloned flu virus.[2]

Fear spreads faster than the flu

Certainly imagined rather than factually-based fear is at the core of concern over this H1N1 pandemic flu outbreak. Tuberculosis, another infectious disease, globally kills nearly 2 million every year, compared to 250,000–500,000 from the flu, but a $9 billion effort to eradicate it is not mounted against TB as has occurred with the 2009 *"swine flu."*

The late–flu season introduction of the pandemic, starting in Mexico in March of 2009, creates a similar frightening scenario to the 1918 Spanish flu outbreak that killed millions worldwide. If an engineered virus, its late-season introduction could be evidence of an intentional effort to panic human populations.

If designed, it was intended to spread, not kill. It lacks the PB1-F2 marker for pathogenicity (tissue damage) seen in the dreaded but poorly transmitted H5N1 bird flu virus that drew concern in 2003.[3] Yet, in vulnerable individuals, those with pre-existing disease or smokers or pregnant females, there is a greater (though still small) risk of death.

Wishy-washy origins

Researchers attempt to explain that this unique flu virus *"was derived from several viruses circulating in swine, and that initial transmission to humans occurred several months before recognition of the outbreak."* Without evidence in hand, the world community of virologists concluded that this virus *"emerged from a triple reassortant virus circulating in North American swine."* Yet no mass culling of herds of swine was called for.[6]

The swine origin of this flu is nonsense since no swine herds exhibited this virus till detection months following the initial flu outbreak in Mexico, suggesting it was transmitted from humans to pigs, not the other way around. Using pigs as a cover for the true origin of the disease also suggests a broad cover-up within the community of microbiologists and public health authorities.

For factual documentation, the first detection by the US Department of Agriculture of H1N1 pandemic influenza in pigs in the US occurred between August 26 and September 1 at the Minnesota State Fair, almost 6 months after the first case in Mexico.[4]

However, this fact was not revealed till months later, claimed to be an effort to protect US pig farmers when their business had already been destroyed by association of this flu virus with flu strains commonly found in swine herds.[5]

Researchers go on to say, in a confusing and inexplicable fashion, that *"a phylogenetic estimate of the gaps in genetic surveillance indicates a long period of unsampled ancestry before the swine-flu outbreak, suggesting that the reassortment of swine lineages may have occurred years before emergence in humans, and that the multiple genetic ancestry of this swine flu is not indicative of an artificial origin."*[6]

Here is intentional wording to dismiss any thought of an engineered virus. Yet the authors of this report are suggesting the many flu-monitoring stations across the globe completely missed detection of this virus as it mutated and re-assorted into its current form. Yet there has been no call to check for flaws in classifying viral strains which would have obviously occurred.

These researchers go on to say, that without samples of its ancestors, the immediate origin of this flu strain is difficult to determine. The closest relatives to this flu strain existed between 9.2 and 17.2 years ago, *"depending upon the genetic segment"* analyzed. Investigators claim it must have been circulating in pigs *"for several years"* before emergence in humans.[6]

Its Asian-origin flu strain segments lead researchers to blame the movement of pigs between Eurasia and North America for its unique viral re-assortment. Yet shipment of swine herds is one way, from North America to Asia, and there are quarantine periods so that new arrivals don't infect an existing herd. Influenza lasts only a few days and quarantine methods would eliminate any transfer to another herd. Unlike humans, pigs produce their own vitamin C and swine herd flu outbreaks are typically mild and not mortal.

Warning of influenza as a bioweapon

In 2003 researchers at the Center for Biosecurity and Public Health, University of Texas–Houston Health Center, Houston, Texas, warned that influenza could be made into a bioweapon to produce disease and death of major proportion. Unlike other biological threats like anthrax, influenza only requires 3 to 6 airborne viral particles, 27,000 times fewer viral particles than obtained by direct contact (hands) to produce infection. In 1–4 days, its incubation period, it can start replicating and producing symptoms of diarrhea, vomiting and coughing serious enough for hospitalization and use of a respirator. Its victims often succumb to a sudden mortal heart attack, which does not directly end up on statistical health summaries as flu-related death.[7]

Once a flu pandemic has begun it is difficult to halt because immunization after exposure to the flu is not protective, and anti-flu drugs (Tamiflu, Relenza) must be administered before symptoms develop or within the first 48 hours after their appearance. Early on, flu symptoms may appear similar to other biological threats like anthrax, so it is difficult to ascertain that a human population is under an intentional biological attack.[8]

Flu viruses evolve to protect humanity?

Jeffery K. Taubenberger, M.D., Ph.D. Senior Investigator in National Institute of Allergy & Infectious Diseases, and Anthony S. Fauci, M.D., Director of that Institute, say theH1N1 pandemic flu is afourth-generation descendantof the 1918 virus.

This virus caused an explosiveand historic pandemic, during which humans also transmittedthe virus to pigs, they concede. Taubenberger and Fauci take evolutionary theory to the height of its absurdity by stating:

"… successive pandemics and pandemic-likeevents generally appear to be decreasing in severity over time.This diminution … may reflect viral evolutionary'choices' that favor optimal transmis-sibility with minimal pathogenicity – a virus that kills its hosts or sends them to bed isnot optimally transmissible."

Huh? We've heard of *"survival of the fittest,"* and *"natural selection"* (where heritable traits make it more likely an organism will survive and successfully reproduce itself), but here we have a new and novel definition of evolution – the flu virus genome is selecting against its own survival in preference to survival of humans![8]

How a tailored flu virus would be produced

In 2003 Robert M. Krug, writing in the journal Antiviral Research, wrote a landmark report entitled *"The potential use of influenza virus as an agent for bioterrorism."*

Krug said: "If such a lethal human influenza A virus does not emerge in nature, it is likely that it can be generated in the laboratory, utilizing the recently developed reverse genetic system, whereby influenza viruses can be generated by transfection (a process of introducing nucleic acids into cells) of multiple DNAs."[15]

This can be accomplished by transiently opening pores or holes in the cell membrane to allow entrance of viral particles. In fact, the deadly H5N1 bird flu virus (kills 6 in 10 infected humans) has already been generated in at least one laboratory at the University of Wisconsin using this reverse genetic system.[9]

This topic was covered in my LRC article entitled *"The Deadliest Flu Virus In The World."*[10]

Krug writes: "There is every reason to believe that the same recombinant DNA techniques can be used to render this H5N1 virus transmissible from humans to humans. Furthermore, it should be possible to introduce mutations into such a recombinant virus so that it is resistant to currently available influenza virus antivirals (M2 inhibitors: amantadine and rimantadine; and NA inhibitors: zanamivir and oseltamivir-Tamiflu and Relenza), and so that it is unlike…. recently circulating human viruses. In fact, several viruses (at one time) … could be generated. The human population would lack immunological protection against such viruses, existing antiviral drugs would not afford any protection, and these viruses could be spread simply by release of an aerosol spray in several crowded areas."[15]

In this instance, if the current H1N1 pandemic flu virus was engineered, it was designed to be vulnerable to Tamiflu and Relenza, but not amantadine and rimantadine. With the current delay in delivery of the vaccine, one wonders if this whole pandemic hasn't been engineered to deplete aging stocks of Tamiflu that nations have been piling up in anticipation of *"the big one"* – the supposed long-overdue *"great flu pandemic."*

The question is, could there be some villainous bioterrorist in some foreign country who has the capability of covertly starting a flu virus in a remote village in Mexico, and only infect one child there, and then see it spread around the world? If so, this flu pandemic actually petered out by July of 2009, as CBS News uncovered, but re-emerged in the following months as the dominant strain of flu virus in circulation.[11]

Pandemic flu strains predominates

Was this pandemic strain of the flu re-introduced or re-engineered at that time, to make it more prevalent?

The current strain of the flu in circulation as of the first week in November 2009 is 99% H1N1 pandemic strain. The seasonal flu strains have vanished. There is no need to undergo vaccination for seasonal flu. Health authorities knew some time ago that the H1N1 pandemic flu strain overwhelms seasonal flu strains. The exact date of that discovery is unclear because we only have the date of publication of that discovery. The first evidence for this was produced some time earlier.[12]

Whether a biological terrorist re-introduced the H1N1 strain into North American human populations after it was fizzling out in July is certainly speculation, but is a question that needs asking.

Laboratory origin: no amateur bioterrorists

Krug goes on to say: "It can be argued that most terrorists would not have the knowledge, facilities and ingenuity to carry out these recombinant DNA experiments. This is probably the case at the present time, but the situation can be expected to change in the future, perhaps after as little as 5–10 years."[15]

Currently there is no revealed intelligence that there is a nefarious bioterrorist at large developing pandemic flu viruses. If the current pandemic flu strain in circulation was designed in a laboratory, it would likely be a university or military lab, just as the origin of anthrax was traced back to the Army lab at Fort Detrick in Maryland.[13]

We should also not forget that the news media repeatedly attempted to distract the public as to the real origins of the anthrax, falsely suggesting the bentonite additive found in the anthrax samples, spread in the ventilation ducts at offices of US Congressmen in Washington DC, originated in Iraq, the only country known to use that additive. A false connection was being made between the anthrax and Iraqi leader Saddam Hussein by ABC chief investigative correspondent Brian Ross on October 26, 2001, shortly following the attacks on the World Trade Center in New York.[14] So the public should be wary of the news media that may be complicit with other sources to create politically-correct conclusions as to the origin of the H1N1 swine flu.

Vaccination strategy is inherently flawed

Krug goes on to say: "Vaccination will probably be of limited value against an influenza virus bioterrorist attack. Currently it takes about 6 months to prepare a vaccine against a new influenza virus strain. Perhaps reverse genetic approaches can shorten this time somewhat, but there will still be a few months between an influenza virus outbreak and the availability of a protective vaccine. In addition, the vaccine approach can be readily thwarted by bioterrorists who could spread several influenza viruses with different HA antigenic sites."[15]

So the current effort to control influenza, largely being centered on vaccination, is flawed and should be curtailed. Of course, that is not what is being played out in the currently unfolding vaccine drama

Only antivirals are left in defense

Krug then says: *"In contrast, antiviral drugs that are directed at functions shared by all influenza A virus strains constitute the best line of defense against a bioterrorist attack. Currently the NA (neuraminidase) inhibitors (zanamivir and oseltamivir-Tamiflu and Relenza) are the only such antivirals available."*[15]

Stockpiles of anti-viral drugs, which now proliferate across the globe, could become useless due to limited shelf life. So far, manufacturers have been testing and extending the shelf life of their anti-viral products. The World Health Organization holds 2 million treatment courses of Tamiflu and another 3 million courses are held in stock by Roche as part of their rapid response stockpile.[16]

Anti-virals are somewhat effective in prophylaxis of the flu, but over-use of these anti-viral drugs induces viral resistance.[17]

It is interesting to note that 99.6% of the 2008 seasonal flu strains were resistant to Tamiflu.[18] To move Tamiflu off of shelves, the seasonal flu had to vanish, which is exactly what has occurred. This suggests aerosol flu viruses are being seeded into the population to create designed flu pandemics.

Vaccine makers, government, presage the pandemic

As mentioned earlier in this report, the H1N1 pandemic flu now in circulation has virtually overtaken all other flu strains, as if by design, in an apparent attempt to deplete the millions of doses of Tamiflu whose shelf life expires in 2009–2010. The US has a stockpile of over 50 million doses to clear off its shelves that outdates soon.[19]

For unexplained reasons, in 2008 the manufacturer of Tamiflu in Japan projected a 531% increase in sales in 2009, as if presaging the flu pandemic now underway.[20]

Has this whole flu escapade, its late-season onset, the otherwise inexplicable delays in delivery of the vaccine, been staged to dump millions of nearly-outdated Tamiflu pills on the world masses who have been whipped up into flu hysteria?

On June 27, 2008, nearly 8 months prior to the first reports of the H1N1 pandemic flu emanating out of Mexico, the maker of Tamiflu began urging companies to buy stockpiles of their product, a sales effort that was endorsed by the Department of Health & Human Services. This suggests massive collusion between the makers of anti-viral drugs and public health authorities in staging this pandemic.

On June 27, 2008, a deputy secretary for the Department of Health & Human Services is quoted as saying: *"I think the (Tamiflu) program is unprecedented in that we are facing an unprecedented threat."*[21] Exactly which unprecedented flu threat was this government employee talking about at the time?

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nature

Brendan Maher, Declan Butler

Swine flu: One killer virus, three key questions

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As the world mobilizes against the H1N1 flu pandemic, researchers are working to answer pressing questions about the virus. *Brendan Maher* visited pathologists at the US Centers for Disease Control and Prevention who are looking at how the virus kills, and a New York laboratory that is testing how it spreads. *Declan Butler* spent time at a French biosafety level-4 facility where researchers are working out the chances that the pandemic virus will reassort with the H5N1 avian flu virus.

1. How does it kill?

There are five seis of eyepieces on the microscope and Sherif Zaki is looking down one of them. Looking down the other four are members of the team he leads at the infectious-disease pathology branch at the Centers for Disease Control and Prevention (CDC) in Atlanta, Georgia. Other researchers trained in epidemiology, microbiology and electron microscopy watch a large, flat-screen monitor at the end of the narrow conference room that shows an image projected from the microscope.

Dianna Blau, an epidemiologist, reveals the source of the tissue: an 11-year-old girl who died in September, probably from H1N1 influenza. The team had already detected viral RNA in the girl's sample. But observing the presence of the H1N1 virus, especially in this tissue from deep down in the lungs, provides a more accurate and detailed diagnosis. The tissue seems messy, and is flooded with blue-stained *Staphylococcus aureus*. Zaki scans back and forth across the slide, seeking the hint of red staining that would indicate the presence of antibodies bound to the H1N1 virus. He finds it on one slide, where a red blob indicates a profusion of virus being released from a rupturing cell. They mark her as positive.

Zaki's lab holds these 'sign out' meetings every afternoon, examining autopsy and other tissues that have been sent to the CDC from doctors and medical examiners around the world to find. confirm or rule out any number of diseases. Since April, their caseload has doubled thanks to H1N1. So far, the group has received samples from more than 300 suspected cases, and it has confirmed swine flu in more than a third of them.

In addition to providing a diagnosis, the group analyses are helping to build up a picture of how the virus kills. Pathological studies can show, what tissues are affected and to what extent, adding detail to the worldwide monitoring and surveillance efforts.

The profile emerging is of a distinctive virus. Although seasonal flu tends to infect just the cells high in the upper airway, H1N1 penetrates down into the terminal air sacs called alveoli. "This is not an area of the lung where you would usually see seasonal flu," Zaki says. He has seen such behaviour before, though – in the few samples of lung tissue he has examined from humans killed by the H5N1 avian flu virus. Bin the virus is much more prevalent in the tissues from the severe H1N1 cases he has examined – "like avian flu on steroids" as Zaki puts it

Zaki says that his observations fit well with recent research looking at the mechanism of infection. A group led by Mikhail Matrosovich at Philipps University Marburg in Germany and Ten Feizi at Imperial College London studied sialyl glycans, glycoproteins that the flu virus binds to in order to gain entry to human cells.[1] Although seasonal strains of H1N1 bind mostly to versions of the glycoproteins known as α2-6, the researchers found that the new pandemic H1N1 can also bind to a version called α2-3, which is found in greater proportion in the lower respiratory tract.

Co-infection is common with pandemic H1N1, at least in those who have died. Zaki's group has observed infection with bacteria such as *S. aureus* or *Streptococcus pneumoniae* in about a third of the fatal swine-flu cases it has examined. In the rest, the virus seems to be lethal on its own. Zaki slots onto the microscope stage a slide from a 38-year-old male who died without bacterial co-infection. This one is filled with the red staining; also the walls of the alveoli are ruptured and blood cells and fluid fill the spaces normally reserved for gas exchange. Scar-like pink ribbons, called hyaline membranes, arc through the tissue. Pathologists call this state 'diffuse alveolar damage', and it tells them that the man had respiratory distress syndrome. "It's very difficult to treat a patient once they get to this state," Zaki says. He points out that the man was obese and had a history oa hypertension and heart problems. Some 90% oa the cases his team has reviewed have had some underlying medical condition.

Zaki says that they plan to publish some of their observations soon, and he has been sharing them with others at the CDC and with the public-health community at large. Although pathology can't pro.kt what the virus will do in the future, it can help to identify those most at risk of severe disease. "We've really learned a lot with the lab pathology," says Anne Schuchat, director of the CDC's National Center for Immunization and Respiratory Diseases. "Both the prominence of the pneumonia in some infections and bacterial co-infection have important clinical implication," she says, explaining that pathology results have led the CDC to recommend pneumococcal vaccination for people in at-risk groups.

At the end of the sign-out meeting, Zaki walks back to his office through a quiet lab; the technicians have gone home for the day and the machines used to prepare and stain slides are silent. Six fresh case studies in purple folders sit in a neat row along one of the lab benches ready for processing and examination. They contain slides or tissue embedded in paraffin; one still has lumps of formalin-soaked flesh sitting in a plastic specimen jar.

As the flu season ramps up, Zaki says, he suspects the number of flu cases will increase dramatically. Still, his lab sees only a small slice of what's happening worldwide. "We're looking at the tip of the iceberg in terms of these cases," he says. It's a grim toil, reading the tales of the dead, but he adds "that information is important for the living".

Brendan Mahar

2. How does it spread?

In a cramped locker room high above the streets of upper Manhattan, laboratory personnel take a visiting journalist into the emerging facility, an enhanced biosafety level 3 (BSL-3) laboratory on the New York campus of Mount Sinai School of Medicine.

The suiting up procedure is complicated. Rubber- soled booties must be tucked under a jumpsuit to ensure that spilled fluids don't drip into them. Purple latex gloves are layered underneath green ones; the different colours are used to ensure that rips in the outer layer are visible. Black N95 face masks pinch off the nostril,. forcing the wearer to breathe noisily through his or her mouth. The staff call them Darth Vader masks. They also wear papery mesh scrubs and white 'bunny suit' coveralls made from the material used to insulate houses. Biosafety officer Philip Hauck quotes Dante as he prepares to go in: "Abandon all hope ye who enter here."

In another preparatory room, they add heavy, belted, battery-powered air filters with a hose that hooks into the back of a white head-covering. Once it adjusted, air begins rushing up over the face, puffing up the suit. The positive pressure in the suit, combined with the negative air pressure in the lab, ensures that the flow of air will carry any airborne pathogens away from the body.

This is the procedure that researchers at Mount Sinai go through every day to carry out their animal studies on deadly pathogens. Since May, pandemic H1N1 has been one of those pathogens. As the pandemic was emerging, John Steel and Anice Lowen secured strains of novel H1N1 from California and the Netherlands, and made plans to include them in their work modelling the transmission of influenza in guinea pigs. BSL-3 facilities are not required to work with H1NI, but Steel and Lowen's institutional review boards wanted the work to be carried out under the most stringent conditions on site.

Many labs use ferrets to model the transmission and pathology of human viruses, but the animals can be difficult to work with. Peter Palese, the head of microbiology at Mount Sinai, came up with the idea to work with guinea pigs a few years ago after reading an article published after the 1918 influenza pandemic, in which researchers in New Meiko noted that the infection had killed off a number of laboratory guinea pigs.[2] He convinced Lowen and Steel, assistant professors in his lab, to test whether the creatures would transmit human influenza. They did. In 2006, the group showed that the guinea pigs pass the virus between them with about the same efficiency as humans,[3] and the researchers still use them as a model of transmission even though their animals, purchased from a lab supplier, do not show symptoms or die from the disease.

The first thing the researchers did with the samples of pandemic H1N1 was to compare its transmissibility with that of seasonal flu. They squirted about l0,000 infectious H1N1 particles up the noses of four guinea pigs and, a day later, placed these animals in cages next to uninfected animals, separated by wire-mesh walls that allow respiratory droplets to pass through. Within five days all the exposed animals tested positive for the virus. The team's paper published last month in the *Journal of Vingiogy*, suggests that the H1N1 swine flu virus transmits just as efficiently as seasonal flu.[4] This is contrary to some work on transmission done at the start oa the pandemic[5] but mirrors real-world data showing that H1N1 spreads rapidly. "The pandemic sort of scooped us," says Lowen. Palese's group also found that previous exposure to the H1N1 and H3N2 subtypes of seasonal influenza limas the ability of exposed animals to become infected with the pandemic H1N1 which supports the idea that a seasonal flu infection or vaccine might offer some cross-protection against swine flu.

Inside the facility are the huge steel ferret cages that Steel and Lowen have adapted for their guinea-pig work so that two animals can fit inside each. They are now planning new imperunents, hoping to find the sequences within the genome that enable the virus to transmit so well between humans compared with other swine adapted influenza strains. They may create reassortments of the virus and then test how well they are transmitted by the guinea pigs. The results might aid in surveillance efforts aimed at identifying other strains from animals that cuuld make the leap to humans.

Everything that goes into the BSI-3 lab must be decontaminated before coming out. This involves spraying down the bodysuit with ethanol, carefully peeling it off and then leaving the facility by way of a shower room. A pen and notepad won't survive the caustic chemical dunk by the exit, so the pages are scanned and put onto a CD that can be sprayed down.

Outside again on the Manhattan streets, H1N1 could be encountered in any cough or sneeze. Without all the protective gear, one feels rather vulnerable.

Brendan Maher

What could it turn into?

A deadly line up of viruses is locked up in the computer-controlled safes at the Jean Merieux/ INSERM biosecurity level four (BSL-4) facility in Lyon, France, including Ebola, Nipah, Lassa, Hendra and Marburg. And in the next few weeks, scientists working there are planning to manufacture a new resident They hope to test whether the highly transmissible pandemic H1N1 virus could reassort with its deadlier cousin, the H5N1 avian flu, to make a virus with the worst properties of both.

Classed as a national high-security facility, the laboratory is a three-storey shoebox made from armoured glass, perched above a biology research centre of INSERM, the national biomedical agency. The edifice is built to withstand earthquakes, bullets and explosives. It is also smack in the city centre, its entrance just metres from mothers pushing prams along the pavement on avenue Tony Garnier.

The lab itself is surrounded by empty corridors and a spartan decor of steel staircases, trusses raised walkways and ventilation pipes. The air hums from the air-ultrafiltration and ether support machinery that take up entire floors above and below. Under negative air pressure to stop viruses escaping in the event of a breach, the lab is split into three zones, with the airstream flowing towards the 'hottest' exposure risk zone, the animal house at the back.

When the current H1N1 pandemic began in April, priority lab time here was allocated to Bruno Lina, a virologist and flu researcher at the CNRS, Erance's basic-research agency, who works at the University of Claude Bernard Lyon-1. Pandemic H1N1 influenza is not itself a BSL-4 agent – a BSL-2 facility is adequate. But in France, the health ministry classes viral reassortment experiments of the sort Lina is performing as requiring BSL-4 precautions.

The ability to predict which reassortments might take place, and what type of flu viruses might result, could be key to predicting the behaviour of this and future pandemics. The eight genes in the influenza virus's segmented genome are easily swapped between strains. But to be viable, new gene combinations must also be able to work together to package themselves into a virus particle. Viruses within a subtype tend to reassort with one another more easily and generate more viable reassortarirs than do those from different subtypes.

Over the summer, Lina's team has been using the BSL-4 facility to investigate the likelihood that pandemic H1N12 will acquire resistance to the front-line antiviral drug oseltamivir (Tamiflu) through reassortment, and how easily these reassortants might spread. Resistance can emerge by spontaneous mutation, but given that seasonal H1N1 is already resistant to the drug and spreads easily, reassortment is perhaps the most likely way that H1N1 will acquire resistance – especially as seasonal H1N1 and pandemic H1N1 are the same subtype. Since the start of the pandemic, Tamiflu-resistant strains have sporadically appeared in several countries but none has yet gained a foothold. That they haven't arisen more often or spread more easily may be because there is little seasonal H1N1 circulating, as pandemic H1N1 is outcompeting it – a large number of co-infections are needed for transmissible reassortants to arise.

In his work Lina co-cultured the two H1N1 viruses in a cell line. He is now testing how pathogenic the reassortants are in mice, before using ferrets to test their capacity to spread. The biggest hazard that the scientists face in the lab is a bite or a scratch from an infected animal, so all manipulations are done on animals that have been anaesthetized remotely.

Lina is also preparing to submit a protocol to the facility's scientific board seeking the green light to try to reassort pandemic H1N1 and the H5N1 avian flu virus. "It's controversial research, but it is basic science that needs to be done," says Lina. H5N1 has killed more than half of the people it has infected since it resurged in 2003, but has rarely spread from one person to another. H1N1, on the other hand, seems to be as transmissible as seasonal flu, but mild in most people, if severe in some. The aim of Lina's proposal is to find out the probability of a reassortant arising that combines the lethality of H5N1 with the transmissibility of H1N1.

In particular, Lina is searching for putative molecular controls of the virus's segmented genome that may determine why some reassortants can package the virus and others can't. "We don't know which regions in H5N1 are responsible for that control," says Lina. That could have benefits for disease surveillance, he says if researchers know the key genetic regions that facilitate reassortment, surveillance efforts could watch out for H5N1 or H1N1 viruses with changes in those regions, ones that might be on the verge of dangerous reassortments.

Lina will use reverse genetics to generate a soup of reassortants, test whether any are viable, and if they are, assess their virulence and transmissibility. Because H1N1 and H5N1 are different subtypes, Lina does not expect them to swap genes easily. In 2005, he tried to reassort H5N1 with seasonal H1N1 and H3N2 viruses, without success. "After a year we only had three reassortants, and none was fit," recalls Lina, "they just don't reassort well."

The expenments that Lina's team is carrying out in the BSL-4 lab aren't technically novel or difficult in themselves. But the encumbrance of the safety procedures for getting in and out of the high-security lab make even the most straightforward procedures complicated, says Lina. Looking through the bulletproof window, one can see why. As the researchers move around the lab, they connect their blindingly white spacesuits from some 60 yellow air hoses dangling from the ceiling. The hands of the researchers snipping away at tissue samples are wrapped multiple layers of gloves to avoid accidental pricks. "It's like trying to do surgery wearing boxing gloves," says Hervé Raoul, director of the facility.

Before researchers can even begin to work in the lab, they must pass a three week training course. It's only after a further 200 hours of practice that they are given any real autonomy to the lab, and they are never allowed inside alone. Users are limited to working a maximum one four-hour shift a day, so that they are less likely to make mistakes. They are also encouraged to share any concerns about the behaviour of colleagues, or whether they themselves are going through a difficult patch, which might cause distraction and accidents.

Before Lina's experiments get approved, the facility's external scientific board will need to be convinced of the public-health jrsstitication, that the science is top-notch and that the experiments can be done safely, says Raoul. It will also need to be approved by government regulatory agencies. If all goes well, he could have his aithonzanon in weeks, Lina says.

"Compared to big guns in flu research, I'm a little guy," says Lina. "But having access on my doorstep to one of the rare BSL-4 facilities in the world with an animal house is a big advantage."

Declan Butler

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Virology Journal

Adrian J Gibbs, John S Armstrong, Jean C Downie

From where did the 2009 'swine-origin' influenza A virus (H1N1) emerge?

Virol J. 24 November 2009, 6: 207.
doi: 10.1186/1743-422X-6-207. PMID: 19930669; PMCID: PMC2787513.
https://pubmed.ncbi.nlm.nih.gov/19930669/

Abstract

The swine-origin influenza A (H1N1) virus that appeared in 2009 and was first found in human beings in Mexico, is a reassortant with at least three parents. Six of the genes are closest in sequence to those of H1N2 'triple-reassortant' influenza viruses isolated from pigs in North America around 1999-2000. Its other two genes are from different Eurasian 'avian-like' viruses of pigs; the NA gene is closest to H1N1 viruses isolated in Europe in 1991-1993, and the MP gene is closest to H3N2 viruses isolated in Asia in 1999-2000.

The sequences of these genes do not directly reveal the immediate source of the virus as the closest were from isolates collected more than a decade before the human pandemic started.

The three parents of the virus may have been assembled in one place by natural means, such as by migrating birds, however the consistent link with pig viruses suggests that human activity was involved.

We discuss a published suggestion that unsampled pig herds, the intercontinental live pig trade, together with porous quarantine barriers, generated the reassortant.

We contrast that suggestion with the possibility that laboratory errors involving the sharing of virus isolates and cultured cells, or perhaps vaccine production, may have been involved. Gene sequences from isolates that bridge the time and phylogenetic gap between the new virus and its parents will distinguish between these possibilities, and we suggest where they should be sought.

It is important that the source of the new virus be found if we wish to avoid future pandemics rather than just trying to minimize the consequences after they have emerged. Influenza virus is a very significant zoonotic pathogen. Public confidence in influenza research, and the agribusinesses that are based on influenza's many hosts, has been eroded by several recent events involving the virus. Measures that might restore confidence include establishing a unified international administrative framework coordinating surveillance, research and commercial work with this virus, and maintaining a registry of all influenza isolates.

Bloomberg

Simeon Bennett

Scientist repeats Swine Flu lab-escape claim in published study

Bloomberg, 24 November 2009, 04:10 EST

https://web.archive.org/web/20130302172731/http://www.bloomberg.com/apps/news?pid=newsarchive&sid=ajw2AS.d1wK8

Nov. 24 (Bloomberg) – Adrian Gibbs, the virologist who said in May that swine flu may have escaped from a laboratory, published his findings today, renewing discussion about the origins of the pandemic virus.

The new H1N1 strain, which was discovered in Mexico and the U.S. in April, may be the product of three strains from three continents that swapped genes in a lab or a vaccine-making plant, Gibbs, and fellow Australian scientists wrote in Virology Journal.

The authors analyzed the genetic makeup of the virus and found its origin could be more simply explained by human involvement than a coincidence of nature.

Their study, published in a free, online journal reviewed by other scientists, follows debate among researchers six months ago, when Gibbs asked the World Health Organization to consider the hypothesis. After reviewing Gibbs' initial three-page paper, WHO and other organizations concluded the pandemic strain was a naturally occurring virus and not laboratory-derived.

"It is important that the source of the new virus be found if we wish to avoid future pandemics rather than just trying to minimize the consequences after they have emerged," Gibbs and colleagues John Armstrong and Jean Downie said in today's eight- page study.

Gibbs and Armstrong are on the emeritus faculty at the Australian National University in Canberra and Downie is affiliated with the Centre for Infectious Diseases and Microbiology Laboratory Services at Sydney's Westmead Hospital, according to the study.

While the exact source of the new H1N1 strain is a mystery, their research has "raised many new questions," they said. The authors compared the genetic blueprints of flu strains stored in the free database Genbank and found the pandemic virus's nearest ancestors circulate in pigs.

'Simplest Explanation'

While migratory birds may have acted as conduit for their convergence, human involvement in bringing them together is "by far the simplest explanation," Gibbs said in a telephone interview today.

Gibbs wrote or coauthored more than 250 scientific publications on viruses, mostly pertaining to the plant world, during his 39-year career at the Australian National University, according to biographical information on the university's Web site.

"Knowing Adrian Gibbs, he will have thought through it pretty logically and come to that conclusion," Lance Jennings, a clinical virologist with Canterbury Health Laboratories in Christ-church, New Zealand, said in a telephone interview. "It's up to someone else to try and prove it or disprove it."

FINANCIAL TIMES
DEUTSCHLAND

von Nora Schlüter, Hamburg

Pandemie-Szenario: Schweinegrippe könnte Labor-Unfall sein

Financial Times, Deutschland, 24 Novembre 2009, 18:55
https://web.archive.org/web/20091127003734/http://www.ftd.de/wissen/mensch/:pandemie-szenario-schweinegrippe-koennte-labor-unfall-sein/50041878.html

Das Schweinegrippe-Virus könnte entstanden sein, weil in einem Labor schlampig gearbeitet wurde - das behauptet zumindest ein australischer Forscher. Die WHO dagegen geht von einem natürlichen Ursprung aus.

Die Theorie des pensionierten australischen Virologen Adrian Gibbs von zum Ursprung der Schweinegrippe hört sich an wie ein Szenario aus einem Katastrophenfilm: Da basteln einige Wissenschaftler im Labor an einem Impfstoff gegen verschiedene Grippeviren, die Schweine befallen. Arbeiten vielleicht nicht ganz sauber. Oder infizieren Zelllinien zur Zucht der Viren mit mehreren Erregerstämmen. Erbgutschnipsel aus drei verschiedenen Stämmen vereinen sich zu einem neuen Virus, der Menschen befallen kann. Ein Labormitarbeiter trägt den Grippeerreger nach draußen - und eine weltweiten Pandemie beginnt.

Tatsache ist: Der Ursprung des Schweinegrippe-Virus ist nach wie vor unbekannt. Bestandteile seines Erbguts weisen Ähnlichkeiten mit acht verschiedenen Grippeviren auf, die zwischen 1983 und 2004 bei Menschen, Vögeln und Schweinen entdeckt wurden. Gibbs kommt in seinen Untersuchungen zu dem Ergebnis, dass der neue H1N1-Erreger vermutlich auf drei Virenstämme zurückgeht, die in der Vergangenheit Schweine in den USA und Eurasien befielen.

Wissenschaftler gehen davon aus, dass die ursprünglichen Virenstämme durch Zugvögel oder den Handel mit Schweinen von einem Kontinent zum anderen gelangten. In einem Tier, das von unterschiedlichen Erregern befallen war, entstand schließlich der neue Virus. Gibbs hingegen hält das Zusammentreffen der Ursprungsstämme in einem Labor für wahrscheinlicher: „Es wäre bei Weitem die einfachste Erklärung."

Bereits im Mai dieses Jahres legte er der World Health Organisation (WHO) seine Theorie vor. Nun veröffentlichte er die Hypothese gemeinsam mit zwei Kollegen in der Online-Fachzeitschrift *Virology Journal*. Das Forscherteam schreibt: „Es ist wichtig, dass der Ursprung des Virus aufgedeckt wird, wenn wir Pandemien zukünftig verhindern wollen, statt nach ihrem Auftreten nur die Konsequenzen zu bekämpfen."

Massentierhaltung begünstigt Grippe bei Schweinen

In der Fachwelt wird Gibbs Hypothese skeptisch betrachtet. Bereits die WHO kam nach Begutachtung seiner Argumente zu dem Schluss, das Virus sei auf natürlichem Wege entstanden. Auch Thomas Vahlenkamp, Leiter des Instituts für Molekularbiologie am Friedrich-Loeffler-Institut, sagt: „Völlig ausschließen kann man die Entstehung des Virus im Labor nicht. Aber ich halte es für äußerst unwahrscheinlich, nahezu unmöglich."

Es könne gut sein, dass sich ein Vorläufer des Virus in einer Schweinepopulation entwickelt habe und dort lange Zeit unentdeckt geblieben sei. Aus Tieren in Südamerika und Südostasien seien beispielsweise nie Viren isoliert worden. Wissenschaftler gehen davon aus, dass besonders die

Massentierhaltung die Entstehung neuer Virenstämme begünstigt. Die Schweine sind nicht nur auf engstem Raum zusammengedrängt und stecken sich leichter an. Auch ihr Immunsystem ist durch die schlechten Lebensbedingungen geschwächt.

Der erste Mensch infizierte sich im April in Mexiko mit dem neuen Grippevirus. Seitdem hat sich der Erreger über die ganze Welt verbreitet, in Europa verdoppelt sich die Zahl der Todesfälle alle zwei Wochen. Am Dienstag starb in Deutschland zum ersten Mal ein Mädchen an der Schweinegrippe, das keinerlei Vorerkrankungen aufwies. Impfungen sollen die Verbreitung des Virus eindämmen. Doch auch die Herstellung des Impfstoffs verläuft nicht pannenfrei: In Kanada musste der Pharmakonzern GlaxoSmithKline eine Fuhre Impfstoff zurückrufen, weil er bei ungewöhnlich vielen Patienten allergische Reaktionen auslöste.

Financial Times Deutschland – ceased publication on 7 December 2012.

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THE FLU CASE

German Media breaks silence, reports evidence Swine Fu virus came from lab

The Flu Case, 24 November 2009, 21:15

https://web.archive.org/web/20100102031947/http://theflucase.com/index.php?option=com_content&view=article&id=2053%3Agerman-media-breaks-silence-reports-evidence-swine-fu-virus-came-from-lab&catid=1%3Alatest-news&Itemid=64&lang=en

Thanks to Trond in Norway for this google translation of a report in the Financial Times Deutschland (see German below)

FINANCIAL TIMES
DEUTSCHLAND

Nora Schlueter, Hamburg

Swine influenza laboratory could be an accident

Financial Times, Deutschland, 24 Novembre 2009, 18:55

The swine flu virus may have originated because it was sloppy work in a lab - at least an Australian researcher says. The WHO, however, comes from a natural origin.

The theory of the retired Australian virologist Adrian Gibbs of the origin of the swine flu sounds like a scenario from a disaster film: As some scientists tinkering in the lab on a vaccine against different influenza viruses that infect pigs. Work, perhaps not quite clean. Or to infect cell lines for cultivation of virus with multiple strains. Combine snippets of DNA from three different strains are infected to a new virus that humans can. A laboratory employee has the flu pathogen outside - and begins a worldwide pandemic.

The fact is: The origin of the swine flu virus is still unknown. Components of its genome have similarities with eight different influenza viruses that were discovered from 1983 to 2004 in humans, birds and pigs. Gibbs is in his investigations to the conclusion that the new H1N1 pathogen probably goes back to three strains of the virus, which attacked in the past Pigs in the United States and Eurasia. Viruses are propagated in cell cultures

Scientists assume that the original strains of the virus by migratory birds, or trade in pigs came from one continent to another. In an animal that was infected by different pathogens, and finally emerged, the new virus. Gibbs, however, considers the coincidence of the origin of strains in a laboratory to be more probable: "It would be by far the simplest explanation."

Back in May this year, he submitted to the World Health Organization (WHO) in his theory. Now, he published his hypothesis, together with two colleagues in the online journal Virology Journal. The research team wrote: "It is important that the origin of the virus is detected, if we want to prevent future pandemics, instead of fighting after they occur, only the consequences."

Massentierhaltung favors flu in pigs

In the professional world Gibbs hypothesis is viewed with skepticism. Already, the WHO came to evaluating his arguments to the conclusion that the virus originated in a natural way. And Thomas Vahlenkamp, director of the Institute of Molecular Biology at the Friedrich Loeffler Institute, said, "we can completely rule out the emergence of the virus in the laboratory. But I think it is highly unlikely to impossible. "

Healthier in freedom: factory farming weakens pigs

It could very well be a precursor of the virus have developed in a pig population and there for a long time had remained undetected. From animals in South America and Southeast Asia, for example, never viruses were isolated. Scientists estimate that is extremely suitable for intensive farming, the emergence of new virus strains. The pigs are crowded together in a confined space and not just stick it easier. Her immune system is weakened by the poor living conditions.

The first person became infected in April in Mexico with the new flu virus. Since then, the pathogen spreads throughout the world, in Europe doubled the number of deaths every two weeks. On Tuesday died in Germany for the first time a girl in the swine flu, which exhibited no pre-existing conditions. Vaccinations should have contained the spread of the virus. But the production of the vaccine does not run like fail: In Canada, the pharmaceutical company had to recall a load of GlaxoSmithKline vaccine because it triggered unusually large number of patients with allergic reactions.

FriFagbevegelse

Vil lage dødsvirus
Oslo (ANB): Svineinfluensa og fugleinfluensa.
Til sammen kan det bli en uhyggelig cocktail.

Fri Fagbevegelse, 26 November 2009, 07:16
https://web.archive.org/web/20091128181606/http://www.siste.no/Innenriks/helse/article4726428.ece

På et av de sikreste laboratoriene i verden ønsker forskerne å blande et av de mest smittsomme virusene som finnes med et av de dødeligste. Målet er å finne ut om svineinfluensaen og fugleinfluensaen kan bli til en farlig blanding.

Svineinfluensaen (H1N1) smitter lett, men tar bare livet av en brøkdel av dem som blir smittet. Fugleinfluensaen (H5N1) tar livet av mer enn 60 prosent av sine menneskelige ofre, men smitter sjelden fra person til person. Skulle disse to blande seg eller mutere, kan en ny type skrekkvirus se dagens lys: Et virus med dødeligheten til fugleinfluensaviruset og smittsomheten til svineinfluensaviruset, skriver Dagsavisen.

Ved Inserm-laboratoriets biosikkerhetsnivå 4 i Lyon i Frankrike er dødelige virus, som ebola, marburg og hendra låst inne i safer. Laboratoriet ligger i en bygning som skal tåle både jordskjelv og eksplosjoner. Forskerne beveger seg rundt i beskyttelsesutstyr som minner om romdrakter med egen surstofftilførsel. Inserm er det nasjonale franske instituttet for folkehelse og medisinsk forskning.

=> for more, see:
https://web.archive.org/web/20091128181606/http://www.siste.no/Innenriks/helse/article4726428.ece

news.com.au

Angela Kamper

Swine flu epidemic escaped from lab, Australian scientists say

News.Com.Au, 28 November 2009.
https://web.archive.org/web/20091201031808/http://www.news.com.au/swine-flu-epidemic-escaped-from-lab-australian-scientists-say/story-e6freuy9-1225804753259

Three Australian experts are making waves in the medical community with a report suggesting swine flu may have developed because of a lab error in making vaccines.

"It could have happened in a lab where somebody became affected and then travelled with it," virologist Dr Adrian Gibbs said yesterday.

Conjuring up a vision of Frankenstein's fictional monster fleeing the laboratory, he added: "Things do get out of labs and this has to be explored. There needs to be more research done in this area.

"At the moment there is no way of distinguishing where swine flu has come from."

The research, published in the Virology Journal on Tuesday, was compiled by two former researchers at the Australian National University – Dr Gibbs and programmer John S. Armstrong.

Dr Jean Downie, once the head of HIV research at Westmead Hospital, was also involved.

The article claimed the swine-origin influenza A (H1N1) virus that appeared in Mexico in April has at least three parent genes which originated in the US, Europe and Asia.

"The three parents of the virus may have been assembled in one place by natural means, such as by migrating birds, however the consistent link with pig viruses suggests that human activity was involved," the research found.

Within two days of them publishing their findings there were more than 16,000 downloads of the article.

"What we wanted to do was instigate debate about this again because we still don't know the source of this virus," Dr Gibbs said.

The research suggested more tests be done on laboratories "which share and propagate a range of swine influenza viruses".

It said that if the virus was generated by laboratory activity it would explain why it had "escaped surveillance for over a decade".

Dr Gibbs said it was not the first time lab errors had been made, with evidence foot and mouth disease in England had been born out of a lab mistake and circumstantial evidence that Spanish influenza in 1918 and Asian influenza in 1957 reappeared decades later because of mistakes.

"Measures to restore confidence include establishing an international framework co-ordinating surveillance, research and commercial work with this virus and a registry of all influenza isolates held for research and vaccine production," the report concluded.

=> There is the same article in Herald Sun, 28 November 2009

Herald Sun

Angela Kamper

Lab error theory over swine flu

Herald Sun, 28 November 2009, 12:00 AM
https://www.heraldsun.com.au/news/lab-error-theory-over-swine-flu/news-story/f4e52f4993e0527e833e18625d983376

Three Australian experts have suggested swine flu may have developed as a result of a laboratory error in making vaccines.

"It could have happened in a lab where somebody became infected and then travelled with it," virologist Dr Adrian Gibbs said.

"Things do get out of labs, and this has to be explored. There needs to be more research done in this area.

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A report published in the Virology Journal on Tuesday suggested that the swine-origin influenza A (H1N1) virus that appeared in Mexico in April had at least three parent genes, which originated in North America, Europe, and Asia.

"The three parents of the virus may have been assembled in one place by natural means, such as by migrating birds; however, the consistent link with pig viruses suggests that human activity was involved," it said.

The report was compiled by Dr Gibbs and John S. Armstrong, former researchers at the Australian National University. Dr Jean Downie, the former head of HIV research at the Institute of Clinical Pathology and Medical Research at Sydney's Westmead Hospital, was also involved.

"What we wanted to do was instigate debate about this again, because we still don't know the source of this virus," Dr Gibbs said.

The research suggested more tests be done on laboratories "which share and propagate a range of swine influenza viruses".

It said that if the virus was generated by laboratory activity, it would explain why it had "escaped surveillance for over a decade and how viruses last sampled in North America, Europe and Asia became assembled in one place and generated a reassortant".

Dr Gibbs said there was evidence foot and mouth disease had been born out of a laboratory mistake, and circumstantial evidence that the Spanish flu of 1918 and the Asian flu of 1957 re-appeared decades later because of lab mistakes with vaccines.

"Measures that might restore confidence include establishing both a unified international administrative framework co-ordinating all surveillance, research and commercial work with this virus, and also a detailed registry of all influenza isolates held for research and vaccine production," the report said.

THE FLU CASE

WHO-linked Scientists mixing Swine and Bird Flu to create deadly virus

The Flu Case, 28 November 2009, 11:00

https://web.archive.org/web/20100102051221/http://theflucase.com/index.php?option=com_content&view=article&id=2104%3Awho-scientists-mixing-swine-and-bird-flu-to-create-deadly-virus-in-france&catid=41%3Ahighlighted-news&Itemid=105&lang=en

Swine flu and bird flu viruses are being mixed together by French professor, Bruno Lina, affiliated with WHO, potentially creating a lethal virus writes Ester Nordland on the internet news site Norway Health.

Lina and his team are carrying out this research into creating a lethal bioweapon under the pretext of having to predict the course of a future pandemic.
http://www.siste.no/Innenriks/helse/article4726428.ece

In one of the safest laboratories in the world, scientists are intent on mixing one of the most contagious viruses in this world with one of the most deadly ones, she writes.

The goal is to find out whether swine flu and bird flu can end up as a deadly mixture, writes the Norwegian news agency ANB.

Swine flu (H1N1) is very contagious, but ends up only killing a minority of the persons who actually get the flu.
Bird flu (H5N1), on the other hand, kills more than 60 percent of its human victims, but only in rare cases spreads from person to person.

Should those two viruses mix or mutate, a new horror virus might appear: A virus as devastating as the avian flu virus and as contagious as the swine flu virus.

At the Inserm laboratories biosecurity level 4 in Lyon in France deadly viruses like Ebola, Marburg and Hendra are locked in a safe. The laboratory is situated in a building that may withstand both earthquakes and explosions.

The researchers move around in protection equipment reminiscent of space suits withan inbuilt supply of oxygen.

Inserm is the national French institute for human health and medical research.

Now a team of researchers in Lyon intend to investigate whether the H1N1-virus will interfere with its more deadly relative H5N1 and become a virus with the most dreadful traits of both of them. If they discover what kind of mutations will occur, and what kind of influenza may appear, it might turn out to be a key to predict, how future pandemics will evolve.

Until now they have investigated, how H1N1 can develop resistancy towards the pharmaceutical product Tamiflu.

Now the primal investigator of the research team, Bruno Lina, hopes to be allowed to mix the two viruses. – It is a controversial study, but it is fundamental research which should be carried out, says Lina to the magazine Nature. – If you discover, what parts of the H5H1-virus is most prune to change, you are able to be more alert, if the virus change in those parts, says Lina.

Olav Hungnes coordinates the flu watch at Human Health Institute (Folkehelseinstituttet) in Norway. He says that it is a possibility, that the swine flu virus may change.

Hungnes explains that the genetic profile of the virus may chance in such a way, that it takes up genes from another virus.

The prerequisite of swine flu virus and avian virus mixing to a new and even more more dangerous virus is that they come together. But there are so few cases of avian flu among people, that the chances are low, says Hungnes.

Avian flu is most widespread in Southern Asia.

It is imagined that the pig may serve as a mixing pool for the two types of influenza. In those areas pigs, geese and human beings live together. But until now this has not happened, says senior medical doctor Bjørn Iversen, from Human Health Institute in Norway - Whether it will happen, nobody knows. What you belive in these questions, depends on whether you are an optimist or a pessimist. The optimist will say, that since it has not happened until now, it will never happen. The pessimist will say, that now it has tried so hard for such a long time, that it is just before it succeed. I believe that the possibility that it will actually happen is small. The avian flu virus has circulated since 1987. It came back in 2003, and in spite of the fact, that there has been a lot of normal seasonal influenza, it has not succeded in mixing with this, says Iversen.

According to Bjørn Iversen research in this area is taking place all over the world.

In an American laboratory, the researcher Jeffrey Taubenberger has managed to reconstruct the Spanish flu virus which laid the world waste at the beginning of the 20. century (1900-tallet). His team of researchers have cultivated a new live virus. (ANB)

PNAS

Chengjun Lia, Masato Hattaa, Chairul A. Nidomb, Yukiko Muramotod,
Shinji Watanabea, Gabriele Neumanna, and Yoshihiro Kawaokaa
[USA, Indonesia, Japan]

Reassortment between avian H5N1 and human H3N2 influenza viruses creates hybrid viruses with substantial virulence

Proc Natl Acad Sci U S A. 22 February 2010 // 9 March 2010, 107(10):4687-92
doi: 10.1073/pnas.0912807107

Abstract

The spread of avian H5N1 influenza viruses around the globe has become a worldwide public health concern. To evaluate the pathogenic potential of reassortant viruses between currently cocirculating avian H5N1 and human H3N2 influenza viruses, we generated all the 254 combinations of reassortant viruses between A/chicken/South Kalimantan/UT6028/06 (SK06, H5N1) and A/Tokyo/Ut-Sk-1/07 (Tok07, H3N2) influenza viruses by reverse genetics.

We found that the presence of Tok07 PB2 protein in the ribonucleoprotein (RNP) complex allowed efficient viral RNA transcription in a minigenome assay and that RNP activity played an essential role in the viability and replicative ability of the reassortant viruses.

When the pathogenicity of 75 reassortant H5 viruses was tested in mice, 22 were more pathogenic than the parental SK06 virus, and three were extremely virulent. Strikingly, all 22 of these viruses obtained their PB2 segment from Tok07 virus.

Further analysis showed that Tok07 PB1 alone lacked the ability to enhance the pathogenicity of the reassortant viruses but could do so by cooperating with Tok07 PB2.

Our data demonstrate that reassortment between an avian H5N1 virus with low pathogenicity in mice and a human virus could result in highly pathogenic viruses and that the human virus PB2 segment functions in the background of an avian H5N1 virus, enhancing its virulence.

Our findings highlight the importance of surveillance programs to monitor the emergence of human H5 reassortant viruses, especially those containing a PB2 segment of human origin.

Scientists bioengineer a lethal bird flu and seasonal flu mutation

The Flu Case, 24 February 2010, 12:02
https://web.archive.org/web/20100301040215/http://www.theflucase.com/index.php?option=com_content&view=article&id=2813%3Ascientists-bioengineer-a-lethal-bird-flu-and-seasonal-flu-mutation&catid=1%3Alatest-news&Itemid=64&lang=en

Scientists have used reverse genetics to make 254 possible new viruses after mixing H5N1 bird flu and the H3N2 seasonal flu virus, and found that three of these were "extremely virulent", according to a recent study published in the Proceeding of National Academy of Sciences.

Studies showing that the bird flu can be genetically mixed with seasonal H3N2 flu to create a deadly combination were published as early as 2008. While the bird flu is very deadly, killing around 60% of the humans it infects, it does not spread easily between people. The H3N2 virus, on the other hand, can easily spread but usually not deadly.

It was this lethal combination of bird flu and H3N2 seasonal flu viruses that Baxter created in its biomedical facilities in Austria in February 2009 when it contaminated 72 kilos of the seasonal flu with the live bird flu virus, so nearly sparking a global bird flu pandemic. Given that Baxter has to follow biosafety level 3 regulations, an accidental contamination can be virtually ruled out.

A pandemic emergency level 6 declaration by WHO triggers contracts that Baxter and other pharmaceutical companies have with governments to supply billions of dollars of inadequately tested and potentially harmful vaccines. Furthermore, under a pandemic emergency level 6, police can force people to take the vaccination or go into quarantine.

The finding of the latest study appear to be being used to hype the threat of the emergence of a lethal swine flu and bird flu hybrid even though the study did not focus on the swine flu virus.

"Our findings highlight the importance of surveillance programs to monitor the emergence of human H5 reassortant viruses," said one of the scientists. => http://www.pnas.org/content/early/2010/02/18/0912807107

BusinessWeek

Deadly Hybrid Flu Possible
Stronger strain could develop if avian, seasonal viruses combine, scientists warnBusinessweek

Business Week, 22 February 2020
https://web.archive.org/web/20100329194832/http://www.businessweek.com/lifestyle/content/healthday/636221.html

MONDAY, Feb. 22 (HealthDay News) -- Research in mice suggests the avian flu virus and the ordinary seasonal flu virus could combine to create a new deadly kind of flu, researchers say.

A single bit of genetic material from the seasonal virus converted the avian flu – officially known as H5N1 – into a very dangerous form, the scientists report in a study published in the Feb. 22-26 online edition of the *Proceedings of the National Academy of Sciences*.

"Some hybrids between H5N1 virus and seasonal influenza viruses were more pathogenic than the original H5N1 viruses. That is worrisome," study senior author Yoshihiro Kawaoka, a virologist at the University of Wisconsin-Madison, said in a news release.

Avian flu, also known as bird flu, has killed 262 people, according to the World Health Organization, but it hasn't become very infectious between people.

The researchers warn that swine flu -- H1N1 -- could also play a role in viral combinations.

"With the new pandemic H1N1 virus, people sort of forgot about H5N1 avian influenza. But the reality is that H5N1 avian virus is still out there," Kawaoka said. "Our data suggests that it is possible there may be reassortment between H5N1 and pandemic H1N1 that can create a more pathogenic H5N1 virus."

THE FLU CASE

Viruses to be used in seasonal flu jab not identical to mild swine flu strain

The Flu Case, 23 February 2010, 16:25
https://web.archive.org/web/20100301040140/http://www.theflucase.com/index.php?option=com_content&view=article&id=2806%3Aviruses-to-be-used-in-seasonal-flu-jab-not-identical-to-mild-swine-flu-strain&catid=1%3Alatest-news&Itemid=64&lang=en

WHO has recommended the inclusion of viruses that are like the swine flu viruses – but not the same -- for the upcoming seasonal flu vaccine programme, according to their documents.

It is not clear in what respect these swine flu viruses differ from the predominant mild strain or whether they are bioengineered.

http://www.who.int/csr/disease/influenza/201002_RecommendationFAQ.pdf =>
https://web.archive.org/web/20100218193537/http://www.who.int/csr/disease/influenza/201002_RecommendationFAQ.pdf

"Recommended viruses for influenza vaccines for use in the 2010-2011 northern hemisphere influenza season

It is recommended that the following viruses be used for influenza vaccines in the 2010-2011 influenza season (northern hemisphere):

— an A/California/7/2009 (H1N1)-like virus;
— an A/Perth/16/2009 (H3N2)-like virus;*
— a B/Brisbane/60/2008-like virus."

Hartford Courant

Edmund H. Mahony

Ex-Pfizer Worker Cites Genetically Engineered Virus in Lawsuit over Firing

The Hartford Courant, 14 March 2010, 5:00 a.m.
https://www.courant.com/2010/03/14/ex-pfizer-worker-cites-genetically-engineered-virus-in-lawsuit-over-firing/

Medical experts will be watching closely Monday when a scientist who says she has been intermittently paralyzed by a virus designed at the Pfizer laboratory where she worked in Groton opens a much anticipated trial that could raise questions about safety practices in the dynamic field of genetic engineering.

Organizations involved in workplace safety and responsible genetic research already have seized on the federal lawsuit by molecular biologist Becky McClain as an example of what they claim is evidence that risks caused by cutting-edge genetic manipulation have outstripped more slowly evolving government regulation of laboratories.

McClain, of Deep River, suspects she was inadvertently exposed, through work by a former Pfizer colleague in 2002 or 2003, to an engineered form of the lentivirus, a virus similar to the one that can lead to acquired immune deficiency syndrome, or AIDS. Medical experts working for McClain believe the virus has affected the way her body channels potassium, leading to a condition that causes complete paralysis as many as 12 times a month.

"If a worker in a plant as sophisticated as Pfizer is becoming infected with a genetically engineered virus, then I think the potential is everywhere," said Jeremy Gruber, president of the Council for Responsible Genetics, a public interest group created to explore the implications of genetic technologies.

"Genetically engineered viruses are commonly worked on at your average university," Gruber said. "The public has a right to know what regulations are in place and what regulations are required to fix an industrywide issue. We need to have a conversation about this. Ms. McClain's attempt to do that has been hampered at every turn, by the courts and by regulators."

Pfizer disputes all of McClain's claims and says it fired her in 2005 because she refused to come to work. The global pharmaceuticals manufacturer, with research labs in southeastern Connecticut, defends its safety practices and denies that McClain's physical disability is related to exposure at its Groton lab. The company says she did not link her disability to workplace exposure until after she was fired.

As a molecular biologist, McClain studied cells on a molecular level, manipulating genetic codes in an effort to develop vaccines. During the period at issue in the suit, McClain worked in Pfizer's Human Health Embryonic Stem Cells Technologies, Genomic and Proteomic Sciences and Exploratory Medicinal Sciences Group.

Hostile Exchanges

The sharp disagreement between McClain and her former employer mirrors a half-dozen or so years of hostile litigation leading to Monday's jury trial in Hartford before U.S. District Judge Vanessa L. Bryant. McClain will argue that she was wrongfully dismissed and is entitled to unspecified damages. In the run-up, Pfizer attacked McClain's legal claims, and she questioned the company's corporate integrity.

On the advice of her lawyers, McClain would not discuss her suit last week. Neither would her lawyers, nor those representing Pfizer.

But McClain has claimed in her suit and in earlier public statements that she was fired after experiencing symptoms of illness and after complaining to the U.S. Occupational Safety and Health Administration about safety in her Pfizer lab.

OSHA dismissed McClain's complaint. In a decision published after McClain's termination, the agency criticized her for refusing to return to work in spite of "Pfizer's substantial efforts" to address her concerns. In a speech last year to a labor safety group in California, McClain said she was told by an OSHA investigator that the federal agency's legal authority has not kept pace with developments in sophisticated medical research.

A series of angry, pretrial exchanges developed over McClain's efforts to compel Pfizer to give her precise information about the DNA sequencing of the engineered lentivirus she suspects infected her. Pfizer says it responded to all of McClain's requests, in accordance with the law. Her advocates called Pfizer's assertion preposterous and claimed the company has not produced – perhaps because it is subject to trademark – the sequencing data that could enable scientists to engineer a genetic cure.

Over the course of pretrial argument, the number and breadth of McClain's legal claims against Pfizer have been reduced from eight to two. Last month, Bryant dismissed the most significant of the eight claims: that willful and wanton misconduct by Pfizer resulted in lax laboratory procedures. McClain claimed laxity contributed to her exposure.

McClain's advocates point to language in Bryant's ruling that suggests the misconduct allegation was dismissed, at least in part, because state law requires such claims to be resolved by state workers' compensation rules. But Pfizer says Bryant's ruling is another vindication of its assertion that no evidence exists to support McClain's contention that she was infected by a viral exposure at Pfizer.

"We have thoroughly investigated Ms. McClain's claims and our investigation concluded that her workplace was safe and that she was not infected by any virologic materials while she was employed by Pfizer," company spokeswoman Elizabeth Power said.

Bryant's ruling means the trial will move forward under McClain's two remaining claims, both of which involve free speech protection. She says Pfizer fired her in violation of Connecticut's whistle-blower law after she raised questions about Pfizer lab safety to OSHA. And she claims her dismissal also was in retaliation for questions she raised in discussion with Pfizer colleagues about safety practices. In addition to performing her research duties, McClain served on a lab safety committee for at least part of the nine years she was employed by Pfizer.

Medical Evidence

Pfizer has taken the position that Bryant's ruling in March means no evidence will be admitted at the trial concerning McClain's health or her claim that it was destroyed by bad lab procedures. McClain's advocates, again, disagree. Because McClain is suing under a whistle-blower claim, they believe she will be allowed to present evidence about why she figuratively blew the whistle. If her health and safety are the reasons, they say, the judge could allow jurors to hear evidence in those areas.

In her suit, McClain says that Pfizer hired her in 1995 and that, in 2000, she became involved in human cellular research associated with vaccine development. She later learned, the suit says, that colleagues in her lab were working with infectious, genetically engineered viruses, including the lentivirus she suspects causes what her physician calls "acute intermittent paralysis."

The suit describes lab events that McClain suggests could have infected her.

The first involved the possible malfunction of a "laminar hood," a system designed to contain materials being subjected to scientific manipulation and to purify the air circulating around the

materials. She said the hood began emitting a noxious odor at the same time she and several colleagues developed symptoms of illness, including nausea.

McClain said in the suit that, as a member of the lab safety committee, she reported the apparent hood malfunction. Judge Bryant said in a preliminary ruling that Pfizer took "various steps" to fix the hood and ultimately replaced it, twice.

Pfizer contends that the hood problem was resolved eight months after McClain reported it. But a long e-mail message by one of McClain's supervisors and the OSHA review corroborate McClain's contention that the problem persisted for a year. Before it was corrected, several people suffered from headaches, vomiting and nausea, including at least one member of the crew that cleaned the lab after work.

About two months after the hood problem was resolved, McClain says in the suit, she learned from a colleague that he was working "next to" her on "dangerous lentivirus material and embryonic stem cells." The work was being done on an open lab bench, unprotected by a biological containment system, the suit says, even though lentivirus work should have been done only under a protective "biological hood."

"I was shocked and appalled to find he had been using lentivirus materials on an open lab bench without biocontainment where I performed my office work (e.g. without gloves) in October 2003," McClain wrote in a legal filing.

On another occasion, she says, she encountered an unidentified experimental set-up consisting of cell cultures on her laboratory bench, but she cannot recall whether she touched it.

Pfizer has responded that any lentivirus studied in lab areas where McClain was present was not derived from a human infectious virus and was not infectious because it lacked genes for replication.

McClain says in the suit that she repeatedly raised laboratory safety issues following the hood malfunction, despite a warning from a supervisor that doing so could jeopardize her employment. She said she began suffering from "fatigue, suspicion of multiple sclerosis, joint pain, and numbness in her face as well as sleep difficulties" and took a medical leave in February 2004. She was fired about 11 months later.

The suit contends the dismissal was retaliation for her complaints about safety. In a speech a year ago, McClain asserted that some of the safety deficiencies she has criticized are the product of poor lab design – design that is nonetheless acceptable under OSHA rules.

Pfizer contends that McClain's dismissal was not related to her concern about safety. Rather, the company says, she was terminated for refusing to report back to work after the company made her repeated offers, including alternative employment opportunities, some in laboratories other than the one about which she had complained. Pfizer claims McClain was told in advance of her termination that she would be fired if she didn't return to work.

Even though jurors are unlikely to hear arguments that McClain's potassium disorder and related transient paralysis are attributable to exposure to an engineered virus, a network of laboratory safety advocates already is using the case as a rallying point. A group from San Francisco has planned a press conference outside the Hartford courthouse on Main Street at 12:15 p.m. Monday.

They say OSHA's inability to stay abreast of developments in sophisticated, molecular research techniques – as well as law protecting the confidentiality of proprietary discoveries – has neutralized the agency's ability to act as an effective regulator.

"This case shows a major flaw for workers in the biotech industry who have to prove where they got injured in order to receive workers' compensation," said Steve Zeltzer, one of the organizers.

LE PROGRES.fr

Olivier Saison

A Lyon on essaie de croiser les virus H1N1 et H5N1de la grippe

Le Progres, 18 March 2010, 04h00
https://web.archive.org/web/20100501090431/http://www.leprogres.fr/fr/france-monde/article/2859863,192/A-Lyon-on-essaie-de-croiser-les-virus-H1N1-et-H5N1de-la-grippe.html

Au sein du P4, un laboratoire de sécurité maximale, une expérience en cours s'efforce de déterminer les conditions d'hybridation des deux virus. Le premier se propage vite mais tue peu, le second est peu contagieux mais souvent mortel

Depuis trois semaines, le P4 de Lyon a interrompu toutes ses autres manipulations. Ce laboratoire de sécurité maximale – il n'en existe qu'un en France et une vingtaine dans le monde – se concentre actuellement sur une expérience à haut risque : des tentatives de croisement entre le nouveau virus H1N1 et celui de la grippe aviaire, le H5N1. Le premier se propage beaucoup et tue peu, le second se propage peu et tue beaucoup. Une hybridation des deux serait calamiteuse.

«On essaie de comprendre, en infectant une cellule avec ces deux virus, quels sont les déterminants génétiques qui leur permettraient d'échanger leurs gènes (notamment chez le cochon NDLR)» résume le virologue Bruno Lina, qui dirige les travaux sur la grippe A pour ce laboratoire Inserm. Trois biologistes de son équipe ont été détachés pour effectuer ces tests décidés et avalisés au niveau ministériel. Pourvus de passeports spécifiques, ils sont assistés par une demi-douzaine de techniciens attachés au site. «Toutes les manipulations se font en scaphandre et obéissent à des règlements très contraignants» assure Bruno Lina.

Si l'expérience est bien liée au Centre national de référence des virus de la grippe, que ce dernier dirige, sa finalité ne serait, selon lui, pas d'aboutir à un vaccin, mais juste «cognitive»: «Pourquoi fabriquer un vaccin contre un virus qui n'existe pas?» Ou pas encore. Les premiers résultats ne tomberont avant deux mois et décideront de la suite à donner à cette opération au budget (provisoire) de 200 000 euros. Pour l'heure, «on a fait quelques essais, mais on n'a obtenu que des résultats très préliminaires» poursuit le virologue. S'il est trop tôt pour en déduire quoi que ce soit quant à la probabilité de l'apparition d'un tel monstre viral, «aujourd'hui, le risque semble faible» confie-t-il. Et de conclure: «C'est une bonne nouvelle».

Si les médias semblent pour l'instant en avoir fini avec la grippe A, ce n'est sans doute pas le cas de nos organismes. «C'est une certitude, il y aura bien une nouvelle vague épidémique» estime Bruno Lina, directeur du Centre national de référence des virus de la grippe.

«Soit le virus H1N1 se transforme en virus saisonnier et cette épidémie aura alors un impact modéré, soit il déclenche une deuxième vague l'hiver prochain» poursuit-il.

Deuxième vague qui pourrait avoir un impact plus important, comme cela avait été le cas lors des épidémies grippales des hivers de 1957 (H2N2) et 1968 (H3N2): «C'est lors des deuxièmes vagues, en hiver 58 et en hiver 69, qu'il y avait eu le plus de décès» rappelle le virologue. Même « si rien n'est logique avec cette grippe, il faut quand même garder ça en tête».

Sans être alarmiste, le chercheur garde aussi un œil sur le virus aviaire H5N1 (287 décès sur 486 cas dans le monde) qui, constate-t-il, «semble un peu reprendre du poil de la bête». Comme en témoignent les cinq nouveaux cas répertoriés en Egypte.

O.S. - Les filovirus Ebola et Marburg - Les arénavirus de type 4 : le virus Lassa d'origine africaine et les arénavirus d'origine sud américaine. - Le virus de la fièvre hémorragique de Congo Crimée - Le virus de la variole - Les Henipavirus Nipah et Hendra - Les virus Influenza A H5N1 d'origine.

National Institutes of Health
Turning Discovery Into Health

1918 and 2009 Pandemic Influenza Viruses Lack a Sugar Topping

NIH, 24 March 2010
https://www.nih.gov/news-events/news-releases/1918-2009-pandemic-influenza-viruses-lack-sugar-topping

Finding Could Aid Vaccine Design

Although they emerged more than 90 years apart, the influenza viruses responsible for the pandemics of 1918 and 2009 share a structural detail that makes both susceptible to neutralization by the same antibodies. Scientists led by Gary J. Nabel, M.D., Ph.D., of the National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health, describe the molecular basis for this shared vulnerability and suggest how it might be exploited to design vaccines matched to future pandemic influenza virus strains. The research appears online today in the journal Science Translational Medicine.

"This study defines an unexpected similarity between two pandemic-causing strains of influenza," says NIAID Director Anthony S. Fauci, M.D. "It gives us a new understanding of how pandemic viruses evolve into seasonal strains, and, importantly, provides direction for developing vaccines to slow or prevent that transformation."

In one set of experiments, the NIAID scientists and their colleagues including Terrence M. Tumpey, Ph.D., of the Centers for Disease Control and Prevention, injected mice with a vaccine made from inactivated 1918 influenza virus. Then they exposed the mice to high levels of 2009 H1N1 virus. All of the vaccinated mice survived. The reverse was also true: Mice vaccinated with inactivated 2009 H1N1 virus and then exposed to 1918 virus were protected from death. The researchers concluded that vaccination with either pandemic virus caused the mice to produce antibodies capable of neutralizing the other virus.

"This is a surprising result," notes Dr. Nabel. "We wouldn't have expected that cross-reactive antibodies would be generated against viruses separated by so many years."

Ordinarily, he explains, antibodies made in response to one year's seasonal flu strain do not fully react with, or cross-neutralize, seasonal flu strains that come along just a few years later. This is due in part to slight, yearly changes in the amino acid sequence of hemagglutinin (HA), a viral surface protein. The amino acid sequences of the 1918 and 2009 H1N1 influenza viruses in a portion of HA called the globular head differ by about 20 percent. That difference is on a par with amino acid divergence in the HA head region among seasonal strains, so the researchers reasoned that antibody cross-neutralization in the pandemic viruses must be due to some feature besides simply the degree of amino acid variation.

In a series of experiments and computer modeling studies, Dr. Nabel and his team determined that both pandemic viruses lack a cap of sugar (glycan) molecules at two specific spots on the top of HA's globular head. Without these sugars, both the 1918 and 2009 pandemic viruses have unfettered access to the receptors that HA uses to enter human cells. This viral advantage quickly diminishes as immunity provided by neutralizing antibodies arises in people who have been infected (and recovered) or when people are vaccinated.

In contrast to the 1918 and 2009 viruses, when the investigators analyzed the structure of seasonal flu strains that had circulated between 1977 and 2008, they found that 97.8 percent had one glycan molecule covering the HA's head, while 87.8 percent of the strains had two glycans. "The glycans act like an umbrella that shields the virus from the immune system," says Dr. Nabel. "They create a physical barrier over the virus and prevent antibody neutralization."

Further analysis of influenza sequences collected prior to 1977 revealed that the HA protein in the descendants of the 1918 influenza virus acquired glycans by the early 1940's. "Our study points to the key role played by glycans in protecting hemagglutinin from neutralization as pandemic viruses evolve into seasonal ones," says Dr. Nabel.

Next, the researchers engineered mutant pandemic flu viruses by placing sugar molecules on the two critical regions at the top of the globular head. Once covered, antibodies could no longer recognize and neutralize the virus. However, says Dr. Nabel, the sugar-capped viruses did perform well as vaccines.

In their last series of experiments, the investigators added sugar molecules to a 1918 influenza virus and vaccinated mice with it. The mice produced antibodies able to neutralize the original, sugar-free version of the 1918 virus. "We can use this knowledge to preemptively design vaccines with glycosylated versions of the newly emerged 2009 H1N1 pandemic influenza virus," says Dr. Nabel. Such a vaccine, he adds, would protect against the pandemic virus and might also limit the virus's chances of acquiring a sugar shield that would allow it to entrench itself as a seasonal variant.

NBC NEWS

Maggie Fox

Swine Flu Virus Not So New, Study Finds

NBC News, 25 March 2010, 10:32 PM GMT+8
https://www.nbcnews.com/id/wbna36032362

Washington (Reuters) - *The H1N1 swine flu virus may have been new to humanity in many ways but in one key feature its closest relative was the 1918 pandemic virus, researchers reported on Wednesday.*

Their findings could point to better ways to design vaccines and help explain why the swine flu pandemic largely spared the elderly.

"This study defines an unexpected similarity between two pandemic-causing strains of influenza," Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases, said in a statement.

Two studies show an important structure called hemagglutinin is very similar in both the swine flu H1N1 and its distant cousin, the H1N1 virus that caused the 1918 pandemic. Hemagglutinin is used by viruses to infect cells and gives influenza viruses the "H" in their designations.

For one study, published in Science Translational Medicine, Chih-Jen Wei, Gary Nabel and colleagues at NIAID injected mice with a vaccine made using the 1918 influenza virus -- which killed an estimated 40 million to 100 million people.

When they infected the mice with H1N1 swine flu, the vaccinated mice survived, while many unprotected mice died.

The reverse also worked -- when they immunized mice using the 2009 H1N1 virus, and then infected them with the 1918 strain, the mice were protected.

"This is a surprising result," Nabel said. "We wouldn't have expected that cross-reactive antibodies would be generated against viruses separated by so many years."

The team also showed that as flu viruses circulate, they develop a kind of shield called a glycan that protects them from the body's immune system. That may allow them to become regular, seasonal visitors.

"It gives us a new understanding of how pandemic viruses evolve into seasonal strains, and, importantly, provides direction for developing vaccines to slow or prevent that transformation," Fauci said.

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Original Article

History of advances in genetic engineering of viruses before COVID-19 pandemic

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ABSTRACT

Background: On December 31, 2019, the World Health Organization's China Country Office was alerted to cases of pneumonia of unknown cause detected in Wuhan City, Hubei Province of China.

Methods: Due to the fact that to date, the question of the origin of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) has not been resolved yet, the author analyzed the main advances in the development of genetic engineering of viruses that took place before the onset of the COVID-19 pandemic.

Results: The first artificial genetically modified viruses could appear in nature in the mid-1950s. The technique of nucleic acid hybridization was developed by the end-1960s. In the late 1970s, a method called the "reverse genetics" emerged to synthesize ribonucleic acid and deoxyribonucleic acid molecules. In the early 1980-s, it became possible to combine the genes of different viruses and insert the genes of one virus into the genome of another virus. Since that time, the production of vector vaccines began. At present, by modern technologies one can assemble any virus based on the nucleotide sequence available in the virus database or designed by a computer as a virtual model.

Conclusion: Scientists around the world are invited to answer the call of Neil Harrison and Jeffrey Sachs of Columbia University, for a thorough and independent investigation into the origin of SARS-CoV-2. Only a full understanding of the origin of the new virus can minimize the likelihood of a similar pandemic in the future.

Keywords: Chimeric virus, Genetic engineering, Reassortant virus, Recombinant virus, Reverse genetic, SARS-CoV-2

INTRODUCTION

On December 31, 2019, the World Health Organization's China Country Office was alerted to cases of pneumonia of unknown cause detected in Wuhan City, Hubei Province of China.[41] On January 21, 2020, Sather tweeted that the coronavirus that caused the epidemic in China was patented back in 2018.[49] Presumably he meant a patent describing an attenuated version of the coronavirus, which can be used as a vaccine for the treatment and prevention of coronavirus infection.[1] Sather also recalled that in early 2019, the World Health Organization (WHO) named vaccine hesitancy as one of the top ten threats to global health. As it is known, *Ten threats to global health in 2019* was issued in the middle of January 2019,[60] and immediately caused an active discussion.[4,16,62,63] On September 12, 2019, the WHO organized the Global Vaccine

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Summit, which discussed three important topics, namely: "In Vaccines we trust," "The Magic of Science" and "Vaccines Protecting Everyone, Everywhere."[17] At the same time, workshops were held with some media and social networks in regard to the censorship of the content of publications. In particular, it was recommended to limit discussions on the topics related to the effectiveness of natural immunity and natural treatments, as well as the necessity and effectiveness of vaccination and its side effects.[34] Sather then asked questions whether the new disease was planned, whether it will be a way to raise money through the BigPharma system, whether the mass media are used to instill fear around a new disease, etc.[49]

On January 23, 2020, several events took place that played an important role in the subsequent development of the pandemic. On this day, a historic session on the Coronavirus was held at the World Economic Forum in Davos. The keynote speakers were Jeremy Farrar, a director of the Wellcome Trust, Richard Hatchett, a director of the Coalition for Epidemic Preparedness Innovation, and Stefan Bancel, a director of Moderna, Inc., an American pharmaceutical and biotechnology company. It has been suggested that at the heart of the fight against the impending threat should be the restriction of movement and the vaccination of people with a new messenger ribonucleic acid (RNA)vaccine that can be developed and tested in a very short time.[67] On the same day two articles were published regarding the pandemic: In the first article, a panel of experts, with the participation of the director of the US National Institute of Allergy and Infectious Diseases, Fauci *et al.*, expressed the opinion that coronavirus infection is much more dangerous than the common cold,[40] and another article suggested a polymerase chain reaction test to detect a new coronavirus (2019-nCoV) patients.[9] Furthermore, on January 23, 2020, humanity suffered an irreparable loss - the sudden death of Peter Salama, epidemiology expert, former director of the WHO Health Emergencies Program, who organized the successful fight against the Ebola virus in the Democratic Republic of the Congo.[66]

Since that time, some media began to discuss the origin of the new virus, including the assumption of a virus leak from a bio-laboratory or even of a biological warfare.[39]

On January 31, 2020, an article "Unique inserts in the 2019-nCoV spike protein"[42] was published followed by another one "Reduction and functional exhaustion of T-Cells."[13] These discoveries demonstrated structural and functional similarities between two viruses and prompted a common sense question about the origin of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).

On February 5, 2020, the VESTI.RU published a brief overview of the researches dealing with the achievements in genetic engineering of viruses over the past 20 years. Among them were: A mousepox virus constructed in Australia (2001); a poliovirus synthesized in the USA (2002); a "Spanish Flu" virus recovered and modified by the experts from the USA and Japan (2005–2008); an airborne avian influenza virus synthesized in the Netherlands (2011); a recombinant coronavirus, which poses an epidemic danger to humans, created by scientists from the USA, China and Switzerland (2015); a horsepox virus (HPXV) reconstructed by scientists from the USA and Canada (2018), etc.[52]

Confirmation of the possibility to obtain a new virus in the laboratory was the assembling of a synthetic coronavirus in a Swiss laboratory in February 2020. For the synthesis the scientists used a nucleotides sequence in the viral genome published by Chinese authors.[61]

The version of the artificial origin of SARS-CoV-2 was supported by the Nobel laureate in Physiology or Medicine in 2003, Luc Montagnier, who was well acquainted with the achievements of the genetic engineering of viruses. According to Montagnier, the new virus was a side effect of research to develop a vaccine to prevent human immunodeficiency virus (HIV) infection.[44] Presumably, several genes important for the formation of immunity against HIV were inserted into the genome of the coronavirus. It only remained to weaken the virulence of a new virus and the vector vaccine against HIV infection would be ready.

Supporters of the natural origin of the new virus were in the majority. Among them, one can find many experts from all over the world who claimed that nowadays it was impossible to create a virus like SARS-CoV-2 in the laboratory. In March 2020, around 30 scientists published an article in the Lancet, which stated the following: "We stand together to strongly condemn conspiracy theories suggesting that COVID-19 does not have a natural origin. Scientists from multiple countries have published and analyzed genomes of the causative agent, SARS-CoV-2, and they overwhelmingly conclude that this coronavirus originated in wildlife."[3]

On April 18, 2020, Yuan Zhiming, a director of the Wuhan Institute of Virology, declared: "From my personal understanding of virology, there is no evidence to prove that the virus has artificial or synthetic traces. Besides, some scientists believe that to synthesize a virus requires extraordinary intelligence and work load. So I have never believed that we humans would have the capability at this time to synthesize such a virus."[10]

A detailed and balanced analysis of the possible origins of the new virus was published in July 2020. In this study, Sousa concluded that "The various genetic peculiarities discovered in SARS-CoV-2 can be explained naturally. However, as the number of abnormalities causing some gain of function increases... the statistical chances of such an event occurring decrease randomly in nature."[57]

Questions about the origins of the virus resurfaced in December 2020 when production of an Australian vaccine was discontinued as healthy vaccinated people became tested positive for HIV.[11]

MATERIALS AND METHODS

Due to the fact that to date, the question of the origin of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) has not been resolved yet, the author analyzed the main advances in the development of genetic engineering of viruses that took place before the onset of the COVID-19 pandemic.

The objective of this article is to study the main phases in the development of technologies used in the genetic engineering of viruses from isolation of the first virus in 1935 to the emergence of the COVID-19 pandemic.

RESULTS

The initial phase of research on the modification of the viruses

After the isolation of the tobacco mosaic virus, the study of the structure of viruses, as well as the determination of the role of proteins and nucleic acids in the infectious process began. Regular research into virus breakdown and reconstitution started in the mid-1950s. The book "Viruses" published in 1959 had a section devoted to the chemical basis of the infectivity of viruses. The chapter *Reconstitution of viruses from different strains* includes several topics, namely: *Mixed viruses*; *Mixed nucleic acid viruses*; *Search for in vitro-produced mutants*, etc. On the page 453 one can read the following: "Since it has become possible to demonstrate infectivity in degraded and reconstituted virus preparations, the aim has been to produce at will a new genetic (i.e., replicating) species of molecules."[15]

Viruses were exposed to either chemical or physical agents, which led to a change in their genotype and phenotype. An important aspect of such research was the isolation and study of parts of the viral genome that played a leading role in the process of infection and disease development.[53] Studies on the creation of pathogenic viruses using adaptive influence still continue in present time.[30]

Technologies used for nucleic acid synthesis and modification as well as nucleotide sequencing

The technique of nucleic acid hybridization was developed by the mid-1960s.[54] In the late 1960s, it became possible to insert deoxyribonucleic acid (DNA) fragments of viruses into the DNA molecules of animal cells.[47] Then, a technology was developed to connect the ends of DNA molecules belonging to different viruses and bacteria; circular structures were constructed, consisting of the DNA of the simian virus 40 (SV40), the DNA segment of the lambda phage gene, and the DNA segment of the bacterium *Escherichia coli*.[26] Approximately at the same time, experiments were carried out on the extracellular synthesis of nucleic acid molecules.[28] In 1976, a hybrid virus was constructed in which a segment of the DNA molecule of the lambda phage was inserted in place of the deleted part of the DNA of the SV40 genome.[18]

By 1978, a technique was developed to control the change in the genome of the virus, called the method of "reverse genetics." The ribonucleic acid (RNA) molecule to be replicated was used as a template, on which a DNA molecule was built with the help of the enzyme called reverse transcriptase. Then, the newly created DNA molecule was used as a template for constructing RNA molecules identical to the primary experimental molecule. At this stage of the synthesis, the enzyme DNA dependent RNA polymerase was used.[58]

In 2002, at the State University of New York, a template in the form of a DNA molecule was assembled from synthetic oligonucleotides, and then a full-sized infectious neurovirulent poliovirus was *de novo* synthesized; it was capable of paralyzing and killing mice. The nucleotide sequence of the viral genome was taken from a database available on the Internet, and the necessary synthetic oligonucleotides were purchased through a chemical sales network. This experiment proved the possibility of synthesizing an infectious pathogen by biochemical means *in vitro*, having only a description of the genome and synthetic nucleotides.[5]

In 2003, a report was made on a new technique that allows the rapid assembly of a synthetic DNA molecule with a size of 5–6 Kb. As confirmation of this, the complete infectious genome of bacteriophage X174, consisting of 5386 nucleotides, was assembled, for which chemically synthesized oligonucleotides were used. The infectivity of synthetic DNA was lower than that of a natural DNA, indicating approximately 10 errors per molecule.[55]

The creation of new bacterial and viral genomes was accompanied by the emergence of methods for determining the nucleotide sequence, that is, sequencing of DNA and RNA molecules.[2,33,48]

Construction of reassortant viruses and production of vector vaccines

By the beginning of 1980s, genetic engineering had developed a technology (*gene splicing*), that allows inserting a selected gene of one virus into a desired position in the genome of another virus, and then analyzing the phenotype of a new object. For example, one of the features of the epidemic

rotavirus that causes diarrhea in humans is the difficulty of cultivation in tissue culture. After replacing several growth-limiting genes with cultured bovine rotavirus genes, a reassortant human rotavirus became capable of growing in tissue culture. This study was completed and a manuscript was sent to the editor of the Proceedings of the National Academy of Sciences of the United States of America on September 5, 1980.[19]

In 1982, the results of constructing and studying the characteristics of the new reassortant poxviruses were published. Panicali and Paoletti wrote: "We have constructed recombinant vaccinia viruses containing the thymidine kinase gene from herpes simplex virus. The gene was inserted into the genome of a variant of vaccinia virus that had undergone spontaneous deletion as well as into the 120-megadalton genome of the large prototypic vaccinia variant"[36]

Newly constructed reassortant viruses were now used for the production of a new type of vaccines. For example, Paoletti *et al*. published results of their study: "The technique involves translocating a particular gene from an infectious agent into the genetic material of the smallpox vaccine virus. This unique foreign gene, selected because it contains the information essential for the synthesis of an antigen important in immunity to that particular infectious disease agent, is now expressed under the regulation of the engineered smallpox vaccine virus. On immunization with this live recombinant vaccine, the body is fooled into thinking that it was infected by the foreign infectious disease agent and mounts a defensive attack resulting in immunity to that particular infectious agent."[38] It is further reported that smallpox vaccine viruses were engineered to express genes encoding either the hepatitis B virus surface antigen, or the herpes simplex virus glycoprotein D, or the hemagglutinin from influenza virus. This study was completed and published in September 1984.[38]

Vaccines made with application of a genetically modified non-infectious virus, into the genome of which genes taken from the infectious virus against which the preventive action is directed, were called "vector vaccines."[21]

Thus, any vector vaccine is the result of research on creation and production of a new genetically modified reassortant virus. One can assume that the construction of viruses similar to SARS-CoV-2 became possible around the border of 1980s and 1990s.

The rescue of the Spanish flu virus that caused a pandemic in 1918–1920

In 1995, a team of experts from the Armed Forces Institute of Pathology (a U.S. government institution) began research to isolate the virus that caused the Spanish Flu pandemic. In 2005, scientists concluded that it was an avian non-reassortant virus that had adapted to humans.[59] The Spanish Flu virus was rescued by reverse genetics technique, and after the final manipulations, the deadly virus became human-specific.[64]

During the study of the certain parts of the Spanish Flu virus genome, specific gens were identified that could be responsible for high virulence and mortality. Then the construction of new reassortant viruses as well as testing their virulence began. In particular, recombinant viruses were generated in which the genes of the 1918 virus were replaced by genes from the modern human influenza virus H1N1, as well as recombinant viruses, in which the genes of the modern human influenza virus were replaced by genes of the 1918 virus.[37,65] It was assumed that understanding the virulence factors of future pandemic viruses would help to develop effective antiviral drugs that can prevent or stop a future pandemic.

Continued work on the construction of the new reassortant viruses

Studies with potentially dangerous viruses included modification of genotype and phenotype among flaviviruses, poxviruses, orthomyxoviruses, coronaviruses, and others.

In 1999, scientists created a reassortant flavivirus in which the genes encoding two structural proteins of the Japanese encephalitis virus were inserted into the genome of the yellow fever virus. The new viruses grew in vertebrate or mosquito cells as well as their predecessors, although they did not share common mosquito vectors and reservoirs among vertebrates, and they differed in the clinical syndromes they caused.[6]

In 2001, a reassortant mousepox virus was constructed, into the genome of which the herpes simplex virus gene was inserted. In genetically resistant mice infected with the modified virus, there was an increase in the production of interleukin-4 and suppression of the cytolytic response of natural killers and cytotoxic T-lymphocytes. The fulminant mousepox with high mortality occurred even in the case of preliminary vaccination.[27]

Research on the creation of reassortant influenza viruses was not limited to work with the Spanish Flu only, but also spread to other strains. In particular, a 2008 publication states: "...we used reverse genetics to generate the 63 possible virus reassortants derived from H5N1 and H3N2 viruses, containing the H5N1 surface protein genes." Of the 63 reassortants, 13 posed the greatest threat to mammalian hosts. "...one of the most pathogenic reassortants contained avian PB1, resembling the 1957 and 1968 pandemic viruses."[8]

In September 2011, the 4th Conference of the European Scientific Working Group on Influenza was held in Malta,

where a number of reports were presented describing the creation of genetically modified viruses with enhanced or weakened pathogenic functions.

One of the reports was titled: *Why is HPAI H5N1 virus not transmissible via aerosol? An extensive mutational and phenotypic analysis of mutant and reassortant H5N1 viruses*. The Methods section says: "We introduced several known adaptation mutations and exchanged several gene segments in an attempt to adapt HPAI H5N1 virus for efficient replication and possibly transmission in mammals."[22]

Another report of the conference was devoted to the construction *in vitro* of reassortant viruses resistant to the Oseltamivir (Tamiflu). They were obtained by coinfection of Madin-Darby canine kidney cells with influenza viruses belonged to the resistant and susceptible to the Oseltamivir strains.[51]

At the conference there were presented the results of animal experiments in which spontaneous mixing occurred between wild-type influenza viruses and live viruses of the attenuated strain used for the vaccine. As it turned out, the new reassortants were not more dangerous than wild-type parents.[29] It was also reported that a new reassortant virus was found in one of the patients; it included genes from seasonal and pandemic influenza viruses, but this natural reassortant did not pose a pandemic risk.[56] Based on the results of these studies, it can be assumed that the occurrence in nature of reassortant viruses that could cause a pandemic is not a common issue.

In a study sent to the *Nature* in June 2015, and published in November 2015, scientists from the United States, China, and Switzerland explored the directions of possible mutations of the bat coronavirus, in which a relatively harmless virus would acquire new properties and be able to cause a pandemic in humans. Using the method of reverse genetics, a gene expressing the spike of the bat coronavirus SHC014 was introduced into the genome of the SARS-CoV virus. A new reassortant virus had the ability to effectively bind to angiotensin-converting enzyme 2, a receptor located on the cell membrane of various human tissues, as well as multiply in respiratory tract cells and achieve *in vitro* titers equivalent to epidemic strains of SARS-CoV. In addition, the resistance of the virus to the therapeutic and prophylactic drugs used to treat SARS was revealed. Based on their research, the authors expressed concern that the coronavirus could be the cause of a future pandemic.[32]

In 2018, Canadian and American scientists recreated the HPXV. Ten large DNA fragments of 10–30 Kb each were synthesized based on the nucleotides sequence of HPXV, and then they were assembled together, removing excess sections. The synthesized virus was less virulent in mice than modern vaccinia virus, yet it provided vaccine protection against lethal infection with the natural virus.[35]

In October 2022, Chen *et al*. described construction of a recombinant SARS-CoV-2 in which the gene encoding the spike protein of the Omicron virus variant was inserted into the genome of the original SARS-CoV-2 virus. The new virus, in an experiment, caused severe disease in mice with a mortality rate of up to 80%.[7]

Thus, since the very beginning of the emergence of technologies that allowed constructing reassortant (recombinant, hybrid, and chimeric) RNA and DNA molecules, study on creating new viruses which were not in nature have never stopped even during COVID-19 pandemic.

Restrictions on research leading to increased pathogenicity or transmissibility of the potential pandemic viruses

A number of the reports presented at the conference held in Malta in September 2011 caused a heated discussion among both scientists and journalists. On December 20, 2011, a spokesman for the National Science Advisory Board for Biosecurity stated that henceforth it is recommended that only the final results of experiments and conclusions be published, without a detailed description of the process used to create new dangerous viruses.[43]

On October 17, 2014, due to the growing threat of the emergence of new dangerous viruses in the environment, gain-of-function researches with the viruses in the United States were temporarily suspended.[14] However, on January 9, 2017, the moratorium was lifted. The commentary to the decree stated: "Adoption of these recommendations will satisfy the requirements for lifting the current moratorium on certain life sciences research that could enhance a pathogen's virulence and/or transmissibility to produce a potential pandemic pathogen."[45]

Cases of threats of leakage of dangerous pathogens from biological laboratories

Despite numerous statements that research on virus modification were carried out in laboratories with a high degree of safety, nevertheless, cases of violations of the rules for storing and transporting dangerous viruses outside the laboratories are known. Here are just a few examples.

On August 5, 2019, the *New York Times* published an article titled: "Deadly germ research is shut down at army lab over safety concerns." The laboratory, based in Fort Detrick, Maryland, contained about 70 highly dangerous pathogens and toxins, including those that cause Ebola, smallpox, anthrax and plague, and the poison ricin. The

reason for the closure of the laboratory was a problem with disposal of dangerous materials.[12] Research at the Fort Detrick laboratory was already suspended in 2009 due to the discovery of 9220 vials of pathogens which were not listed in the database.[23]

Another dangerous case occurred in January-February 2009, when the Austrian pharmaceutical company Baxter sent vials of "vaccine" against influenza (H3N2) to laboratories in Germany, Slovenia and the Czech Republic. After the introduction of the "vaccine" to ferrets, some animals died. When checking, it turned out that the "vaccine" contained a live bird flu virus (H5N1). In the first explanation regarding the incident, Baxter representatives stated that the vaccines were contaminated with a dangerous virus by accident, probably during packaging. Later, a spokesman for Baxter admitted that instead of vaccines, they sent "experimental virus material," but it was not noted in the accompanying documents.[31]

In 2004–2005, the College of American Pathologists sent test kits to more than 3700 laboratories in 18 countries, including Belgium, Brazil, Canada, France, Germany, Israel, Italy, Japan, Mexico, Singapore, and the USA. While testing some of the samples an influenza A/H2N2 virus was identified. This influenza virus circulated in humans at the beginning of the pandemic in 1957–58, but employees of the laboratories were not informed about the possibility of the presence of a dangerous virus in the kits sent to test their qualifications.[25]

DISCUSSION

This review suggests that the emergence of new genetically modified viruses became possible no later than the mid-1950s. In the ongoing studies, natural viruses were treated with various physical or chemical agents, and then they were selected depending on the weakening or strengthening of the pathogenic functions of the virus. As is known, the first pandemic caused by a reassortant virus, including the genes of the avian and human influenza viruses (H2N2), occurred in 1957–1958.[24]

Later it became possible to combine the genes of different viruses and insert the genes of some viruses into the genomes of other viruses. Since that time, the production of vector vaccines has begun, for which genetically modified reassortant viruses were used. The construction of viruses similar to SARS-CoV-2 became possible around the border of 1980s and 1990s. It is likely that the first reassortant virus, which included the genes of four different virus at the same time, was discovered in nature during the "swine flu" pandemic that began in the spring of 2009.[50]

At present, there are all the necessary technologies for assembling any full-sized virus based on the nucleotide sequence available in the virus database, or for creating a new artificial virus based on a virtual model offered by a computer.

CONCLUSION

The given above has confirmed that before the emergence of COVID-19 pandemic the ability of genetic engineering of the viruses was more advanced than needed to construct the virus which is similar to SARS-CoV-2. Thus, scientists around the world should support Neil Harrison and Jeffrey Sachs of Columbia University (USA) in calling for a thorough and independent investigation into the origin of SARS-CoV-2.[20] Only a full understanding of the origin of the new virus can minimize the likelihood of a similar pandemic in the future.[46]

Declaration of patient consent

Patient's consent not required as there are no patients in this study.

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Conflicts of interest

There are no conflicts of interest.

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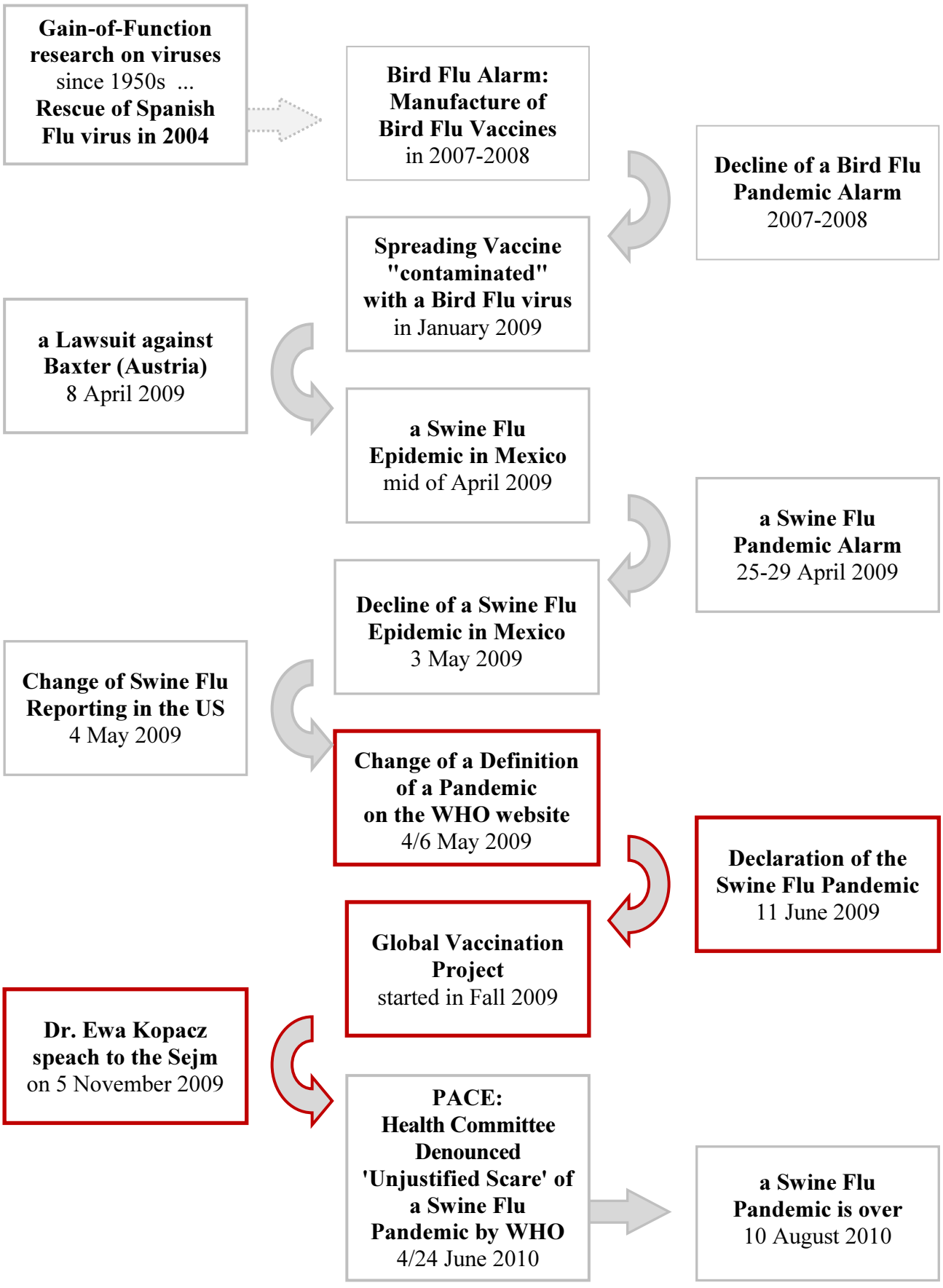
Chapter 6

POLAND

WAS ALMOST ALONE IN FIGHTING AGAINST A

GLOBAL VACCINATION PROJECT

Roadmap
of the Swine Flu Pandemic


Gain-of-Function research on viruses since 1950s ... Rescue of Spanish Flu virus in 2004
Bird Flu Alarm: Manufacture of Bird Flu Vaccines in 2007-2008
Decline of a Bird Flu Pandemic Alarm 2007-2008
Spreading Vaccine "contaminated" with a Bird Flu virus in January 2009
a Lawsuit against Baxter (Austria) 8 April 2009
a Swine Flu Epidemic in Mexico mid of April 2009
a Swine Flu Pandemic Alarm 25-29 April 2009
Decline of a Swine Flu Epidemic in Mexico 3 May 2009
Change of Swine Flu Reporting in the US 4 May 2009
Change of a Definition of a Pandemic on the WHO website 4/6 May 2009
Declaration of the Swine Flu Pandemic 11 June 2009
Global Vaccination Project started in Fall 2009
Dr. Ewa Kopacz speach to the Sejm on 5 November 2009
PACE: Health Committee Denounced 'Unjustified Scare' of a Swine Flu Pandemic by WHO 4/24 June 2010
a Swine Flu Pandemic is over 10 August 2010

THE FLU CASE

Only 3% of the people in Cracow, Poland, intend to get the swine flu jab

The Flu Case, 27 October 2009 21:18 Tuesday

https://web.archive.org/web/20091103121146/http://www.theflucase.com:80/index.php?option=com_content&view=article&id=1423:only-3-of-the-people-in-cracow-poland-intend-to-get-the-swine-flu-jab&catid=1:latest-news&Itemid=64&lang=sv

Only 3 % of the people in Cracow, Poland, intend to get the swine flu jab according to a poll carried out by Sanepid and reported on Radio Cracow. In Poland, the information about the dangers of the vaccines have been very actively spread online and the horrible deaths of several homeless people due to a "secret" vaccine experiment is still discussed in Poland.

ФОКУС

Сезонный грипп намного опаснее свиного, – считают польские медики

Фокус, 3 ноября 2009, 12:00
https://focus.ua/ukraine/76560

Министерство здравоохранения Польши считает более опасным для здоровья вирусы обычного сезонного гриппа, чем так называемого свиного. Польские медики говорят, что вероятность смерти от осложнений обычного гриппа намного выше, чем от A/H1N1.

Министр здравоохранения Польши Ева Копач на заседании пандемического комитета призвала не концентрировать свое внимание исключительно на случаях заболевания A/H1N1, подчеркнув, что от него в Польше не умер ни один из больных.

"Тех вирусов есть так много, что идентифицировать все как свиной безответственно", - сказала она.

Министр сообщила, что в Польше с момента появления свиного гриппа в мае этого года подтверждены 185 случаев из 700 подозрений, отметив, что этот вирус был намного менее вредным, нежели обычный сезонный грипп.

Как передает УНИАН, руководитель общенационального центра по делам гриппа профессор Лидия Бридак заявила, что лучшей профилактикой заболевания является прививка, которую за минувший сезон в Польше применили только около 5% из 38-миллионной Польши.

"Перестанем верить в мифы, что маска - это панацея..., это полумера", - сказала профессор.

Она также назвала более опасными вирусы обычного сезонного гриппа, нежели A/H1N1.

"Можем не дождаться вируса пандемического, а умереть от осложнений сезонного гриппа", - сказала Бридак.

Профессор также добавила, что в мире ежегодно гриппом болеет 1,5 миллиардов людей из 6,7 млрд. населения Земли, из которых умирает около одного миллиона.

По данным польских властей, на сегодня вирус гриппа распространяется в Украине в 10-12 раз быстрее, чем в Польше.

Власти самого большего западного соседа Украины в последнее время не зафиксировали роста заболеваний гриппом и ОВРИ в приграничных районах и самой стране и пока не предпринимали дополнительных мер в связи с эпидемией среди украинцев. Польская санэпидемическая служба только мониторит ситуацию.

В 46-миллионной Украине с середины прошлой недели количество больных вирусными инфекциями увеличилось в 7 раз - до свыше 250 тысяч, а количество госпитализированных в 15 раз - до 15 тысяч (большинство в западных областях).

В стране за последние две недели в западных областях умерли 72 человека, больше всего - 37 - во Львовской области, которая граничит непосредственно с Польшей.

Наличие вируса A/H1N1 подтверждено в 14 больных, из которых умерли 4 человека.

ФОКУС

Польша не будет покупать вакцину от A/H1N1, пока не доказана ее безопасность

Фокус, 3 ноября 2009, 12:20
https://focus.ua/ukraine/76560

Польские власти не планируют закупать вакцину от так называемого свиного гриппа (A/H1N1), пока не будут завершены исследования ее неопасности для человеческого организма.

Об этом заявила министр здравоохранения Ева Копач после заседания эпидемиологического комитета вчера вечером.

"Не будем проводить прививку людям плацебо, будем базироваться не на сплетнях, а на результатах клинических исследований", - отметила министр.

Копач подчеркнула, что польское правительство сейчас ведет переговоры о возможной покупке вакцин с тремя фирмами, отметив, что ни одна из них не завершила необходимые клинические исследования.

Кроме этого, до сих пор неизвестно, хватит ли для защиты от вируса одноразовой прививки или ее надо будет проводить дважды.

Копач сказала, что польские власти выступают за то, чтобы прививка от A/H1N1 была введена в свободное обращение, что сделало бы возможной ее покупку непосредственно гражданами, а не только правительствами стран, как есть сегодня.

Как передает УНИАН, министр заверила, что в случае подтверждения неопасности прививки польское правительство успеет купить ее к пику возможной эпидемии, которая может иметь место с января по март 2010 года.

Копач отметила, что немецкое правительство закупило 50 миллионов доз, из которых из-за низкой заинтересованности прививками использовано только 10 млн. Министр также заверила, что польские власти имеют необходимое оборудование и лекарства для того, чтобы не допустить эпидемии в Польше.

Она отказалась озвучить данные о запасах лекарств, которые имеет в своем распоряжении правительство, заметив только, что на лекарственных складах (из которых лекарства попадают в аптеки) есть 150 тысяч доз "Тамифлю" и 38 тысяч "Релензе".

Копач подчеркнула, что лекарство "Тамифлю" умышленно не были переданы в аптечное обращение в Польше, поскольку его использование при более легких заболеваниях гриппа привело бы к тому, что в случае сложной формы лекарства уже не подействуют.

Ранее сообщалось, что польское Министерство здравоохранения считает намного опаснее A/H1N1 вирус обычного сезонного гриппа, призывая поляков проводить прививку собственно от него.

В 38-миллионной Польше в последнее время не зафиксировано роста заболеваний вирусными инфекциями, из-за которых в западных областях Украины заболели свыше 250 тысяч человек, из которых 71 умер.

[Adam Fronczak]

Podsekretarz Stanu w Ministerstwie Zdrowia Adam Fronczak
(I)
Polish Parlliament, 5 November 2009
6 kadencja, 53 posiedzenie, 2 dzień (05-11-2009)
14 punkt porządku dziennego:
https://orka2.sejm.gov.pl/Debata6.nsf/main/7543F150
https://orka2.sejm.gov.pl/Debata6.nsf/main/3943154B#050

Panie Marszałku! Szanowna Pani Minister! Wysoka Izbo!

Występuję przed państwem jako przedstawiciel rządu z upoważnienia pani minister zdrowia Ewy Kopacz, ponieważ od stycznia 2008 r., czyli blisko od dwóch lat, pełnię funkcję przewodniczącego Krajowego Komitetu do spraw Pandemii Grypy.

Szanowni państwo, powiem kilka słów o statystykach, zgodnie z tym, o czym mówiła pani poseł. Dnia 4 listopada 2009 r. w Polsce potwierdzono łącznie 193 przypadki zakażenia wirusem grypy typu A/H1N1v. Łącznie od kwietnia 2009 r. w laboratoriach na terenie Polski przebadano ponad 1 tys. próbek, a pacjentów, u których potwierdzono zakażenie, w pierwszej fazie hospitalizowano. Następnie okazało się, że przebieg grypy jest na tyle łagodny, że pozostałe osoby są przede wszystkim odsyłane do domu, tylko nieliczni pacjenci trafiają do szpitali. Przeanalizujmy, jak wyglądała zachorowalność na przestrzeni kilku lat. W sezonie 2005/2006 zanotowano 274 tys. zachorowań na grypę, podkreślam: na grypę. W sezonie 2006/2007 - 349 tys. zachorowań, 2007/2008 - 235 tys., nieco mniej, i w sezonie 2008/2009 - 543 tys. osób chorych. Do dnia 31 października br., w tym sezonie jesienno-zimowym, zanotowano ponad 41 tys. zachorowań. Podkreślam, że chodzi o zachorowania na grypę, dlatego że w środowisku są różnego rodzaju wirusy grypy: wirus A, wirus typu B, wirusy paragrypy i wiele innych, a także ten nowy wirus A/H1N1. W związku z tym mówimy o grypie jako o zespole objawów chorobowych, które wywołują wirusy zbliżone do siebie, acz różniące się antygenowo. Ten właśnie nowy wirus spowodował, że 11 czerwca 2009 r. WHO ogłosiło pandemię grypy, biorąc pod uwagę przede wszystkim całkiem nowe, nieznane wcześniej kryteria, a mianowicie kryteria geograficznego rozprzestrzeniania się choroby, *a nie biorąc pod uwagę liczby przypadków i śmiertelności*.

Według danych WHO od kwietnia 2009 r. do 18 października 2009 r. w regionie Euro WHO - to nie jest tylko Unia Europejska, to są w sumie 53 kraje - wystąpiło ponad 64 tys. potwierdzonych przypadków zakażenia wirusem grypy typu A/H1N1, a na całym świecie wystąpiło ich łącznie 441 tys. Do tej pory tych przypadków jest więcej.

Myślę, że w tym momencie należy się państwu pewna statystyka porównawcza. Rocznie na grypę typową, tzw. sezonową, choruje ponad miliard ludzi na całym globie, z tego około miliona

umiera. Jeżeli porównamy te statystyki z nową grypą sezonową, okaże się, że tych zachorowań jest znacznie mniej w ciągu ostatniego pół roku, a pamiętajmy, że na południowej półkuli zima była wtedy, kiedy u nas było lato. W związku z tym ta grypa cały czas się szerzy. Jak państwo widzicie, tych przypadków było znacznie mniej i oczywiście śmiertelność była mniejsza niż w przypadku grypy sezonowej. Myślę, że jest to bardzo istotne stwierdzenie, które pokazuje, że tak naprawdę grypa sezonowa jest bardzo poważnym problemem, z którym zmagamy się od wielu lat, a który, miejmy nadzieję, że dzięki tej debacie, tej dyskusji i tym wszystkim informacjom, będzie lepiej identyfikowany i postrzegany przez naszych obywateli.

Krajowy Komitet do Spraw Pandemii Grypy, o którym wspomniałem i o którym mówiła pani poseł, prowadzi działania od roku 2005, kiedy to został powołany. Tak jak wspomniałem, przewodniczyłem mu od stycznia roku 2008. Są to typowe, rutynowe działania w ramach bardzo szerokiej koordynacji, bo w skład Krajowego Komitetu do Spraw Pandemii Grypy wchodzi wielu przedstawicieli z wielu resortów. W sumie jest to ok. 40 osób. Kluczowe resorty, poza resortem zdrowia, to: Ministerstwo Spraw Wewnętrznych i Administracji, Ministerstwo Obrony Narodowej, Ministerstwo Rolnictwa i Rozwoju Wsi, Ministerstwo Gospodarki i inne. Do głównych zadań komitetu należy: opracowywanie i aktualizacja, zgodnie z wymogami WHO, interdyscyplinarnego ″Polskiego planu pandemicznego″; przekazywanie przez członków komitetu kierownictwu resortów, organizacji i instytucji, których są przedstawicielami, ustaleń i wniosków wypracowanych przez komitet w celu ich wdrożenia zgodnie z ustawowymi kompetencjami; monitorowanie światowej i krajowej sytuacji epidemiologicznej grypy sezonowej oraz grypy ptaków; opracowywanie strategii dla podejmowanych działań profilaktycznych, diagnostycznych, leczniczych i organizacyjnych dla poszczególnych faz pandemii grypy, a także dokonywanie oceny zagrożenia oraz określanie zadań dla poszczególnych jednostek i służb oraz zakresu ich odpowiedzialności przy maksymalnym wykorzystaniu istniejących struktur działających w sytuacjach kryzysowych.

Od czasu przekazania informacji na temat potwierdzenia pierwszych przypadków zakażeń wirusem grypy typu A/H1N1v w Stanach Zjednoczonych i Meksyku, to jest od dnia 17 kwietnia 2009 r., Krajowy Komitet do Spraw Pandemii Grypy zebrał się osiem razy. Podczas jego posiedzeń analizowano obecną sytuację epidemiologiczną grypy w Polsce i na świecie oraz podjęte działania. Chciałbym państwu powiedzieć, że na posiedzeniu 8 września 2009 r. krajowy komitet wypracował rekomendacje dla ministra zdrowia dotyczące zwiększonej zachorowalności na grypę w ogóle oraz grup osób, które powinny, powtarzam: powinny otrzymać szczepionkę przeciw wirusowi grypy typu A/H1N1v w pierwszej kolejności. Załącznik, który mówi o tych rekomendacjach, jest bardzo istotny. Przeczytam jego ostatnie zdanie, w którym stwierdza się: Krajowy Komitet do Spraw Pandemii Grypy rekomenduje rozpoczęcie szczepień po uzyskaniu pełnej informacji o bezpieczeństwie i efektywności stosowania nowych szczepionek.

Jeśli chodzi o inne działania, które zostały podjęte przez Państwową Inspekcję Sanitarną, to jest ich bardzo dużo. Działania te są w pełni koordynowane przez głównego inspektora sanitarnego na poziomie wojewódzkich i powiatowych stacji sanitarno-epidemiologicznych. Na bieżąco odbywa się przekazywanie informacji z krajowych punktów kontaktowych z innych krajów do naszego krajowego punktu kontaktowego i na bieżąco są one analizowane. Chciałbym państwu powiedzieć, że ta wręcz ciągła analiza, można powiedzieć, godzinowa w ostatnim czasie, pokazuje, że obecna sytuacja w Polsce nie odbiega od sytuacji, które miały miejsce w poprzednich latach w tym zakresie. Nieznacznie zwiększa się liczba zachorowań, ale np. w województwach ściany wschodniej, jak porównamy miesiąc do miesiąca, w październiku liczba zachorowań per saldo była mniejsza niż we wrześniu br. Chciałbym powiedzieć, że w pełni analizujemy również sytuację na Ukrainie i Białorusi, pytanie dotyczyło ich sytuacji, i oceniamy działania, które zostały tam podjęte. Wiemy, że od całkiem niedawna, bo od kilku dni, działają eksperci zarówno z Europejskiego Centrum Zapobiegania i Kontroli Chorób, jak i z WHO. Liczymy na to, że te informacje, które zostaną przez tych ekspertów zweryfikowane, będą w pełni pewne, dlatego że informacje docierające szczególnie w początkowym okresie miały znamiona lekkiej dezinformacji. Chciałbym również powiedzieć, że na Białorusi liczba zachorowań wynosi ponad 300 tys. Odnotowano kilka zgonów i mniej więcej 1/3 tych zgonów była związana z grypą typu A/H1N1.

Jeśli chodzi o nasze działania na forum Unii Europejskiej, to są one bardzo szerokie. (Dzwonek) Stoimy na stanowisku, że ta szczepionka, która, jak słyszymy, jest bezpieczna i która powinna być szeroko stosowana, powinna być traktowana tak samo jak każda inna szczepionka, czyli powinna być dostępna na otwartym rynku, w aptekach, w pełni, bo to świadczyłoby o tym, że nie ma żadnej różnicy co do zasad strategii jej rejestracji i dalszego postępowania, jeśli chodzi o jej dystrybucję. Z inicjatywy pani minister zdrowia Ewy Kopacz takie działania już były wcześnie sygnalizowane na forum Unii Europejskiej - w najbliższym czasie, 11 listopada, ten problem stanie na spotkaniu COREPER i na pewno będzie 30 listopada jednym z punktów EBSCO, agendy Rady - ponieważ uważamy, że pełna dostępność do szczepionki jest podstawą efektywnego działania przeciw grypie. Chciałbym powiedzieć, że szczepionka jest tylko jednym z elementów, natomiast całościowy łańcuch postępowania w związku z grypą jest dobrze znany lekarzom. Byłoby dobrze, żeby pacjenci wiedzieli, jak postępować, a przede wszystkim, jak się jest chorym, należy iść do domu, skonsultować się z lekarzem i leczyć, a nie zarażać w środowisku miejsca pracy.

Chciałbym również odnieść się do kwestii, że ilość leków, taka pojawia się informacja, jest najprawdopodobniej niewystarczająca. Gwarantuję państwu, że zarówno analizy najczarniejszych opracowanych scenariuszy i raport przedstawiony prezydentowi Stanów Zjednoczonych, jak i najsławniejsze scenariusze, które zostały opracowane w Wielkiej Brytanii - zresztą sami ich twórcy mówią, że właściwie nie wiedzą, dlaczego przedstawiali aż takie czarne prognozy, bo nie ma możliwości, żeby tak się stało - wskazują na to, że tylko część chorych osób będzie hospitalizowana, a dodatkowo tylko część hospitalizowanych bezwzględnie wymaga klasycznego leczenia antyretro-wirusowego, przeciwwirusowego.

W związku z tym gwarantuję państwu, że w hurtowniach są leki, które w tej chwili dzięki decyzji ministra zdrowia zostały tam zatrzymane na potrzeby ewentualnego leczenia zwiększonej liczby chorych w szpitalach. Gdyby tej decyzji w odpowiednim czasie nie było, to te leki już by nie istniały i byłyby używane tak, jak w Wielkiej Brytanii, gdzie, jak państwo pamiętacie, chorzy byli leczeni przez telefon.

[Adam Fronczak]

Podsekretarz Stanu w Ministerstwie Zdrowia Adam Fronczak
(II)
Polish Parlliament, 5 November 2009
6 kadencja, 53 posiedzenie, 2 dzień (05-11-2009)
14 punkt porządku dziennego:
https://orka2.sejm.gov.pl/Debata6.nsf/main/185CBA88
https://orka2.sejm.gov.pl/Debata6.nsf/main/3943154B#050

Szanowny Panie Marszałku! Szanowna Pani Minister! Wysoka Izbo!

Dziękuję bardzo za dziesiątki pytań, które, tak jak mówiła pani poseł przed chwilą, świadczą o trosce. Pytania te można podzielić na trzy kategorie. Były pytania czysto merytoryczne, z którymi warto dyskutować czy ewentualnie polemizować, ale również pojawiały się niestety pytania o charakterze politycznym, a część pytań była zadana bezpośrednio pani minister.

Szanowni państwo, jeśli chodzi o tę polityczną grypę, która zaczyna przenikać na naszą salę, to można powiedzieć, że tak to się dzieje w niektórych krajach. Nie chcę mówić w których, bo państwo to wiecie. Jeżeli porównujemy te dwa kraje za naszą wschodnią granicą, to w jednym jest 4 razy mniej obywateli i podobna ilość zachorowań, i mamy normalne informacje, takie które nie mają charakteru medialnego, natomiast z innego kraju napływają informacje bardzo medialne, które powodują, że zaczynamy widzieć tego wirusa grypy politycznej również u nas.

Jeśli chodzi o nasze działania w ramach komitetu, o czym państwu wspominałem, to pracują w nim również eksperci. To nie jest tylko i wyłącznie stanowisko ministra zdrowia, to nie jest tak, że minister zdrowia itd. W ostateczności to jest stanowisko ministra zdrowia, ale ono jest wypracowane przy udziale wielu ekspertów, wielu osób, które są odpowiedzialne za działy, jakimi się zajmują, a w tym wypadku wirusologów, epidemiologów i przede wszystkim Krajowy Ośrodek do Spraw Grypy.

(Głos z sali: Pani profesor Brydak.) Pani profesor Brydak jest na sali.

Proszę państwa, wielokrotnie przewijało się tu słowo ″bezpieczeństwo″. Bezpieczeństwo to jest to, o co zabiega minister zdrowia. A ponieważ w ostatnim czasie pojawiają się różnego rodzaju doniesienia o różnych sprzecznych zjawiskach, a dodatkowo, tak jak państwo mówiliście, okazuje się, że w zawieranych w Europie umowach, jak i pewnych przedstawionych szkicach umów w naszym resorcie są z naszego punktu widzenia niedopuszczalne zapisy, dlatego negocjując z firmami, rozmawiając, chcemy usunąć te zapisy, bo to będzie dla nas probierzem tego, czy szczepionka jest w pełni bezpieczna, jeżeli te zapisy zostaną usunięte. Przy jakich innych preparatach, czy szczepionkach, czy lekach, mamy do czynienia z tak ekskluzywnymi zapisami w umowach, że to rząd bierze na

siebie odpowiedzialność za skutki stosowania tego preparatu? Ktoś produkuje, ktoś sprzedaje i nie bierze za to odpowiedzialności? O takiej ekskluzywności nie słyszałem w innych obszarach. To właśnie stało się między innymi przyczynkiem do tego, że musimy mieć pełną wiedzę, dlaczego tak jest, bo jeżeli jest wszystko OK, to znaczy, że można te zapisy usunąć i tak jak przy innych szczepionkach, innych lekach to firmy staną się odpowiedzialne za zdarzenia odległe, które mogą wystąpić po szczepieniach.

Jeśli chodzi o badania kliniczne, bo było takie pytanie, to one trwają. Z informacji, które posiadamy, wynika, że część z nich będzie zakończona w lutym lub w kwietniu, dlatego że tak naprawdę czwarta faza to jest obserwacja przypadków ludzi, którzy już zostali zaszczepieni, i zdarzeń, które mogą wystąpić.

Nie chciałem tego robić w pierwszej części swojego wystąpienia, ale niestety muszę zrobić to w drugiej, ponieważ część z państwa zadaje prowokujące pytania. W związku z tym, skoro zostałem sprowokowany, to pozwolę sobie odpowiedzieć, że doniesienia, które się pojawiają każdego dnia, zupełnie nowe, pokazują, że nie ma spójności w Europie w podejściu do tego problemu. To, że, jak państwo mówicie, WHO rekomenduje, zaleca Komisja Europejska, to jest prawda - zaleca, ale odpowiedzialność za to, co się dzieje na terenie danego kraju, bierze minister zdrowia, jeśli chodzi o bezpieczeństwo zdrowotne.

Proszę państwa, mamy taką sytuację, że jest najświeższa informacja, że w jednym z krajów, który zakupił bardzo dużą ilość szczepionek, *dwie osoby zmarły z powodu A/H1N1*, *a cztery osoby zmarły, tak się podejrzewa, co podkreślam, w związku ze szczepionką*, w ciągu kilku godzin po jej podaniu. Czy to nie jest sygnał dla ministra zdrowia? Czy tu nie zapala się czerwone światło? Wspomniana Wielka Brytania dopuszcza stosowanie szeroko szczepionki zawierającej adiuwanty, posiadającej rtęć we wszystkich grupach tzw. ryzyka i w całym społeczeństwie, ale inne państwo w Europie, ze swoim komitetem odpowiedzialnym za to, mówi ″stop″ tej szczepionce, nie zgadza się, aby dzieci do 18 roku życia ani kobiety ciężarne były zaszczepiane tym. To jest 2 tysiące kilometrów, proszę państwa, to jest wspólna filozofia, jeśli chodzi o Europę, a okazuje się, że tu jest diametralnie różne podejście. W związku z tym proszę dać ministrowi zdrowia czas na to, aby mógł w sposób konstruktywny, efektywny, przy pełnej wiedzy o zdarzeniach niepożądanych, które mogą wystąpić, przy pełnej ich świadomości podjąć właściwą decyzję. I o tym mówimy od samego początku, o niczym więcej.

Tu nie chodzi o pieniądze, a państwo próbujecie sugerować, że chcemy na czymś zaoszczędzić. Broń Boże, chcemy dać jak najlepszy produkt, jak najbezpieczniejszy, i nie możemy zgadzać się na taką sytuację, że proponuje nam się, mimo że nie produkowaliśmy tego leku, wzięcie za niego odpowiedzialności. To jest sytuacja, na którą nie ma zgody.

Jeśli chodzi o zapasy leków, to z jednej grupy posłów kierowano pytania, jak to jest, na pewno jest za mało tego leku, trzeba dokupywać, bo WHO mówi, że powinno być tyle, a na pewno tyle nie ma. Ale okazuje się, że wiceminister zdrowia z tej ekipy krytykował poprzednią ekipę, która dokonała zakupu tego leku. Zdecydujmy się w końcu, czy jesteśmy za tym lekiem cały czas, czy też incydentalnie, kiedy pojawia się temat grypy, to teraz nagle zaczynamy krytykować, że tego leku jest za mało, a kiedyś mówiliśmy, krytykowaliśmy lewicę, znaczy nie ja, broń Boże, że ten lek w ogóle jest niepotrzebny w kraju, że to są zmarnowane pieniądze. Były takie określenia. Możecie państwo wrócić do tych zapisów sprzed czterech lat.

Jeśli chodzi o kwestię wiedzy o tym, to chcę państwu powiedzieć, że rozporządzenie Rady Ministrów dotyczące art. 2 jasno mówi, że Agencja Rezerw Materiałowych i sprawy wszelkich zapasów, które są czynione w państwie, podlegają Ministerstwu Gospodarki. Minister gospodarki sporządza takie zestawienia i jest to utajnione. Jeżeli państwo na tej sali zmienicie prawo i pozwolicie ministrowi zdrowia czy ministrowi gospodarki na to odpowiedzieć, to to uczynimy. W tej chwili nie będziemy łamać prawa. (Oklaski)

(Głos z sali: Podobno w hurtowniach jest część.) *W hurtowniach jest część, to o tym mówiliśmy*.

(Minister Zdrowia Ewa Kopacz: *148 tys. dawek tamiflu, 38 tys. - relenzy*.)
Prawie 200 tys. dawek na leczenie tej choroby wirusowej.

Jeśli chodzi o inne kwestie, jest ich naprawdę bardzo dużo, ale najważniejsza, myślę, została wyjaśniona.

Chcę również państwu powiedzieć, że jest z nami pani profesor Brydak. Jeżeli pan marszałek zgodziłby się na to, żeby pani prof. Brydak mogła wystąpić, dosłownie przez minutę, która została do końca mojego wystąpienia, to myślę, że jako ekspert powie państwu, jak to naprawdę jest z tą grypą sezonową i A/H1N1.

(Głosy z sali: Nie ma takiego trybu.) – A jeżeli nie, to będę kontynuować, panie marszałku.

Polish Vice Health Minister Adam Fronczak in Parlliament on swine flu (AH1N1) vaccine deaths and issues

Polish Parlliament, 5 November 2009
https://www.youtube.com/watch?v=nXqEWl07olk&list=PL579700CA87CC3B5D&index=10

WICEMINISTER ZDROWIA
O SYTUACJI GRYPOWEJ W KRAJU
"Sytuacja w Polsce nie odbiega od sytuacji z ubiegłych lat"
"Liczba zachorowań wzrasta nieznacznie"
"Liczba zachorowań na wschodzie kraju jest mniejsza, niż w poprzednim miesiącu"
It was said here that WHO and
Eurpean Comminssion recommends the

Polish Vice Health Minister on swine flu vaccine (AH1N1). Here's a script of what he says:

It was said here that WHO and Eurpean Comminssion recommends the AH1N1 vaccines. Yes, it is true. But the responsibility lies with Health Ministry of every country in terms of health security of given country. And now we have a situation where in one country that bought a very large amount of vaccines... *2 people dies of AH1N1 and 4 people died in few hours after vaccine injection, allegedly of post-vaccinational complications*.

Isn't that a signal for Health Minister, doesn't it trigger an alert?

Great Britain widely allows vaccines that contain adjuvants containing mercury, for all social groups: so called risk groups and for the whole society.

But other countries with their pandemic comitees say: 'Stop to this vaccines. We do not allow neither the children up to 18 years of age nor pregnant women to be vaccinated with this jab!' This is only 1000-2000km away! It is the same European community, same philosophy but so different points of view!

[Adam Fronczak]

Podsekretarz Stanu w Ministerstwie Zdrowia Adam Fronczak
(III)
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https://orka2.sejm.gov.pl/Debata6.nsf/main/3943154B#050

Proszę Państwa!

Jeśli chodzi o szczepionki, o których cały czas mówimy, to każda z nich zawiera inną ilość antygenu, inną ilość środków dopełniających, tzw. adiuwantów. W związku z tym powstaje pewien niepokój, również dlatego, że najpierw dowiedzieliśmy się, w październiku, że są dwie dawki dla wszystkich szczepionek, potem, że jest jedna dawka, następnie, pod koniec października, znowu dwie dawki, ale być może jedna dawka będzie dla innego leku. Czyli zauważcie państwo, że to nie zostało przebadane. Nie ma jednoznacznych kryteriów w tej chwili, dotyczących nawet podawania szczepionki. W związku z tym jak minister zdrowia ma rekomendować szczepionkę, w przypadku której system dawkowania zmienia się w ciągu jednego miesiąca trzykrotnie. Chcemy ją zalecić wówczas, kiedy będziemy wiedzieli wszystko na temat bezpieczeństwa i również na temat dawkowania tej szczepionki.

Jeśli chodzi o pytania, bo padały jeszcze inne w zakresie aptek...

(Poseł Tadeusz Tomaszewski: **Punkty apteczne**.)

Proszę Państwa! Punkty apteczne są dostosowywane do prawa Unii Europejskiej. To nie jest tak, że sobie minister zdrowia coś wymyśla. Minister zdrowia działa zgodnie z prawem. W związku z tym nie mówmy o tym, że tego słynnego leku, którego nazwy nie mogę wymienić, żeby go tu nie promować, nie będzie. Z siedmiu preparatów o tej nazwie jeden wypadł z punktów aptecznych, a sześć pozostało. W związku z tym usuwamy tylko te leki, które mają bardzo dużą siłę działania i które mogą być niebezpieczne. A wszystkie inne, które są stosowane w takich właśnie sytuacjach jak przeziębienie, grypa sezonowa, jak najbardziej w tych punktach będą dostępne.

Pytanie, które dotyczyło tego, czy za trzy miesiące będzie szczepionka. Tak, ona pojawiła się, ale widzicie państwo, ile jest kontrowersji. Bez wyjaśnienia tych kontrowersji nie ma zgody z naszej strony na to, abyśmy mogli naszym obywatelom na terenie Rzeczypospolitej Polskiej oferować produkt, co do którego ani eksperci, ani Ministerstwo Zdrowia nie jest do końca przekonane. Jeżeli będziemy przekonani, to ten preparat zostanie sprowadzony do Polski.

(Poseł Tadeusz Tomaszewski: Dopłata do nadróbki.)

Nadróbki to jest problem, który już od kilku miesięcy cały czas się pojawia. Niektórzy z państwa zapomnieli o tym, że kolejna kwota, ponad pół miliarda złotych, została, nazwijmy to, wydobyta z Narodowego Funduszu Zdrowia w celu poprawy sytuacji szczególnie w tych regionach, gdzie ilość nadwykonań była duża. Minister zdrowia jednoznacznie wskazał kierunek wydatkowania tych pieniędzy. Różnego rodzaju były rozdziały środków, ale działamy w taki sposób, żeby za te nadróbki dzięki nowemu algorytmowi było zapłacone. W związku z tym powstaje jeszcze pytanie, w jakim procencie. Jak najwyższym.

Chcę państwu powiedzieć, że koordynacją z zakresu bezpieczeństwa na terenie RP zajmuje się również Rządowe Centrum Bezpieczeństwa. Pytaliście państwo, jak to wygląda, jaki jest przepływ informacji. Rządowe Centrum Bezpieczeństwa na swoim forum, swoim terenie urządza telekonferencje z wojewódzkimi inspektorami sanitarnymi, z innymi służbami. Uczestniczą w tym przedstawiciele resortu zdrowia i Głównego Inspektoratu Sanitarnego. I na bieżąco - takie telekonferencje są teraz bardzo często organizowane - jest przekazywana informacja o sytuacji epidemiologicznej w poszczególnych województwach. Do tej pory ilość zachorowań, o której mówiłem wcześniej, nie jest na tyle niepokojąca, żeby tworzyć czy podgrzewać atmosferę i doprowadzać do sytuacji wzrostu potężnego niepokoju. Nie ma powodu w tej chwili do niepokoju. Starałem się to wyjaśnić w moim wcześniejszym przemówieniu.

Jedno pytanie było skierowane personalnie do mnie, co prawda moje nazwisko nie było wymienione, było podane jakieś inne, ale wiem, że chodzi o mnie. Powiedziałem coś takiego, że przy ogłoszeniu pandemii zostały wzięte pod uwagę kryteria geograficzne. Sama Margaret Chan, szefowa WHO, mówiła, że nie wszystkie kryteria zostały wzięte pod uwagę. A mianowicie poza kryterium geograficznym, które jest znane od dawna, i tu się zgadzam z wypowiedzią pani poseł, jest jeszcze kwestia zjadliwości. A w przypadku zjadliwości, jeśli chodzi o tego wirusa, to kryterium nie zostało absolutnie wzięte pod uwagę. Wcześniej mówiono o geografii ptasiej grypy i mówiono o wysokiej zjadliwości również tego wirusa. Dziękuję bardzo. (Oklaski)

(Ewa Kopacz)

Polish Health Minister on swine flu jabs issues A/H1N1

Polish Parliament, 5 November 2009

video: https://www.youtube.com/watch?v=RhZesZe33cw
text: https://orka2.sejm.gov.pl/Debata6.nsf/main/6421D78B

Swine flu vaccines contaminated with avian (bird) flu. Producer admits on Polish TV (TVN).
"Would I give it to my elderly mother, or to my child?"

Panie Marszałku! Wysoka Izbo! Chcę państwu powiedzieć, że zasadę: ″Po pierwsze nie szkodzić″, którą wyznawałam, będąc przez dwadzieścia kilka lat lekarzem, przeniosłem do gabinetu na Miodową. Nie ma w tym nic złego. I nie dopatruję się w tym niczego złego. Wręcz przeciwnie. W sytuacji, w której miałabym zaaplikować pacjentowi jakikolwiek lek, u każdego z nas, kto pracuje w ochronie zdrowia i ordynuje ten lek, przez ułamek sekundy pojawia się myśl: czy dałabym to swojej wiekowej mamie lub swojemu dziecku? I takie myśli, właśnie takie myśli, spowodowały, że stałam się bardzo skrupulatna, jeśli chodzi o sprawdzanie informacji o leku, który minister zdrowia ma zarekomendować Polakom. Nie sobie, za to biorę sama odpowiedzialność, jeśli w aptece kupuję sobie preparat bez recepty i go połykam, ale właśnie milionom Polaków, którzy nie mają wiedzy medycznej i nie muszą jej mieć, ale liczą na wiedzę, którą posiada minister czy specjalista, jakim jest pani prof. Brydak. Specjalista, który od 40 lat pracuje nad grypą w jednym ze 189 ośrodków badania grypy na świecie. Jeden z tych 189 ośrodków jest w Polsce. Czy dzisiaj można nam zarzucać niewiedzę o grypie? Czy można teraz kwestionować opinię pani profesor, która od 40 lat pracuje nad

grypą, nie jednym rodzajem grypy, wydała tysiące publikacji na ten temat. Toteż mam tylko jedno zasadnicze pytanie: Czy dzisiaj chcemy walczyć z pandemią grypy, czy chcemy walczyć z ministrem zdrowia przy okazji zachorowań na grypę? (Oklaski) I bardzo państwa proszę, abyście państwo zrozumieli jedną rzecz. Te wątpliwości nie biorą się w związku z istnieniem takiego normalnego polskiego uporu, że oto minister zdrowia pomyślała sobie: będę inna niż wszyscy inni ministrowie.

My dzisiaj mamy wiedzę na temat tego, jakie klauzule są zawarte w innych umowach, które podpisywane były przez rządy innych państw, dużo zamożniejszych. I wiemy również, jaką zaproponowano Polsce umowę. Dzisiaj ze względu na ochronę negocjacji, które toczymy, ja państwu nie mogę przytoczyć szczegółów tej umowy, ale jedno mogę powiedzieć: departament prawny znalazł tam co najmniej 20 punktów spornych. A więc czy obowiązkiem ministra i rządu jest doprowadzić do tego, aby zawierać umowy zgodne z interesem państwa i pacjentów polskich, czy też z interesem firm farmaceutycznych? (Oklaski)

Jeśli dzisiaj wiem, że na rynku dostępne są trzy szczepionki trzech różnych firm, a każda z nich, ja nie zdradzam tu tajemnicy, ma inną zawartość substancji czynnej, to nie zastanawia państwa to, że mimo iż w każdej z nich obecność substancji czynnej jest inna, są traktowane tak samo? Czy dzisiaj minister zdrowia i fachowcy, którzy to oceniają, nie mają choćby przez moment wątpliwości co do tego, że może ta, która zawiera tę substancję czynną w śladowych ilościach, jest po prostu wodą święconą, a nie szczepionką? (Oklaski) Za to mamy zapłacić?

Dzisiaj mamy przykład Niemiec, w których oczywiście kupiono 50 mln dawek szczepionki, z czego wykorzystano na chwilę obecną niecałe 10 mln. 13% populacji Niemiec chce za ten cudowny lek dzisiaj zapłacić i chce się zaszczepić. Ale dla przykładu powiem państwu, że właśnie to Niemcy, co dziwne, przodują w jednym - w wyszczepialności na grypę sezonową. Jeśli na 1000 mieszkańców w Polsce na grypę sezonową szczepi się 52 Polaków, to w Niemczech szczepi się 228 osób. Co nagle takiego się stało - tam jest przecież tradycja szczepień - co się stało, że rząd kupił szczepionkę, zaoferował, a oni mówią: 13%, czyli mniej niż na sezonową chce się szczepić? Czy to są powody, nad którymi powinniśmy się zastanawiać, czy też nie? Także ci, którzy decydują o tym, że wprowadzają preparat, który dzisiaj jest w pewnym sensie owiany tajemnicą, bo jeśli państwo zobaczylibyście dokumenty rejestracyjne, to nie mamy tam wyszczególnionej ilości adiuwantu.

Ale też pamiętajmy o jednej rzeczy, że są tzw. strony niepożądane odczynów poszczepiennych, strony, które obligują wszystkich tych, którzy dany preparat wyprodukowali, do informowania o tych niepożądanych skutkach, które się zdarzyły po szczepieniu. Szczepimy się od początku października, na świecie szczepią się ludzie od początku października. Chcę, żeby ktokolwiek z państwa na tej stronie znalazł choć jeden paradoksalny objaw uboczny, choć jeden - wysypka, uczulenie. To się przy najbardziej bezpiecznym leku może zdarzać. Nie ma, jest pusto, cudowny lek. A skoro taki cudowny, to dlaczego firma nie chce go wprowadzić na rynek, biorąc odpowiedzialność za swój lek? Jeśli cudowny i bezpieczny, to biorę za to odpowiedzialność, wprowadzam go na rynek, wszystko jest transparentne i nie obciąża strony, która kupuje ten lek, płaci za to. Ta strona, która kupuje, nie ma wglądu w badania, nie ma wglądu również w skład szczegółowy i nie zna wyników, które pokazują w tej czwartej fazie, czy są jakiekolwiek minimalne działania uboczne po szczepieniu.

Zobaczcie, państwo, co się wydarzyło. Krótki okres badań, ale też jaka mała populacja. Jedna firma przeprowadza badania na 160 zdrowych ochotnikach w wieku od 20 do 60 lat, inna firma oferująca tę szczepionkę na 600 osobach zdrowych od 18. do 60. roku życia. Czy to nam, tu obecnym, szczególnie lekarzom, wystarcza do tego, żeby powiedzieć: tak, szczepimy się tą szczepionką przeciw tej grypie? Mnie nie wystarcza. Chcę mieć pewność, oczywiście nigdy stuprocentowej mieć nie będę, albo przynajmniej taką wiedzę, która pozwoli mi to zarekomendować przed ukończeniem negocjacji. My nie wypadliśmy z kolejki po tę szczepionkę. Ten czas do momentu podpisania tejże umowy, jeśli taka decyzja zapadnie - rekomendowana oczywiście będzie przez komitet pandemiczny - chcemy wykorzystać do maksymalnego pozyskania wiedzy o bezpiecznym produkcie, który chcemy zakupić dla państwa - lub też nie, jeśli się okaże, że będzie niezbyt doskonały.

A więc dzisiaj zadaję sobie pytanie: Jeśli na całym świecie miliard ludzi choruje na grypę sezonową, umiera milion z tego powodu, to czy ktoś - a grypa sezonowa nie występuje u nas od roku, od dwóch lat - z tego względu ogłaszał pandemię? Mało tego, okazuje się, że te wirusy grypy sezonowej są zdecydowanie gorsze, bardziej zjadliwe, nawet powodujące skutki śmiertelne i ciężkie powikłania. Czy ktoś właśnie z tego powodu ogłaszał pandemię? Może ci, którzy dzisiaj mnie namawiają do tego, żebym tak chętnie kupowała szczepionki na grypę A/H1N1, wiedząc, że w Polsce mamy 193 przypadki zdiagnozowane na 1000 przypadków sprawdzonych, z tego tylko 124 osoby były hospitalizowane, a z tych 124 podania tamiflu wymagało 100 osób? Czyli jaka jest zjadliwość tego wirusa w porównaniu z normalnym wirusem grypy, tym sezonowym? Zdecydowanie mniejsza. I dlaczego akurat przy tym wirusie jest taka histeria, a przy poprzednich, występujących tyle lat, zbierających żniwo śmiertelne, nie było takiej paniki, nie było takiej determinacji? Tych, którzy dzisiaj dopingują mnie do zakupu tej szczepionki, pytam, dlaczego zlekceważyli objawy grypy sezonowej w ubiegłym roku, dwa lata temu, trzy lata temu i w roku 2003. W roku 2003 w Polsce na grypę sezonową zachorowało ponad 1200 tys. osób. Czy ktoś wtedy mówił o tym na tej sali, a przecież parlament był, istniał, czy tu rozrywano szaty i krzyczano: ″Kupmy wszystkim szczepionki na grypę sezonową″? Ja sobie tego nie przypominam. My dzisiaj uczciwie mówimy: skoro grypa sezonowa jest groźniejsza, szczepcie się państwo przeciwko tej grypie. Mało tego, widzimy wzrost wyszczepialności. Co robimy? Otóż rząd podjął bardzo szybkie działania, żeby za kilka dni trafiły kolejne setki szczepionek do naszych aptek i hurtowni. To jest rozsądne działanie.

A więc na koniec chcę państwu powiedzieć tylko jedno: Polacy to bardzo mądry naród.

(Poseł Teresa Wargocka: W tym nasza nadzieja.)

Polacy bardzo dokładnie potrafią odróżnić to, co jest prawdą, od kłamstwa i potrafią również odróżnić to, co jest obiektywną oceną sytuacji, od gry politycznej. Za to Polaków bardzo szanuję. I chcę powiedzieć, że bardzo mi przykro, kiedy przekonuję się, że na tej sali w imię prawdy można oszukiwać Polaków. Tę ostatnią kwestię kieruję do tych wszystkich, którzy przebierają nogami w tej chwili po to, aby wywrzeć nacisk na ministra zdrowia i zmusić go do działań, za które bardzo chętnie albo jeszcze chętniej byście mnie rozliczali, gdyby się okazało, że coś jest nie tak. Właśnie to wy zarzucalibyście mi niestaranność, to wy zarzucalibyście mi brak wyobraźni, a dzisiaj zarzucacie mi przewlekanie w czasie. Powtarzam: w Polsce na 193 przypadki chorych na grypę A/H1N1 nie zszedł z tego świata ani jeden pacjent. Ci wszyscy ludzie w większości, czyli w ponad 50%, przechorowali tę grypę w domu. W związku z tym bardzo proszę Wysoką Izbę przede wszystkim o wsparcie dla ministra, który chce być wyjątkowo i odpowiedzialnym, i ostrożnym, chce dbać, co jest oczywiste w przypadku ministra zdrowia, o życie i zdrowie polskich pacjentów. Dziękuję bardzo. (Oklaski)

(Poseł Krystyna Skowrońska: Brawo, pani minister!)

Vaccins.biz

Articles de Ewa Kopacz

Vaccination contre la grippe H1N1: Discours de la ministre polonaise de la santé devant le parlement

Vaccins, 5 novembre 2009
http://vaccins.biz/Discours.htm
http://initiativecitoyenne.be/article-la-pologne-refuse-les-vaccins-h1n1-39381434.html

«Je voudrais dire que ma priorité pendant mes 20 ans de pratique de médecine générale a été «d'abord ne pas nuire» J'ai toujours à l'esprit ce principe en tant que Ministre de la Santé.

Dans ma pratique, quand je recommandais un médicament à qui que ce soit, je crois comme chaque praticien leferait, je me posais simplement la question : est-ce que je préconiserais cela pour ma vieille maman, pour mon enfant?

Ce type de pensée est révélatrice de toute la prudence que je dois avoir, des vérifications et des garanties dont je dois m'assurer en tant que Ministre de la Santé avant de préconiser un médicament à chaque citoyen polonais

A des millions de Polonais qui n'ont pas de formation médicale qu'un ministre ou un expert peut avoir comme le professeur Brydack par exemple qui a, en tant qu'expert, travaillé pendant plus de 40 ans sur la grippe.

Il travaille dans un des 189 centres de recherche sur la grippe dans le monde, un de ces centres se trouvant en Pologne. Pouvons-nous aujourd'hui être accusés d'un manque de connaissances sur la grippe?

Pouvons-nous remettre en question l'opinion d'un professeur qui travaille sur la grippe depuis plus de 40 ans et pas seulement sur un seul type de grippe ? Quelqu'un qui a publié des centaines d'articles sur le sujet? Je me pose seulement une question fondamentale : voulons-nous combattre la grippe pandémique?

Aujourd'hui, nous savons la teneur de différentes clauses des contrats que d'autres, beaucoup de gouvernements de pays riches ont signé avec les fabricants de vaccins.

Nous savons aussi ce qui a été proposé à l'état polonais. Suite aux négociations en cours, je ne peux pas tout dire aujourd'hui mais je peux dire une chose :

Notre département juridique a trouvé au moins 20 points douteux dans le contrat.

Or, quel est le devoir du Ministre de la Santé ? Signer des contrats qui sont dans le meilleur intérêt des Polonais ou bien signer des contrats qui sont dans le meilleur intérêt des compagnies pharmaceutiques?

Je sais qu'il y a 3 vaccins disponibles sur le marché aujourd'hui, de 3 producteurs différents. Chacun a une quantité de substance active différente et, étrangement, ils sont tous jugés équivalents?

N'est-ce pas suffisamment étrange pour que le Ministre de la Santé et les experts aient au minimum de légers doutes à ce sujet ?

Peut-être, si ça se trouve, le produit avec très peu de substances actives n'est juste qu'une «eau miraculeuse» que nous supposons pouvoir agir sur la grippe? Sommes-nous supposés payer pour cela?

Nous avons l'exemple de l'Allemagne qui a acheté 50 millions de doses, seulement 10% ont été utilisées jusqu'ici. 13% des Allemands sont disposés à accepter ce « remède miracle » aujourd'hui.

Mais c'est vraiment peu parce qu'en Allemagne, il y a un grand pourcentage de gens favorables à la vaccination.

Ainsi, en Pologne, sur 1000 personnes, 52 personnes feront le vaccin antigrippal (classique) alors qu'en Allemagne, ils sont 238 pour 1000 (23%)

Donc, qu'est-ce qui fait que seulement 10% des Allemands veulent se faire vacciner contre la grippe porcine et pas 23% de la population comme pour la grippe saisonnière? Leur gouvernement achète ces vaccins et les leur propose gratuitement et les gens ne les veulent pas? Comment cela se fait-il?

Est-ce que ces faits peuvent nous donner des arrière pensées concernant le fait d'acheter ou non ces vaccins? Des arrières pensées concernant le fait d'introduire un médicament qui serait une sorte de médicament secret? Il y a des sites internet sur lesquels les fabricants de vaccins ont l'obligation de publier les effets secondaires inattendus des vaccins. La vaccination en Europe a commencé le 1er octobre 2009.

Je voudrais que vous visitiez n'importe lequel de ces sites et que vous me trouviez un seul de ces effets secondaires inattendus, ne serait-ce qu'une réaction dermatologique généralisée, ce qui peut arriver même avec des médicaments sûrs.

Il n'y en a aucun sur ces sites internet.

Un médicament « parfait ».

Et puisque c'est si miraculeux, pourquoi la firme productrice ne veut pas introduire son produit sur le marché en acceptant d'assumer la responsabilité de celui-ci ? Pourquoi ne disent-ils pas: c'est un produit merveilleusement sûr c'est pourquoi nous prenons la responsabilité de celui-ci, nous allons le mettre sur le marché et tout est clair et transparent plutôt que de mettre la pression sur nous, les acheteurs?

Nous n'avons pas les résultats de tests cliniques, pas de détails sur les composants et pas d'informations sur les effets secondaires. Les vaccins en sont maintenant à une phase 4 de tests, des tests vraiment très courts et nous ne disposons toujours pas de ces informations. De plus, l'échantillon (de testeurs) était vraiment petit : un type de vaccins a été testé sur seulement 160 volontaires âgés de 20 à 60 ans, tous sains, pas infectés.

Un autre type de vaccin a été testé sur 600 volontaires âgés de 18 à 60 ans, tous bien portants. Est-ce que c'est suffisamment consistant pour nous les médecins présents dans cette salle ? Ce n'est pas suffisant à mes yeux.

Je veux être suffisamment sure avant de recommander cette vaccination.

Nous ne sommes pas définitivement hors jeu pour l'achat de vaccins.

Pendant le temps des négociations (en cours), nous voulons prendre le temps et l'utiliser à bon escient pour obtenir autant d'informations que possible sur le vaccin.

Ensuite, si le comité de lutte anti-pandémique finit par approuver le vaccin, alors nous l'achèterons.

En outre, il y a 1 milliard de gens qui font la grippe saisonnière chaque année, 1 millions en meurent chaque année. Et c'est le cas non pas depuis 1 an ou 2 mais depuis des années.

Est-ce que quelqu'un a déjà annoncé une pandémie de grippe saisonnière quelque part dans le monde ? Et pourtant la grippe saisonnière est bien plus dangereuse que la grippe porcine. Il y a même des décès et de graves complications.

Y a-t-il eu la moindre pandémie (de grippe saisonnière) qui ait été annoncée?

Dès lors, à celui qui me pousse à acheter des vaccins (contre la grippe pandémique), je vous demande : Pourquoi n'avez-vous pas crié ou pleuré pour qu'on en achète l'année dernière, il y a 2 ans et en 2003. En 2003, il y a eu 1, 2 millions de Polonais qui ont fait la grippe saisonnière!

Est-ce que quiconque dans cette salle a alors crié « achetons des vaccins pour tout le monde!» ?? Je ne peux pas ne pas rappeler cela.

Et, en conclusion, je voudrais dire seulement une chose : la nation polonaise a beaucoup de sagesse. Les Polonais savent distinguer la vérité du mensonge très précisément. Ils peuvent aussi déterminer ce qui constitue une situation objective et ce qui n'est qu'un jeu.

vidéo source sur youtube: «Polish Health Ministry on swine flu jabs issues A/
http://www.youtube.com/watch?v=RhZesZe33cw
https://www.nicovideo.jp/watch/sm41047888
Traduction du discours sur le site
http://initiative.citoyenne.over-blog.com/article-la-pologne-refuse-les-vaccins-h1n1-39381434.html,
envoyé par le Docteur Eric Beeth.
Articles de Ewa Kopacz publiés par Mondialisation.ca

THE FLU CASE

Polish Health Minister cut off after accusing WHO of spreading disinformation in Ukraine

The Flu Case, 5 November 2009

https://web.archive.org/web/20100102021401/http://theflucase.com/index.php?option=com_content&view=article&id=1613%3Apolish-health-minister-cut-off-after-accusing-who-of-spreading-disinformation-in-ukraine&catid=41%3Ahighlighted-news&Itemid=105&lang=en

Polish Health Minister cut off after accusing WHO of spreading disinformation in Ukraine. - The Flu Case, 5 November 2009, 11:24

TV transmission of a live parliamentary debate in Poland was cut off for fifteen minutes today after the Polish Health Minister Ewa Kopacz said that WHO was spreading disinformation in the Ukraine concerning the "swine flu" pandemic.

Kopacz has come under fierce criticism from some quarters after she said she will resist pressure to press ahead with the mass vaccination of the population with untested swine flu jabs that could cause damage and death to more people than the swine flu.

The unexpected interruption of the TV and website transmission of the debate in parliament will fuel fears that portions of the Polish media and government allied to big pharma and banks are censoring critics of WHO and of the toxic and untested swine flu jabs.

The Polish Health Minister was cut off in the middle of answering questions on the „swine flu“ jab and footage of French President Nicholas Sarkozy was shown, it is reported.

Kopacz has been celebrated as a "hero" by the general public for her stance in putting the health of the general public before the profits of big pharma and WHO.

THE FLU CASE

Jane Burgermeister

Polish Health Minister, a family doctor, tells Parliament she will not allow use of untested swine flu jabs: reveals secret contracts violate the law

The Flu Case, 5 November 2009, 11:59
https://web.archive.org/web/20100106085046/http://www.theflucase.com/index.php?option=com_content&view=article&id=1618%3Aupdate-polish-health-minister-a-family-doctor-tells-parliament-she-will-not-allow-use-of-untested-swine-flu-jabs-reveals-secret-contracts-violate-the-law&catid=41%3Ahighlig

The Polish Health Minister Eva Kopacz today told Parliament during a heated debate on the swine flu vaccination that she, as a qualified family doctor with more than 20 year of experience, will not authorise the use of untested vaccines on millions of people in Poland when there is inadequate information about the safety of the jabs.

She said the secret contract that the Polish government was supposed to sign with pharmaceutical companies had more than 20 clauses which are against the law.

Kopacz noted that governments in Western Europe had signed secret agreements with pharmaceutical companies, but suggested that the prosperity of the people of Poland was more important to her than the profits of Big Pharma.

She noted that there are three vaccines proposed for Poland with different types of adjuvants and was concerned that these vaccines were all being treated as if they were the same.

In addition, she observed that only 13 % of the people in Germany want to take the swine flu jab even though 5 times more people in Germany take the regular flu shot than in Poland, and asked why the Germans are so unwilling to take the jab.

She said there was secrecy surrounding the contents of the vaccines. There is no information about the amount of adjuvants in the vaccinesm, she added.

Furthermore, the family doctor and Health Minister said there is absolutely no information about the side effects of the swine flu jab. The pharmaceutical companies did not want to take responsibilty for the jab.

Also, she said that trials for the swine flu jab were being conducted on a relatively small number of healthy people and that these were not adequate for her to recommend the jab.

Moreover, Kopacz said that the regular flu was much more common and dangerous than the swine flu - and yet no pandemic had been declared over the seasonal flu.

Why is there such a panic about the swine flu virus? She asked.

Kopacz said that the Polish people can tell the difference between objective facts and the truth and lies.

She noted that all 193 people who allegedly had the swine flu in Poland had survived.

Finally, she called on the people of Poland to show their support for her as she comes under growing pressure from the pushers of the "swine flu" jab to give the people the dangerous and untested jab.

WPROST

Elżbieta Saba

Piecha: Kopacz nie ma zielonego pojęcia o szczepionkach

Wprost, 5 Listopada 2009
https://www.wprost.pl/tylko-u-nas/177276/piecha-kopacz-nie-ma-zielonego-pojecia-o-szczepionkach.html

Przewodniczący Komisji Zdrowia doktor Bolesław Grzegorz Piecha na początku rozmowy zastrzegł, że wiceminister zdrowia sam stwierdził, że nie wie, czy zgony mają związek ze szczepionkami. Lekarz podkreślił też, że każdy lek ma jakieś działanie uboczne, „ale nie jest to żaden powód, dla którego mielibyśmy nie szczepić Polaków". Następnie zwrócił uwagę, że podważanie bezpieczeństwa lekarstw, to podważanie kompetencji agencji farmaceutycznych.

- Od wydania takiego orzeczenia są specjalne instytucje farmaceutyczne i specjalistyczne, które dostają pieniądze za wydawanie takich opinii. Musimy ufać specjalistom, bo są oni najlepszym źródłem rzetelnych informacji. Szczepienie na grypę jest jak na razie najskuteczniejszym środkiem zaradczym – komentuje poseł.

Następnie Piecha podkreślił, że pani minister nie jest kompetentna do wydawania orzeczeń o szkodliwości leków.

- Pani minister jest urzędniczką i nie ma zielonego pojęcia o działaniu szczepionek. Mamy swoich specjalistów w WHO, mamy w Komisji Zdrowia. Czemu Pani minister nie spyta ich o zdanie? Nie wiem, z jakiego powodu nasze ministerstwo nie ufa nikomu – zastanawia się Piecha.

Poseł tłumaczy, że prawdziwym powodem nie zakupienia szczepionek jest to, że minister zdrowia liczyła na zakupienie leków przez Unię Europejską.

- Oczywiście wygrały egoistyczne interesy krajów i Niemcy kupują dla Niemców, a Francuzi dla Francuzów. Pani Kopacz pozostała w złudnym przeświadczeniu, że wszystko zrobi za nas Unia Europejska. Mam nadzieję, że w końcu za jakiś tydzień szczepionki jednak trafią do Polski – tłumaczy doktor. - Natomiast podawanie informacji o śmierci spowodowanej szczepionką to jest właśnie sianie paniki i promowanie spiskowej teorii dziejów. => English

WPROST

Elżbieta Saba

Piecha: Minister Kopacz does not have a clue about vaccines

Wprost, 5/13 Listopada 2009
https://www.wprost.pl/tylko-u-nas/177276/piecha-kopacz-nie-ma-zielonego-pojecia-o-szczepionkach.html
https://jagahost.proboards.com/thread/7611/polish-health-ministry-blasts-vaccinations

The Ministry of Health did not purchase vaccines against the A/H1N1 flu because five vaccinated EU citizens had died. “Minister Kopacz does not have a clue about vaccines”, said Boles³aw Piecha to gover.pl.

Doctor Boles³aw Grzegorz Piecha, who is the chairman of the Health Committee warned in the beginning of the interview that deputy health minister had said himself that he did not know whether the deaths had been vaccine-related. The doctor also emphasised that every drug has a side-effect, "but it should not prevent us from vaccinating Poles". He then drew attention to the fact that undermining the safety of a drug is the same as undermining the competence of pharmaceutical agencies.

"There are special pharmaceutical institutions that determine this and they are paid to give such opinions. We have to trust specialist because they are the best source of reliable information. For now flu vaccines are the most effective remedy," commented the MP.

Then Piecha emphasised that Minister Kopacz is not competent to determine whether a given drug is harmful or not.

"Mrs. Kopacz is a clerk and she does not have a clue about the effectiveness of vaccines. WHO and Health Committee have their own specialists. Why will Mrs. Kopacz not ask them what they think? I don’t know why our Health Ministry does not trust anyone," said Piecha.

According to him the real reason why vaccines will not be purchased is that the Ministry of Health hoped that they would be bought by the EU.

Polish Prime Minister:
Donald Tusk, pressured by EC on swine flu (AH1N1) vaccines

European Commission, 6 November 2009.
https://www.youtube.com/watch?v=34HZ5JBQt0E

SEJM
21:00
24 GODZINY
MUCHA
KŁOPOTEK
BRUDZIŃSKI
Mr Prime Minister, an announcement by European Commision has just been published which say that the best way to prevent swine flu is vaccination.

Polish Prime Minister: Donald Tusk's press conference on 06.11.2009. He's sceptical regarding swine flu vaccines despite pushing announcement made by European Commission.

CTV NEWS

Poland won't buy H1N1 vaccine until 'properly tested'

CTV News, The Associated Press, 6 November 2009, 2:05 PM EST
https://www.ctvnews.ca/poland-won-t-buy-h1n1-vaccine-until-properly-tested-1.451528

Warsaw, Poland – Polish Prime Minister Donald Tusk says his government won't buy vaccines for swine flu that have not been properly tested or from producers who won't take responsibility for possible side effects.

Tusk told reporters Friday that vaccine producers were pressuring governments to buy, but were also demanding that all responsibility and compensation for possible side effects should fall upon the governments purchasing the medicine.

He stressed that the few dozen swine cases in Poland have been mild and no deaths have been reported.

KyivPost
INDEPENDENCE. COMMUNITY. TRUST

Poland distrustful of swine flu vaccination

Kyiv Post, Associated Press, 6 November 2009, 4:44 pm
https://archive.kyivpost.com/article/content/eastern-europe/poland-distrustful-of-swine-flu-vaccination-2-52080.html

Warsaw, Poland (AP) – Polish Prime Minister Donald Tusk saidNov. 6that his government won't buy vaccines for swine flu that have not been properly tested or from producers who won't take responsibility for possible side effects.

Tusk told reporters that vaccine producers were pressuring governments to buy, but were also demanding that all responsibility and compensation for possible negative side effects fall upon government shoulders.

"Today we are dealing with great pressure from pharmaceutical firms … we are dealing with expectations that hundreds of millions of zlotys (dollars) will be spent on vaccine while no one wants to guarantee that it has no side effects," he said.

He stressed that the few dozen swine cases in Poland have been mild and no deaths have been reported.

Some independent health experts have been advising vaccination after a recent surge in flu cases in neighboring Ukraine saw more than 700, 000 cases and 109 deaths of people with flu-like illness in recent weeks.

Fourteen of the fatalities were swine flu cases, Polish news agency PAP reported, citing Ukraine's chief doctor Oleksandr Bilovol.

Polish health officials said a military medical laboratory in Pulawy was testing samples taken in Ukraine from sick people. Poland is also sending face masks to Ukraine.

On Thursday, the World Health Organization said that the swine flu virus has become the predominant flu strain worldwide.

In some countries, swine flu accounts for up to 70 percent of the flu viruses being sampled, according to Dr. Keiji Fukuda, WHO's top flu official.

While most people recover from the illness without needing medical treatment, officials are also continuing to see severe cases in people under 65 – people who are not usually at risk during regular flu seasons.

LE FIGARO · fr

La Pologne refuse les vaccins H1N1

Le Figaro // AFP, 6 Novembre 2009, 16:46
https://web.archive.org/web/20091109023154/http://www.lefigaro.fr/flash-actu/2009/11/06/01011-20091106FILWWW00529-la-pologne-refuse-les-vaccins-h1n1.php

Le premier ministre polonais Donald Tusk a accusé aujourd'hui les sociétés pharmaceutiques de chercher à rejeter sur les gouvernements la responsabilité pour d'éventuels effets secondaires des vaccins contre la grippe H1N1, justifiant ainsi le refus de la Pologne de les acquérir.

"Nous savons que les sociétés qui offrent les vaccins contre la grippe H1N1 ne veulent pas prendre la responsabilité des effets secondaires de ce vaccin", a déclaré Tusk à la presse. "Elles refusent de les mettre sur le marché, parce que leur responsabilité juridique serait alors plus grande. Elles demandent des clauses qui ne sont probablement pas conformes à la législation polonaise, et qui rejettent toute la responsabilité sur le gouvernement d'un pays en ce qui concerne les effets secondaires et des indemnisations éventuelles,", a-t-il ajouté.

La Pologne refuse pour l'instant d'acheter des vaccins contre la grippe H1N1, estimant qu'ils n'ont pas encore été suffisamment testés par les autorités médicales.

THE FLU CASE

Polish Prime Minister says swine flu hysteria generated by pharmaceutical lobby

The Flu Case, 7 November 2009, 10:11
https://web.archive.org/web/20100102033846/http://theflucase.com/index.php?option=com_content&view=article&id=1676%3Apolish-prime-minister-says-swine-flu-hysteria-generated-by-big-pharma-for-profits&catid=41%3Ahighlighted-news&Itemid=105&lang=en

The Polish Prime Minister Donald Tusk said yesterday that the lobbyists of pharmaceutical companies were responsible for creating the hysteria sweeping the globe over the „swine flu“ virus.

According to a report on the Polish TV channel, TVN24, Tusk said that the hysteria over the swine flu was being created in order to force governments to pay out millions on contracts for pandemic vaccines.

Tusk said that the Polish government would not spend large sums on vaccines for the relatively harmless swine flu when the seasonal flu kills more people.

Also, he criticised the pharmaceutical companies for trying to shift their responsibility for paying compensation for any death and damage that their vaccines cause onto the government.

"We know that the companies that are offering the vaccines against the H1N1 flu do not want to take responsibility for the secondary effects of the vaccine. They refuse to put [the vaccines] onto their market because their legal responsibility will be larger. They demand clauses which are probably not in conformity with Polish laws, and which pass all responsibilty to the government of a country for the secondary effects and eventual compensation,“ Tusk said, according to the AFP.

Tusk expressed support for the stance of the Health Minister Ewa Kopacz, a family doctor, who has refused to buy the swine flu jabs on the grounds they are not adequately tested by the medical authorities.

The Polish Deputy Minister for Health Adam Fronczak also noted that more people had died in the swine flu vaccines than from the actual virus in one country, apparently Sweden, according to TVN24.

"In one of the countries where there was a big contract for vaccines, two people died because of h1n1 but four people allegedly died a few hours after vaccination,“ he said.

The Swedish government has distributed more than a million doses of swine flu vaccines but there are no government figures available on how many jabs have been given to people making it impossible to assess the damage being caused by the vaccine. Also, there is only very limited or no requirement to report damage caused by the swine flu jab in Sweden.

Kopacz o szczepionkach: Dlaczego tak nalegacie?

Kopacz on vaccines: Why are you so insistent?

TVN24, Polska, 9 listopada 2009, 23:20 / 10 listopada 2009, 5:37
https://tvn24.pl/polska/kopacz-o-szczepionkach-dlaczego-tak-nalegacie-ra114908-3699855

Marek Balicki atakuje Ewę Kopacz za niepodpisanie umowy na zakup szczepionki przeciw świńskiej grypie. Ona nie pozostaje mu dłużna. - Kiedy pan był ministrem, w 2003 roku była największa liczba zachorowań na grypę sezonową - 1,2 mln, a nie ogłaszał pan epidemii. Skąd teraz taka determinacja pana i pana kolegów - pytała minister zdrowia w programie "Teraz My!".

Ewa Kopacz zdziwiona jest dzisiejszą postawą Balickiego, który wielokrotnie w ostatnich dniach apelował o podpisanie przez rząd umowy z dostawcą szczepionki przeciw grypie typu A/H1N1. Zarzuca mu, że kiedy sam był ministrem zdrowia w rządzie SLD, zmagał się z największą falą zachorowań na grypę sezonową w ostatniej dekadzie, ale epidemii nie ogłaszał. - Lek Tamiflu kupił pan na dwa tygodnie przed swoim odejściem (w październiku 2005 roku, kiedy był szefem resortu w rządzie Marka Belki - red.) - przypomina Kopacz.

Chcą pieniędzy bez odpowiedzialności

Na zarzuty, że już dawno powinna podpisać umowę z producentem szczepionki, obecna minister zdrowia odpowiada przypominając to, co słyszeliśmy już wielokrotnie - że firmy farmaceutyczne chcą "zarobić szybkie pieniądze", a nie chcą odpowiadać za bezpieczeństwo pacjentów.

- Kiedy rząd uzyska od firm, z którymi negocjujemy odpowiedź potwierdzającą bezpieczeństwo szczepionek, to umowę podpiszemy. Teraz jednak firmy chcą, żeby rząd za szczepionki zapłacił, ale nie chcą wziąć na siebie odpowiedzialności za ich działanie. Pytamy: dlaczego? - powtarzała Ewa Kopacz.

Balicki spokojny

- Lek ten został dopuszczony przez Europejską Agencję ds. Oceny Produktów Leczniczych, jestem więc spokojny - odpowiadał Marek Balicki.

Jego zdaniem, "po raz pierwszy w tym stuleciu stoimy w niebezpieczeństwie epidemii" a "obowiązkiem rządu jest dbać nie tylko o zdrowie poszczególnych obywateli, ale też całego społeczeństwa". - Ta umowa powinna być już zawarta, żebyśmy mogli skutecznie zaszczepić się przeciw grypie - uważa Balicki.

Kopacz on vaccines: Why are you so insistent?

[*google translation*]

Marek Balicki attacks Ewa Kopacz for not signing a contract for the purchase of a swine flu vaccine. She owes him nothing. – When you were a minister, in 2003 there was the highest number of cases of seasonal flu – 1.2 million, and you did not announce an epidemic. Why are you and your colleagues so determined now - the Minister of Health asked in the "Teraz My!" program.

Ewa Kopacz is surprised by today's attitude of Balicki, who has appealed many times in recent days for the government to sign a contract with the supplier of the A/H1N1 influenza vaccine. He accuses him of having struggled with the largest wave of seasonal flu in the last decade when he was the minister of health in the SLD government, but did not announce the epidemic. – You bought the drug Tamiflu two weeks before your departure - recalls Kopacz. (in October 2005, when he was the head of the ministry in the government of Marek Belka - ed.)

They want money without responsibility

To allegations that she should have signed a contract with a vaccine manufacturer a long time ago, the current health minister responds by recalling what we have heard many times – that pharmaceutical companies want to "make quick money" and do not want to be responsible for patient safety. – When the government receives from the companies with which we are negotiating an answer confirming the safety of vaccines, we will sign the contract. Now, however, the companies want the government to pay for the vaccines, but they do not want to take responsibility for their operation. We ask: why? – repeated Ewa Kopacz.

Balicki calm

- This drug has been approved by the European Agency for the Evaluation of Medicinal Products, so I am calm – replied Marek Balicki.

In his opinion, "for the first time in this century, we are in danger of an epidemic" and "the duty of the government is to take care not only of the health of individual citizens, but also of the entire society." – This agreement should already be concluded so that we can effectively vaccinate against influenza - believes Balicki.

Polish Health Minister Ewa Kopacz about swine flu and vacine
TVN 24, 9 September 2009 – Part 1-4

1/4 https://www.youtube.com/watch?v=0knuUSiBNwI&t=0s [deleted]
2/4: https://www.youtube.com/watch?v=LpbizV10uoU&list=PL579700CA87CC3B5D&index=6
3/4: https://www.youtube.com/watch?v=j5UqTw-VS4k&list=PL579700CA87CC3B5D&index=7
4/4: https://www.youtube.com/watch?v=n2_SfK3GI2E&list=PL579700CA87CC3B5D&index=8
4/4: https://www.youtube.com/watch?v=n2_SfK3GI2E&list=PL579700CA87CC3B5D&index=9
4/4 https://www.youtube.com/watch?v=n2_SfK3GI2E

THE FLU CASE

Polish Health Minister says no swine flu jabs unless pharma companies accept liability

The Flu Case, 10 November 2009
https://web.archive.org/web/20100102033753/http://theflucase.com/index.php?option=com_content&view=article&id=1717%3Apolish-health-minister-says-no-swine-flu-jabs-unless-pharma-companies-accept-liability&catid=41%3Ahighlighted-news&Itemid=105&lang=en

The Polish Health Minister and family doctor Ewa Kopacz has said she will only sign a contract for the swine flu jabs if pharmaceutical companies agree to accept liability and take responsibility for paying compensation in the even that the vaccines cause damage or death.

"I will sign only when pharamceutical companies take responsibility of the vaccines. I guarantee it," Kopacz is reported to have said on Polish TV.

The unwillingness of the pharmaceutical companies to accept any liability for their vaccines has fuelled fears that they are well aware of how pontentially damaging these jabs are, especially for children and pregnant women, and have positioned themselves in advance to avoid claims.

Pharmaceutical companies have not conducted clinical trials on the new vaccines contanining mercury and squalene. The safety and effectiveness of the swine flu vaccine does not have to be proven before they are administered to people under special pandemic emergency vaccine approval guidelines issued by the European drug regulator, the EMEA.

The Europen Union has also passed a decree that gives pharmaceutical companies blanket immunity in the event of their vaccines causing damaging if a pandemic emergency is declared.

ИНФОРМАГЕНТСТВО FORUM
www.for-ua.com

В Польше разгорает скандал с прививками от гриппа
Вакцина не прошла исследования

Forum, 10 ноября 2009, 13:52
https://for-ua.com/article/389163

Министр здравоохранения Польши Ева Копач считает массированную критику министерства за отказ от закупки вакцины против гриппа A/H1N1 до завершения клинических исследований о ее безопасности желанием производителей «быстро заработать» на ее продажах.

Об этом министр заявила в прямом эфире TVN24 во время дискуссии по этому вопросу с бывшим руководителем Министерства здравоохранения РП Мареком Балицким, который в последнее время очень активно критикует Копач за промедление с закупкой партий вакцины против гриппа A/H1N1.

Копач в очередной раз подтвердила, что, несмотря на мощное давление, не планирует изменять свою точку зрения и закупать вакцину против нового гриппа до окончания исследований по ее безопасности.

«Когда правительство получит от фирм, с которыми мы ведем переговоры, ответ о безопасности прививок, то подпишем договор. Однако фирмы хотят, чтобы правительство заплатило за вакцину, но не хотят взять на себя ответственность за ее действие», - сказала министр.

Копач отметила, что в 2003 году, когда Балицкий был министром здравоохранения, в Польше был зарегистрирован самый высокий уровень заболеваемости гриппом за последние десять лет - заболели 1,2 млн. людей 36-миллионной страны, и не были объявлены никакие экстренные противоэпидемические меры.

«Откуда сегодня у вас и ваших коллег такая настойчивость (в вопросе вакцинации против пандемического гриппа)?», - спросила министр, сообщает «УНИАН».

Она добавила, что Балицкий лишь в октябре 2005 года решил закупить препарат «Тамифлю», который считается одним из наиболее сильных противогриппозных лекарств, но в то же время, по данным медиков, имеет ряд не до конца проверенных побочных эффектов.

В свою очередь, Балицкий заявил, что уверен в безопасности вакцины против «калифорнийского» гриппа, потому что Европейское агентство по оценке медицинских продуктов предоставило разрешение на использование этой вакцины в странах ЕС.

Он также заявил, что Польше «впервые за последние сто лет угрожает эпидемия, и правительство обязано заботиться не только о здоровье отдельных граждан, но и всей нации».

В Польше практически в 100% случаях заболевания гриппом A/H1N1 болезнь проходила в более легкой форме, чем у больных обычным гриппом.

В 2008-2009 годах обычным гриппом заболели 540 тысяч поляков, в то время как новым гриппом, который появился в Польше в мае этого года, заболели более 210 человек, ни один из них не умер.

По данным ВОЗ, с апреля по ноябрь текущего года в мире гриппом A/H1N1 заболели около 440 тысяч человек, из которых 5,7 тысяч умерли.

В то же время обычным гриппом ежегодно болеет около миллиарда людей, из которых умирает миллион.

Как ранее писал ForUm, от гриппа и острой респираторной вирусной инфекции в Украине по состоянию на 9 ноября ***умерло 174 человека.***

Премьер-министр Украины Юлия Тимошенко попросила Всемирную организацию здравоохранения (ВОЗ) помочь ***обеспечить украинцев вакциной*** против гриппа A/H1N1 (свиного гриппа).

В свою очередь, руководитель бюро Всемирной организации здравоохранения (ВОЗ) в Украине Игорь Поканевич *призывает украинскую власть* провести переговоры по заключению контрактов на поставки вакцины против гриппа A/H1N1 с руководителями стран, где такая вакцина есть.

Swine flu vaccines contaminated with avian (bird) flu.

Polish TV (TVN), 11 November 2009
https://www.youtube.com/watch?v=VX6p-sbbnKs

Nur für Besucher
Baxter
We turned to Baxter company for some answers.
Baxter limited itself to writen statement that was
sent to us, in which we read among others:

This is a 5 minute material from a TV show called "Teraz my" ("Now us") broadcasted on 9/11/2009 on biggest Polish private station TVN. The program is very respected and has very large audience so this is real mass media in Poland, I mean total mainstream media.

The hosts invited current Polish Health Minister Ewa Kopacz (against the flu), and former Polish Health Minister Marek Balicki.

He kept on saying actually one thing: "but WHO and EMA recommended it, are you trying to be smarter and jeopardize health of millions of Poles?"

Current Minister kept bringing up the issues stated in her appearance in Polish Parliament, you can watch it here: RE: Polish Health ...

Former Minister is either naive or full of shit and made a fool of himself the way he behaved, and she came out really good with the message.

The hosts ended the show with a conclusion that the doubts are very reasonable and that it is disturbing how big pharma and big politics are making big shady businesses above our heads.

It starts becoming a public subject now and it looks really good folks!

THE FLU CASE

Polish people support Health Minister in rejecting untested swine flu jab

The Flu Case, 13 November 2009 17:24

https://web.archive.org/web/20100102044306/http://theflucase.com/index.php?option=com_content&view=article&id=1780%3Apolish-people-support-health-minister-in-rejecting-untested-swine-flu-jab&catid=1%3Alatest-news&Itemid=64&lang=en

The Polish Health Minister and family doctor Ewa Kopacz is enjoying strong support among the general public for insisting on better tests for any swine flu jab and on the pharmaceutical companies accepting responsibility, according to local media.

"Spokesperson for Civil Rights" Dr Janusz Kochanowski has said that Kopacz should be prosecuted for putting the lives of Polish citizens at risk by rejecting the contract with big pharma. But Polish officials sprang to Kopacz's defence, saying that if anyone should be prosecuted, then it should be Kochnanowski for risking the lives of Poles .

In spite of fierce criticism from the big pharma lobby and their allies, the Polish Health Ministry has said they will not accept the "swine flu" jabs unless pharmaceutical companies accept liability for any damaged caused by the vaccines.

domik

Из паники – в Пофигизм

Domik Новости, 13 ноября 2009
https://domik.ua/novosti/iz-paniki---v-pofigizm-n69513.html

Киевские власти говорят, что в городе - 31 больной свиным гриппом и 6 смертей. Власть, к ужасу иммунологов, требует немедленной вакцинации.

...

А Польша неисследованной вакциной прививаться не будет...

Вакцинироваться от сезонного гриппа надо, от свиного - тоже. Но вот Ева Копач, глава польского Минздрава, отказалась проводить вакцинацию от A/H1 N1, пока фирмы, делающие вакцину, не предоставят результаты исследований ее безопасности. Критику в свой адрес Копач объяснила тем, что производители хотят быстрей заработать на вакцине, но не хотят брать на себя ответственность, если она вдруг нанесет вред. Украину это отчего-то не пугает.

Так или иначе, «Газета...» не раз печатала заявления иммунологов: делать прививку надо не во время эпидемии, а хотя бы парой недель раньше, чтобы иммунитет успел сформироваться. Есть и более жесткие мнения.

– Прививать во время эпидемии – это преступление! – считает ученый секретарь института микробиологии и иммунологии имени Мечникова Артур Мартынов. - Вы не отличите здорового человека от того, кто только что переболел в очень легкой форме, введете ему вакцину - и можете вызвать тяжелейший рецидив!

The Sydney Morning Herald

Poland reports first swine flu death

The Sydney Morning Herald, 15 November 2009, 10.24 am
https://www.smh.com.au/world/poland-reports-first-swine-flu-death-20091115-ifzu.html

Swine flu has claimed its first victim in Poland, after a 37-year-old man died of respiratory complications, a medical official said.

Jerzy Karpinski, head of the medical service in the Gdansk region of northern Poland, told reporters that tests had confirmed the presence of the H1N1 virus in the man who died Friday afternoon in hospital.

The individual had initially been hospitalised with suspected severe pneumonia in the northern town of Puck, before being transferred Thursday to Gdansk's contagious diseases unit.

A specialised laboratory in the northern city of Olsztyn confirmed the presence of the H1N1 virus Saturday, he said.

Poland has so far recorded 237 cases of swine flu.

The government, however, has decided to hold off buying vaccines against the virus, arguing that those on offer have not yet been sufficiently tested.

Earlier this month, Polish Prime Minister Donald Tusk slammed drug companies selling swine flu vaccines for allegedly refusing to take legal responsibility for any possible side effects.

He also claimed that mass vaccination programmes in other countries seemed excessive and out of step with the real epidemic.

More than 6,250 people have died worldwide since the swine flu pandemic was first discovered in April in Mexico, according to the most recent World Health Organisation data, with more than two-thirds of victims in the Americas.

THE FLU CASE

Nighttime aerosol spraying by planes reported in Poland

The Flu Case, 16 November 2009

https://web.archive.org/web/20100102040228/http://theflucase.com/index.php?option=com_content&view=article&id=1815%3Anighttime-aerosol-spraying-by-planes-reported-in-poland&catid=41%3Ahighlighted-news&Itemid=105&lang=en

Reports are coming in from Poland that airplanes carrying out aerosol spraying have been flying in the middle of the night. Planes were reported in the Gdansk area and in the south east. A pilot reported hearing an aircraft noise that he could not identify in the night time.

The reports of airplanes carrying out spraying in the night are similar to the ones from western Ukraine when low flying light airplanes carrying out aerosol spraying over Ukrainian cities were seen during the days of October 29, 2009 and October 31, 2009 just before huge numbers of people began to get sick and the first deaths from the pneumonia plague were diagnosed.

The Ukraine government issued a statement denying that it was doing any aerial spraying to combat the growing disease or authorizing any spraying over Ukrainian cities.

The Ukraine government has since implemented a state of emergency, postponed elections, banned public meetings, closed some of its borders, ordered the arrest of critics of vaccinations and is also prepared for a mass forced vaccination programme with the toxic and untested swine flu jab.

WHO has acquired extraordinary powers over the Ukraine as a result of this emergency declaration under the pretext of fighting a pandemic.

WHO and Baxter have been linked to bioterrorism activities and the release of the pneumonic plague by a number of analysts.

There are no reports of pneumomic plague in Poland so far.

THE FLU CASE

Are Poland and Austria at the forefront of an undeclared biological war?

The Flu Case, 16 November 2009, 23:05

https://web.archive.org/web/20100102024224/http://theflucase.com/index.php?option=com_content&view=article&id=1826%3Aare-poland-and-austria-at-the-forefront-of-an-undeclared-biological-war&catid=41%3Ahighlighted-news&Itemid=105&lang=en

Eyewitness reports from Poland and Austria indicate that both countries are being subjected to new kinds of aerosoal spraying by aircraft.

This seems to be an attempt to trigger a pandemic in the same way as occured in the Ukraine recently when pneumonia plague emerged after reports of night time aerosol spraying by low flying planes.

Three aircraft flying in formation were seen at night time in Klagenfurt one month ago apparently on a spraying operation.

New types of spraying were seen in eastern and southern Austria today.

This is one report from Lower Austria:

"I followed your homepage today and saw that you put up that link where you reported that in Villach new types of Chemtrails have been laid by Chemtrail Aircrafts to set the real flu pandemic in motion here as well.

I am covering Chemtrails for at least 6 months, also putting them online via youtube under my youtube name "Silberhorter".

On Sunday when I went out in our garden in Lower Austria (near Wr. Neustadt) I recognized massive spraying activity on almost unprecedented scale. I will upload this action tomorrow night. The spraying was done by new kind of airplanes with strange colors on them (yellow, red. I also detected one plane to put the trigger on and off twice. you can see this action on the video taken on Sunday 15.11.09: http://www.youtube.com/watch?v=N661mbZ5XrY [deleted]

Do you have more info about this new kind of Chemtrail acts? Was it from Sunday? Because today it was already completely cloudy (must be the result of yesterdays spraying acts, because the sky was completely covered with intense mist only 1 hour after they attacked).

If you have more info please let me know to compare it with what I saw on Sunday. What I took notice of was that the trails lingered quite fast and that all sort of different tactics and planes were carried out...

If you check on my channel on Wednesday morning you should see a summary of this Chemtrail activity of Sunday, 15.11.09 near Wr. Neustadt."

wprost

Kopacz:

w 2009 roku pięć razy częściej chorujemy na grypę

WPost, 17 Listopada 2009

https://www.wprost.pl/kraj/178387/kopacz-w-2009-roku-piec-razy-czesciej-chorujemy-na-grype.html

Od 1 września do 15 listopada na grypę sezonową oraz wywołaną wirusem A/H1N1 zachorowało w Polsce 107 250 osób. W ubiegłym roku w tym samym okresie zachorowało 24 843 pacjentów - poinformowała minister zdrowia Ewa Kopacz po posiedzeniu Komitetu Pandemicznego. Dodała, że tak duży wzrost zachorowań świadczy o obecności w Polsce nowego wirusa A/H1N1, który szybko się rozprzestrzenia.

Kopacz uspokoiła jednak, że zgodnie z obserwacjami Światowej Organizacji Zdrowia (WHO) u 80 procent wszystkich zainfekowanych nowym wirusem choroba ma bardzo łagodny przebieg, a u 10 procent pacjentów kończy się bezobjawowo lub bardzo skąpymi objawami, takimi jak np. katar. Minister zaznaczyła, że trzy osoby, które zmarły w wyniku powikłań pogrypowych, a które miały nowego wirusa, "były obciążone dodatkowymi schorzeniami, które miały szczególny wpływ na ich odporność".

Mamy szczepionkę na grypę sezonową

Minister Kopacz poinformowała, że komitet pandemiczny podjął decyzję, by od 75 do 80 tys. kuracji leku antywirusowego Tamiflu z zakupionych rezerw trafiło do aptek. Dzięki temu lekarze pierwszego kontaktu będą mogli wdrożyć leczenie antywirusowe. - Dokładne instrukcje w tym zakresie lekarze dostaną w najbliższym czasie - powiedziała minister Kopacz. Minister poinformowała też, że Polska zakupiła ok. 40 tysięcy dawek szczepionki sezonowej, a wkrótce do Polski ma trafić także jeszcze 273 tys. dawek szczepionki dla grup ryzyka. Zaznaczyła, że chodzi o to, by stosując szczepionkę przeciw grypie sezonowej zmniejszyć ryzyko przeciw A/H1N1.

Świńska grypa nie zabiła mieszkańca Myślenic...

Dziś okazało się również, że przyczyną zgonu 28-latka z Myślenic, który zmarł w nocy z soboty na niedzielę w Szpitalu Uniwersyteckim w Krakowie nie była grypa typu A H1N1. Rzeczniczka Wojewódzkiej Stacji Sanitarno-Epidemiologicznej w Krakowie Anna Armatys poinformowała, że badania wszystkich próbek pobranych od pacjenta wykazały, że nie chorował on na tzw. świńską grypę.

...ale zabiła mieszkankę Gdańska

Do zgonu osoby chorej na grypę spowodowaną wirusem A/H1N1 doszło natomiast w Gdańsku, gdzie zmarła 54-letnia kobieta chora na tzw. świńską grypę. To czwarta ofiara wirusa A/H1N1 w Polsce.

THE FLU CASE

Pneumonic plague reported in Eastern Poland

The Flu Case, 18 November 2009 19:40

https://web.archive.org/web/20100102034436/http://theflucase.com/index.php?option=com_content&view=article&id=1861%3Apneumonic-plague-reported-in-eastern-poland&catid=41%3Ahighlighted-news&Itemid=105&lang=en

Reports are coming in of people dying of symptoms similar to the pneunomic plague in an Emergency Room in Bialystok in the north east of Poland.

A doctor reported treating three patients with symptoms similar to the pneumonic plague, including burned lungs. One the patients died in his arms. The doctor said that it appeared be a bacterial infection and that no antibiotics worked. He also thought it could be a more virulent strain of the swine flu.

The victims came from small villages close to Bialystok.

Low flying aircraft were heard in the region a few nights ago.

Cases similar to the pneumonic plague have also be reported in Lithuania, close to the Polish border and to Bialystok.

The appearance of something resembling the pneumonic plague in Poland shortly after low flying aircraft made carried out unexplained missions during the night time in the same area has parallels with the recent incident in the Ukraine.

Witnesses reported low flying planes carrying out aerosol spraying shortly before the pneumonic plague was diagnosed in victims a few days later.

The Ukrainian government and WHO moved swiftly to declare the swine flu virus had mutated to become more dangerous and implement martial law.

This is an email from Poland:

My friend a doctor who works in Emergency Room in Bialystok (Eastern North of Poland) called me saying that he had 3 cases of patients with symptoms similar to the pneumonic plague. "If it is H1N1, so it means that it has changed for very virulent form and it kills in matter of hours". One patient died in his hands. I do not know what happened to other two. He is going to inform me how's the situation, but he expects it to get much worse. No antibiotic works for the disease!

THE FLU CASE

Unusual aircraft activity reported in Poland and the UK

The Flu Case, 18 November 2009 22:28

https://web.archive.org/web/20100102004119/http://theflucase.com/index.php?option=com_content&view=article&id=1868%3Aunusual-aircraft-activity-reported-in-poland-and-the-uk-&catid=41%3Ahighlighted-news&Itemid=105&lang=en

"There seems to be something going on in derby uk the last 2nights kept me awake last night low flying either helicopters or planes it is earlier tonight started 11ish and it was 3 till 5 am this morning? we took a picture from our phone tonight i will get my husband to send it to you shortly. it is a helicopter tonight looking over the grounds with lights at first it looked like it was spraying with the tensity of the light, but i do hear another either plane or helicopter flying around its still going ´....ps close to our house at the moment," email from Derby resident.

"Also above Warsaw (now!) There is a report from near Okecie (Airport) that for 25 minuts large propeller plane is flying circles, The plane is quite low. There are no planes departing Okecie at this time. It is the first time our reader heard such a plane for for long time," email from Poland.

Low flying planes reported in the UK and Poland tonight

The Flu Case, 18 November 2009 21:37

https://web.archive.org/web/20100102051329/http://theflucase.com/index.php?option=com_content&view=article&id=1867%3Alow-flying-planes-reported-in-the-uk-and-poland-tonight&catid=41%3Ahighlighted-news&Itemid=105&lang=en

Reports are coming in of planes flying low tonight over Cracow in Poland also over Derby in the Peak District in the UK.

"We're getting info from our readers in England - there are several slow and low flying planes over Derby "working" for a quite long time (inf from 11;07PM), there is a high wind."

More unusual aircraft activity over Poland

The Flu Case, 19 November 2009 10:14

https://web.archive.org/web/20100102035156/http://theflucase.com/index.php?option=com_content&view=article&id=1870%3Amore-unusual-aircraft-activity-over-poland&catid=41%3Ahighlighted-news&Itemid=105&lang=en

More reports are coming in of unusual aircraft activity across Poland in the last few days similar in kind to the activity that was reported to have preceded the outbreak of strange pneumonic plague in the Ukraine.

Emails from Poland:

"More reports about strange planes today during the day.

* Elk, NE Poland, close to Bialystok (more to north and Lithuania), the closest airport is 200km!

* Warsaw again."

"Another report - huge planes yesterday near Gdansk (sound like bombers from II WW). Today morning I heard very low flying huge propeller aircraft in my nieghbourhood, but it's not the first time, I live under the "corridor""

"Also above Warsaw (now!) There is a report from near Okecie (Airport) that for 25 minuts large propeller plane is flying circles, The plane is quite low. There are no planes departing Okecie at this time. It is the first time our reader heard such a plane for for long time."

MERCOLA
Take Control of Your Health

Dr. Mercola. Major Victory with Swine Flu Scandal

Mercola, 19 November 2009.
http://articles.mercola.com/sites/articles/archive/2009/11/19/Major-Victory-with-Swine-Flu-Scandal.aspx (deleted)
https://web.archive.org/web/20100102054653/http://theflucase.com/index.php?option=com_content&view=article&id=1877%3Amajor-victory-with-swine-flu-scandal-reports-dr-mercola&catid=1%3Alatest-news&Itemid=64&lang=en

European scientists and health authorities are facing angry questions about why H1N1 flu has not caused death and destruction on the scale first feared, and they need to respond deftly to ensure public support.

...

Prominent Doctor and Health Minister Blast Swine Flu Vaccine and Manufacturers

These healthy signs are starting to crop up everywhere.

For example, the Polish Health Minister Eva Kopacz recently told Parliament that she, as a qualified family doctor with more than 20 years of experience, will not authorize the use of vaccines with inadequate safety testing on millions of people in Poland.

In her speech she says:

"I have just one fundamental question: do we want to fight the flu pandemic?

"Today we have knowledge about enclosures in agreements that other governments of wealthier countries have signed with vaccines producers. We also know what was proposed to Poland.

Due to negotiations in progress I can't tell all today. But I can tell one thing: our Law Department found at least 20 points of doubt in the agreement.

So what is a Health Minister's duty? To sign agreements that are in the best interest of the Polish people, or to sign agreements that are of best interest of pharmaceutical companies?

I know that there are three vaccines available on the market today, from three different producers. Each has a different amount of active substance, and yet strangely they are all treated the same. Therefore, isn't it fair enough for the Health Minister and the experts to have the slightest doubts about it?

… And if [the vaccine] is so miraculous, then why don't the manufacturers want to introduce their medicine to the free market and take responsibility for it?

Why wouldn't they say: "Wonderful, this is a safe medicine, therefore I will take responsibility for it. I will introduce it to the market and everything is clear and transparent," instead of dropping the weight on us – the buyers.

We do not have clinical test results, no detailed ingredients and no information about the side effects. The vaccines are now in the 4th stage of tests - very short tests, and we still do not have this information. In addition, the samples have been very small. One kind of vaccine was tested only on 160 volunteers aged 20-60, all healthy.

Another kind of vaccine was tested on 600 volunteers, aged 18-60, all healthy. *Is this good enough, especially for us doctors present in this room*? *– It is not good enough for me.*

… Has anybody, anywhere, announced a pandemic because of seasonal flu? And the seasonal flu is much more dangerous than swine flu. There are deaths and severe complications. Was there ever a pandemic announced before?

Those who push me to buy vaccines, I ask you: Why didn't you scream and shout last year, 2 years ago, and in 2003? In 2003 there were 1,200,000 Poles with seasonal flu! Has anybody shouted, here in this room: "Let's buy vaccines for everybody!"? I can't recall such a thing."

THE FLU CASE

Polish Health Minister says only 293 out of 107,250 flu cases were swine flu, three deaths now reported

The Flu Case, 20 November 2009, 16:32

https://web.archive.org/web/20100117060025/http://theflucase.com/?option=com_content&view=article&id=1995%3Apolish-health-minister-says-only-293-out-of-107250-flu-cases-were-swine-flu-three-deaths-now-reported&catid=41%3Ahighlighted-news&Itemid=105&lang=en&fontstyle=f-smaller

Polish Health Minister Ewa Kopacz said that the country has experienced four times more cases of seasonal flu than at the same time last year. Of the 107,250 Poles who came down with the flu, the H1N1 swine flu virus was, however, only found in 293 of them.

10 of these people with the swine flu virus had serious symptoms and three have died from the swine flu in a rapid surge in deaths in the past few days.

=>

Warschau – In einer Pressekonferenz teilte die polnische Gesundheitsministerin Ewa Kopacz am späten Dienstag Nachmittag mit, dass man es in Polen derzeit mit einer Vervierfachung der Fälle von saisonalen Grippen im Vergleich zum selben Zeitraum des Vorjahres zu tun habe.

Dies habe nach Ansicht von Experten aber mehr klimatische denn epidemische Gründe, denn der Winter hatte dieses Mal bereits im Oktober kräftig zugeschlagen.

Ab dem 1. September erkrankten 107 250 Polen an einer Grippe. Nur in 293 von ihnen fand man das Virus H1N1, hiervon zeigten 10 Patienten schwere Symptome.

3 Menschen starben bisher in verschiedenen Teilen des Landes. Mindestens zwei der Todesopfer hatten auch andere Krankheiten, beim Dritten steht eine Obduktion an.

In der Ukraine hat vor allen Dingen die saisonale Grippe Opfer gefordert.

315 Tote sollen es bis zum Dienstag sein.

1,3 Millionen Menschen haben sich nach Behörden- Berichten hiermit schon infiziert, aber nur 166 hiervon nachweislich mit der Schweinegrippe, wovon 15 nicht mehr leben.

THE FLU CASE

WHO maintains swine flu rampant while Polish Parliament told tiny number of cases

The Flu Case, 21 November 2009 13:01

https://web.archive.org/web/20100102011703/http://theflucase.com/index.php?option=com_content&view=article&id=2002%3Awho-maintains-swine-flu-rampant-while-polish-parliament-told-tiny-number-of-cases&catid=1%3Alatest-news&Itemid=64&lang=en

WHO is continuing its fear mongering, maintaning the swine flu has reached at least 206 countries and territories across the globe and killed more than 6770 people, still far less than the normal seasonal flu.

In its weekly update, WHO maintains swine flu widespread in Asia, USA, Canada and Europe and is continuing to increase.

Meanwhile, the Polish Parliament was recentlytold by health experts that only 193 people in the country who had come down with the flu were found to have actually had the swine flu.

In addtion, all of those people had a mild sickness. In the past few days, this number has increased but still remains under 300 cases of confirmed swine flu.

WHO's swine flu vaccine terrorism against people around the world, therefore, has no justification.

Ref.: =>

World Health Organization

Pandemic (H1N1) 2009 - update 75

Geneva, WHO, 20 November 2009.

https://web.archive.org/web/20091231141342/http://www.who.int/csr/don/2009_11_20a/en/index.html

Weekly update

20 November 2009 – As of 15 November 2009, worldwide more than 206 countries and overseas territories or communities have reported laboratory confirmed cases of pandemic influenza H1N1 2009, including over 6770 deaths.

As many countries have stopped counting individual cases, particularly of milder illness, the case count is likely to be significantly lower than the actual number of cases that have occurred. WHO is actively monitoring the progress of the pandemic through frequent consultations with the WHO Regional Offices and member states and through monitoring of multiple sources of data.

...

Polskaweb NEWS

Grippe Situation in Polen und der Ukraine

PolskaWeb News, 21 November 2009

https://web.archive.org/web/20091121081636/http://polskaweb.eu/schweinegrippe-kein-sonderliches-problem-mehr-56347625527.html

Warschau - In einer Pressekonferenz teilte die polnische Gesundheitsministerin Ewa Kopacz am späten Dienstag Nachmittag mit, dass man es in Polen derzeit mit einer Vervierfachung der Fälle von saisonalen Grippen im Vergleich zum selben Zeitraum des Vorjahres zu tun habe. Dies habe nach Ansicht von Experten aber mehr klimatische denn epidemische Gründe, denn der Winter hatte dieses Mal bereits im Oktober kräftig zugeschlagen. Ab dem 1. September erkrankten 107 250 Polen an einer Grippe. Nur in 293 von ihnen fand man das Virus H1N1, hiervon zeigten 10 Patienten schwere Symptome. 3 Menschen starben bisher in verschiedenen Teilen des Landes. Mindestens zwei der Todesopfer hatten auch andere Krankheiten, beim Dritten steht eine Obduktion an. In der Ukraine hat vor allen Dingen die saisonale Grippe Opfer gefordert. 315 Tote sollen es bis zum Dienstag sein. 1,3 Millionen Menschen haben sich nach Behörden-Berichten hiermit schon infiziert, aber nur 166 hiervon nachweislich mit der Schweinegrippe, wovon 15 nicht mehr leben.

Keine Mutation des H1N1-Virus in der Ukraine

Vorläufige Tests mit Proben von Patienten in der Ukraine zeigen, dass der H1N1-Virus, sich nicht wesentlich verändert hat und somit dessen Mutation so gut wie ausgeschlossen werden kann. In der Ukraine war zuerst der Verdacht aufgekommen, dass das Virus mutiert sein könnte. Die Test der Proben aus der Ukraine, wurden in Speziallabors in Großbritannien und den Vereinigten Staaten durchgeführt. Die Ergebnisse schließen derartige Bedenken aus. "Die Lungen von einigen der Opfer waren unnatürlich schwarz" - behaupteten damals einige Medien und versetzten erwartungsgemäß die Bevölkerung in Panik. Die WHO zeigt sich aber noch nicht so gazn zufrieden mit den Laborergebnissen aus London und Houston, man will weiter "analysieren".

Polen wollen keine Schweingrippe- Impfungen

In Warschau hat der Pandemie-Ausschuss unter Leitung der Ministerin Ewa Kopacz beschlossen, dass ein Vorrat von 80 Tausend Dosen Tamiflu den Apotheken überlassen werden soll, damit jeder Patient anhand des Beizettels selbst entscheiden kann, ob er die umstrittene Medizin nehmen will oder nicht. Es sollen keinerlei Impfmittel gegen die Schweinegrippe eingekauft werden, da die Situation im Lande diese nicht erfordere und die Meldungen über Todesfälle nach den Impfungen mit Pandemrix und Co. sich häufen würden. Für einen etwaigen Notfall, den man aber nach Lage der Dinge fast ausschliessen könne, will Kopacz die Verhandlungen mit den Herstellern von Anti- Virus Arzneien aber nicht abrechen. Angeschafft werden sollen allerdings mehr Mittel zur Impfung gegen die saisonale Grippe. Die Regierung wird hierzu Gelder bereitstellen. Es ist nicht ausgeschlossen, dass dieser neue Einfall dem Besuch von Vertretern der Pharma Industrie zu verdanken ist, die bis zum Wochenende noch in Warschau weilten.

Schweinegrippe - die freundlichere Winter- Variante

Wie "Polskaweb" bereits in den vergangenen Tagen deutlich zu machen versuchte rudern jetzt Medien, WHO, Gesundheitsministerien und Pharmakonzerne mit ihrer Panik- Strategie zur Schweinegrippe- A-H1N1 zurück. Die großen Gewinne sind eingefahren, jetzt heisst es "unverdienten" Rufschäden und Strafanzeigen entgegenzuwirken. In Europa sind es fast nur noch deutsche Medien wie z.B. Bild, Welt und Rheinische Post, die noch nicht gemerkt haben, dass die Leser anderer Zeitungen ihnen längst einen großen Schritt voraus sind. Die Schweinegrippe ist längst schon als weniger gefährlich bekannt, als die saisonale Grippe. Wer jetzt noch vor ihr Angst hat, der muss es also vor unserer herkömmlichen Grippe erst recht haben, da er bereits unter anderen Krankheiten leidet deren Wirkung durch einen Virus noch verstärkt wird.

Polskaweb NEWS

Polen bietet Schweinegrippe - Verfolgten Asyl an

PolskaWeb News, 22 November 2009

https://web.archive.org/web/20091121081636/http://polskaweb.eu/der-schweinegrippe-hysterie-entkommen-655846734443.html

Posen - Polen ist besorgt über die Opfer der Schweinegrippe Hysterie in Deutschland. Österreich und der Schweiz. Tagtäglich verfolgt man vor allen Dingen die Ereignisse beim deutschen Nachbarn, desse Fernsehprogramme auch in Danzig oder Breslau empfangen werden. Ein aufkommendes Mitleid mit den Menschen jenseits der Oder ist bereits unübersehbar. In diversen Interforen bieten bereits seit Tagen unzählige Polen den durch dubiose Medien, Instituten, Gesundheitsämtern, Politikern oder der Weltgesundheitsorganisation WHO Verfolgten und in die Enge getrieben ausländischen Nachbarn mehrwöchiges Asyl und gesunde Kost in Polen an. Unzählige Hotels im Lande haben sich inzwischen ebenso bereit erklärt, Deutsche, Österreicher und Schweizer Schweinegrippe Asylanten ohne sonderliche Formalitäten jederzeit aufzunehmen. Neben Schutz vor den Verfolgern beinhalten derartige Angebote auch umfangreiche Sicherheit vor der Schweinegrippe- Impfung und Massenpanik.

Polen bietet Rundumschutz

Ganz besonders erwähnenswert sind die Preise für Kost- und Logis der H1N1-Asylanten. Die meisten Hotels und Pensionen in Polen bieten derzeit schon saison- und bedarfsbedingt Rabatte von bis zu 60 Prozent für ihre Gäste an. Auch die Organisation von Shuttle- Services zu den umliegenden Apotheken zwecks Einkauf von sehr günstigen und sicheren polnischen Grippemitteln als Rundumschutz für die spätere Heimkehr, ist bei fast allen Quartieren im Preis mit einbegriffen. In Polen selbst reichen zum Schutze gegen die Schweinegrippe 3 Mahlzeiten täglich und für Erwachsene am Abend ein Gläschen polnischen Wodkas meist voll und ganz aus. Angesichts der bevorstehenden Weihnacht, empfiehlt sich natürlich auch ein Einkauf in Polen. Die großen Renner bei ausländische Touristen sind in diesem Zusammenhang jetzt Atemschutzmasken aus Engelshaar mit Sternchen und Tamiflu- Pillen aus Marzipan.

Panikmacher unerwünscht

Für abenteuerlustige Grippe- Asylanten bieten z.B gleich mehrere Hotels in Kolberg (Kolobrzeg) einen Ausflug zum einzigen Schweinegrippe- Kranken Polens ins 400 Kilometer entfernte Lublin an (Er darf angefasst werden). Vorzügliche Quartiere in Polen finden Sie in der Reisesparte von "Polskaweb" über Google und wenn Sie wollen sicherlich auch bei ihrem Reisebüro. Ausgenommen von diesem Asylprogramm sind sämtliche leitenden Mitarbeiter von Pharma Konzernen, der europäischen Gesundheitsbehörde EMEA, der WHO, dem Robert-Koch und Paul Ehrlich-Institut, Gesundheitsämtern, alle Gesundheitsminister inklusive Ulla Schmidt, Medien wie ARD, RTL, Bild Zeitung, die Welt, Rheinische Post, FAZ, Focus, die Zeit, Frankfurter Rundschau und etwa 1600 Ärzten, deren Namen wir an dieser Stelle nicht alle aufführen wollen, da sie meist bereits in einem anderen Bonusprogramm berücksichtigt wurden.

Glückseelige Insel Polen

Polen ist eine gesunde Insel, dagegen sieht es bei den direkten Nachbarn Deutschland und der Ukraine erstaunlicherweise, wenn man denn den Medien und Behörden glauben darf, nach Epidemien jeglicher Couleur aus. Die Geldgier der Pharma- Industrie und ihrer unzähligen kleinen und großen Helfer macht einfach alles möglich. Merken Sie eigentlich nicht dass man Sie zum Narren hält, betrügt und bestiehlt?

THE FLU CASE

Polish Health Minister enjoys international support for her stance on Swine Flu shot

The Flu Case, 23 November 2009, 12:28
http://antikorruption.ch/downloads/youtubeglobalcongratulations2ewakopaczandpolan.pdf (deleted)

The Polish Health Minister and family doctor, Ewa Kopacz, has become an international heroine after she publicly stated in Parliament, she would not buy the untested swine flu jabs for Poland unless the pharmaceutical companies producing them accepted liability.

One Youtube video of her speech in Polish has had more than 40,000 views in one week in spite of almost no coverage of her stance by the mainstream media.

Viewers from around the world have been showering her with praise for taking a strong stance against Big Pharma and the banksters.

Kopacz has received strong support from within Poland for stating that swine flu vaccines have not be adequately tested by the medical authorities and pose a risk to the people of Poland.

Furthermore, the Polish Parliament produced figures underlining that there is no swine flu pandemic with about 300 verified cases of people with the H1N1 virus.

One person posting from Sweden asked whether they could go to Poland as a refugee – a thought that has occurred to many others.

"Thank You very much for this!
Here in Sweden probably around 10 people have died from the vaccine, we don't know, media don't report anymore of the deaths, really scary. Could it be possible to come to Poland as a refugee ?" – writes one person.

REUTERS

Measures to fight H1N1 swine flu in Europe

Reuters, 24 November 2009, 11:41 PMU
https://www.reuters.com/article/uk-flu-measures-factbox-idUKTRE5AN3CR20091124

(Reuters) – Here are some details about measures taken to fight the H1N1 swine flu, a mixture of swine, bird and human viruses and which has killed more than 7,860 people globally, according to the latest European Centre for Disease prevention and Control (ECDC) tallies.

The World Health Organisation (WHO) declared an H1N1 pandemic on June 11, indicating the first influenza pandemic since 1968 was under way.

...

Poland

Health Minister Ewa Kopacz has said not enough tests have been conducted to ensure flu vaccinations are safe for people and that she is demanding more guarantees from pharmaceutical firms before any possible purchase.

– Several schools have been temporarily closed across the country, but there has been no central recommendation to do so.

PULS Medycyny

Ewa Szarkowska

Świńska grypa w Polsce

Puls Medycyny, 24 November 2009, 00:00
https://pulsmedycyny.pl/swinska-grypa-w-polsce-882972

Minister zdrowia zapewnia, że w Polsce nie ma epidemii grypy A/H1N1, a resort i służby sanitarne w pełni kontrolują sytuację. Wszystkie rezerwy leków antywirusowych trafią do aptek, natomiast lekarze otrzymają instrukcje, w jakich sytuacjach i w jakich dawkach je stosować.

Liczba osób w Polsce, u których potwierdzono przypadki grypy wywołanej wirusem A/H1N1, wciąż rośnie. Notowane są też kolejne zgony. Lekarze, którzy przeprowadzili sekcje zwłok, nie wiążą ich jednak bezpośrednio z A/H1N1. Jak poinformował główny inspektor sanitarny Andrzej Wojtyła, główną przyczyną zgonów są współistniejące choroby przewlekłe.

Według danych resortu zdrowia, od 1 września do 15 listopada na grypę sezonową oraz wywołaną wirusem A/H1N1 zachorowało w Polsce 107 250 osób; w ubiegłym roku w tym samym okresie zachorowało 24 843 pacjentów.

Gdzie są instrukcje i leki?

Obradujący 17 listopada Krajowy Komitet ds. Pandemii Grypy zdecydował o uruchomieniu zapasu 75-80 tys. dawek leków antywirusowych Tamiflu (Relenza pozostała dostępna jedynie w szpitalach) zgromadzonych w hurtowniach oraz wprowadzeniu ich do aptek szpitalnych i ogólnodostępnych, tak by lekarze mogli jak najszybciej wdrożyć leczenie antywirusowe.

Źródło: Puls Medycyny

Minister zdrowia i konsultant krajowy w dziedzinie chorób zakaźnych ogłosili instrukcję, w jakich sytuacjach i u których pacjentów powinno być wdrożone to leczenie. Resort zapewnia, że trafi ona zarówno do każdego lekarza rodzinnego, jak i do specjalistów.

"Lekarze otrzymają także informacje przypominające, w jakich dawkach stosować lek antywirusowy. U osób dorosłych i dzieci, ale ważących powyżej 40 kg, Tamiflu podaje się rano i wieczorem w kapsułkach 75 mg. Zgodnie z zaleceniami EMEA, u dzieci do 1. roku życia to lekarz decyduje, czy wdraża to leczenie, czy nie; instrukcja ułatwi mu obliczenie dawki w zależności od wagi i wieku dziecka" - wyjaśnia Ewa Kopacz. Dodaje, że lekarze otrzymają także wytyczne, jak przyrządzać zawiesinę, gdyby okazało się, że w aptece lek jest dostępny tylko w kapsułkach.

Resort zdrowia postanowił rozwiać wątpliwości lekarzy dotyczące sposobów podania niemowlętom i małym dzieciom kapsułek antywirusowego preparatu Tamiflu. Pytania pojawiły się po opublikowaniu przez ministerstwo zaleceń postępowania w zachorowaniach na grypę A/H1N1.

W łagodnym przebiegu grypy nie należy stosować aspiryny, wystarczy podstawowy zestaw leków obniżających gorączkę i zmniejszających bóle mięśniowego - takie zalecenia znalazły się w

podpisanej przez minister zdrowia i konsultanta krajowego w dziedzinie chorób zakaźnych informacji o tym, co lekarz powinien wiedzieć w związku z przypadkami grypy A/H1N1.

"Z naszych informacji wynika, że obecnie w hurtowniach są 32 tysiące dawek, a drugie tyle znajduje się w aptekach. W najbliższych dniach trafi do hurtowni kolejne 100 tysięcy dawek" - zapewnia Ewa Kopacz. Minister dodaje, że gdyby okazało się, iż zgromadzone w hurtowniach zapasy leków antywirusowych szybko się wyczerpują, do obrotu będzie systematycznie wprowadzany zapas Tamiflu zgromadzony w Agencji Rezerw Materiałowych. Stan tych rezerw jest tajny.

Sezonowa versus świńska

"W ostatnich dwóch tygodniach ukazały się dwie ważne publikacje w prestiżowych czasopismach na temat przeprowadzonych badań, z których wynika, że u osób po 50. roku życia mamy krzyżową odporność, a u osób młodych mamy część krzyżowej odporności. Szczepmy się więc przeciwko sezonowej grypie szczepionkami, które są dostępne na polskim rynku" - apeluje prof. Lidia Brydak, kierownik Krajowego Ośrodka ds. Grypy NIZP-PZH. Przypomina też, że od lat WHO rekomenduje wzrost wyszczepialności przeciwko grypie, ale w Polsce wciąż jest ona na skandalicznie niskim poziomie.

"WHO apeluje, a my robimy swoje. W sezonie 2008/2009 zaszczepiło się zaledwie 5,2 proc., czyli niewiele ponad dwa miliony Polaków. Nawet w przypadku osób po 64. roku życia, które mogą zaszczepić się za darmo, korzysta z takiej możliwości tylko 40 proc. Narzekamy, że nasze dzieci leżą na korytarzach oddziałów szpitalnych, kiedy następuje wzrost zachorowań na grypę i infekcje grypopodobne. Ale nie szczepimy tych dzieci. W grupie wiekowej od 6 miesięcy do 14 lat ich wyszczepialność w Polsce wynosi od 1,1 do 1,6 proc. Z przykrością muszę stwierdzić, że przeciwko grypie sezonowej szczepi się też bardzo mało pracowników służby zdrowia - zaledwie 6,6 proc." - podkreśla prof. Brydak. Przyznaje, że ma żal do lekarzy, którzy nie dość, że sami się nie szczepią, to odradzają to swoim pacjentom. Podkreśla, że jeśli lekarz ma wątpliwości, powinien zajrzeć do rekomendacji Światowej Organizacji Zdrowia, Komitetu Doradczego ds. Szczepień Ochronnych (ACIP) oraz Amerykańskiej Akademii Pediatrii.

Ewa Kopacz zapowiedziała, że będzie rekomendować premierowi zakup większej ilości szczepionki przeciwko grypie sezonowej. Przypomniała, że przed sezonem grypowym do polskich aptek trafiło ponad dwa miliony dawek. Teraz sprowadzono 40 tys., a lada dzień w ramach importu docelowego dotrze do Polski 273 tys. dawek przeznaczonych dla białego personelu.

Minister podtrzymuje swoje stanowisko, że Polska nie będzie działać zgodnie z zaleceniami WHO i nie zakupi szczepionki przeciwko grypie A/H1N1, dopóki producent nie weźmie na siebie odpowiedzialności za jej stosowanie. Odwlekanie decyzji w tej sprawie skrytykował ostro rzecznik praw obywatelskich Jan Kochanowski i zagroził, że złoży na Ewę Kopacz doniesienie do prokuratury. Teraz wszystko zależy od tego, czy do argumentów minister przekona go treść przekazanej mu dokumentacji negocjacji z firmami farmaceutycznymi.

wprost

Szczepionka powoduje alergię? Wycofują ją

WPost, 25 Listopada 2009, 15:47
https://www.wprost.pl/swiat/179757/szczepionka-powoduje-alergie-wycofuja-ja.html

Problem dotyczy 172 tys. szczepionek pochodzących z wadliwej partii dostarczonej do Kanady przez farmaceutyczną kompanię GlaxoSmithKline – informuje portal internetowy amerykańskiej telewizji foxnews.com.

Rewelacje ogłoszone zostały we wtorek. Rzeczniczka firmy Gwenan White zaleciła personelowi medycznemu w Kanadzie zaprzestać używania szczepionek pochodzących z wadliwej partii. Istnieje ryzyko, że szczepionki tę mogą powodować reakcje alergiczne częściej niż dzieje się to normalnie. Gweanan White odmówiła odpowiedzi na pytanie, ile spośród wadliwych szczepionek zostało zaaplikowanych pacjentom w Kanadzie, gdzie wykorzystano ich w sumie aż 7.5 mln.

A/H1N1 w Polsce

Wirus świńskiej grypy zadomowił się również w Polsce. Od 1 września do 15 listopada na grypę sezonową i wywołaną wirusem A/H1N1 zachorowało 107 250 osób, w tym do tej pory na A/H1N1 zmarło już 15 osób. Minister zdrowia Ewa Kopacz podkreśla, że znacznie groźniejsza od nowego wirusa jest grypa sezonowa, a resort zdrowia wciąż nie zdecydował się zakupić szczepionki na świńska grypę, ponieważ, jak tłumaczy Ewa Kopacz, żadna z firm farmaceutycznych nie spełniła podstawowego wymogu: wzięcia odpowiedzialności za ewentualne skutki uboczne po szczepionce. Jednak, jak poinformowała, trwają rozmowy z pięcioma firmami, w tym dwie z nich mają już ukończone badania kliniczne nad nową szczepionką. *Ostateczną decyzję jednak, uzależnia od wyników badań ujawniających skuteczność ich stosowania*.

MOLDOVA.ORG

Swine flu vaccine's safety: Polish Minister of Health's speech

MOLDOVA.org, 27 November 2009.
https://www.moldova.org/en/swine-flu-vaccines-safety-polish-minister-of-healths-speech-204619-eng/

Polish Health Minister, Mrs. Ewa Kopacz, gives speech in the Polish Parliament on serious issues with swine flu vaccine's safety and why the Polish government is rejecting the vaccines (5 November 2009).

In addition, on Nov. 3, Minister Ewa Kopacz said at a press conference (transmitted by Polish television channel TVN24) that the government will reject mass "swine flu" vacccination for its population because of safety concerns over the jab.

Kopacz said that the government would base its decision to use the swine flu vaccine based on the data from reliable clinical trials, but that there were no such reliable data for the swine flu jabs.

"We will not order any AH1N1 vaccines unless there is full evidence they are completely safe," she said.

'Each government is responsible for the welfare and health of its citizens, for recommending them health and safe medicines. So far, on any stage, no company we are negotiating with has been able to provide us with the most important thing for us – the evidence of jabs' safety and that it will not have possible side effects," she said.

'I will not work under pressure! We will not order any AH1N1 vaccines unless there is full evidence they are completely safe," Ewa Kopacz said.

Ewa Kopacz also said that the ordinary, seasonal flu is much more dangerous than 'swine flu'.

This is a word for word translation of a 39 second segment of the press conference:
"Let's not worry about whether [the swine flu vaccine] will reach Poland. The problem is something else: when it gets here, [the vaccine] must be safe. It's not going to be a case of "we don't know for sure it is safe, but let's buy some for the risk groups anyway". Nobody will talk me into this. If we do [buy the swine flu vaccine], it should be safe so that it can be recommended looking Poles straight in the eye, and especially to those who are going to have the maximum contact with sick patients – first of all the white coats, who have to have the guarantee that the vaccine is a prophylactic measure, not a placebo, not something that might cause some adverse effects in the future, but a vaccine that will give them immunity, so please give us a little bit of time.," she said.

THE FLU CASE

Outbreak of severe Flu in Eastern Poland connected to Night Flights?

The Flu Case, 30 November 2009, 12:56

https://web.archive.org/web/20100102030613/http://theflucase.com/index.php?option=com_content&view=article&id=2125%3Aoutbreak-of-severe-flu-in-eastern-poland-connected-to-night-flights&catid=1%3Alatest-news&Itemid=64&lang=en

An oubreak of severe swine flu has been reported in Pomerania, Poland, not long after many people heard the sound of unusual low flying aircraft at night time in the region, sparking speculation about whether there is a connection between the flu outbreak and the planes as was reported in the Ukraine a few weeks earlier.

Similar reports of low flying, rumbling planes at night have been made recently in Austria too.

Attempts to identify the planes using flight records or radar records have so far failed to turn up information.

Now, some one in Poland has proposed that the night planes were Antonovs made from cardwood and gum with some key parts made from aluminium and plastic, making them invisible to radars flying at 60 meters to 180 meters, depending on the radar system used.

The only parts of the plane that are metal appear to be the engine, propellers and steering components (?). These large transport planes can be hired for as little as 1000 dollars on the black market but use a lot of fuel, according to the source.

Such planes could theoretically be used to implement the spraying of an area with a biological agent.

DW Made for minds.

Polish health minister comes under fire over swine flu vaccine

DW News, 2 December 2009, 19:11
https://www.dw.com/en/polish-health-minister-comes-under-fire-over-swine-flu-vaccine/a-4963423
https://www.dw.com/en/pod-0212-poland-swine-flu/audio-4963399

Audio:

A top Polish civil rights official has threatened legal action against Health Minister Ewa Kopacz, saying her delay in purchasing swine flu vaccines could endanger people's lives and health.

Englisch: POD 0212 Poland Swine Flu - Produziert: 02.12.2009 - 19:11:39 von Kiepuszewski

Polskaweb NEWS

Schweinegrippe - Polen verteidigt Bedenken in Brüssel

PolskaWeb News, 5 December 2009
https://web.archive.org/web/20091205083033/http://polskaweb.eu/schweinegrippe-impfung-sinnlos-und-wahrscheinlich-gefaehrlich-6578673665.html

Brüssel - Beim gestrigen Treffen der EU- Gesundheitsminister in Brüssel befand sich natürlich das Thema Influenza A/H1N1 ganz oben auf der Tagesordnung. Die polnische Gesundheitsministerin Ewa Kopacz stand bis zu diesem Zeitpunkt unter ihren Kollegen und Kolleginnen in ihrer Abwehrhaltung gegen alle bekannten Impfstoffe gegen die Schweinegrippe, zumindest offiziell, ganz alleine da. Nun verteidigte sie auch hier ihre Position, warnte vor den Impfstoffen und gab an, dass selbst wenn man über ihrem Kopf hinweg derartige Produkte in Polen offiziell bestelle und zum Einsatz bringe, würde sie keinerlei Verantwortung hierfür übernehme. "Ich werde meine Strategie nicht ändern, wofür ich allerdings die volle Verantwortung übernehmen werde. Ich stehe seit langer Zeit unter einem enormen externen Druck, der Zwang auf mich ausüben soll bestimmte Entscheidungen zu treffen, kann diesem aber aus gutem Gewissen nicht nachgeben" – sagte die Ministerien in Brüssel und erhielt nach ihrer Vortrag sogar Beifall, wenn auch nur von einigen wenigen Kollegen.

Fast alle Toten hatten Vorerkrankungen

"Wir hatten in fast 7 Monaten Schweinegrippe- Hysterie nicht einen einzigen Toten zu verzeichnen, der mit dem H1N1- Virus in Verbindung gebracht werden konnte. Jetzt starben in den letzten drei Wochen 24 Menschen die das angebliche tödliche Virus im Blut hatten. 1158 Polen wurden bis bisher hierdurch infiziert, nur eine Handvoll dieser Patienten befindet sich noch in Krankenhäusern und dies meist, weil sie neben der "Schweinegrippe" noch andere chronische Leiden mit sich rumschleppten. Dies betraf auch fast alle Toten. Sie hatten diverse Vorerkrankungen, hierunter auch Krebs und HIV und Nierenerkrankungen" - sagte Kopacz und bestätigte auch, dass 80% der A/H1N1- Erkrankten wesentlich weniger leiden als Patienten mit der normalen Grippe.

Kopacz fordert Ende der Pandemie

Gesundheitsministerin Kopacz zeigte sich in Brüssel zudem überzeugt davon, dass sie mit der polnischen Position nicht isoliert sei und man nun endlich "Vernunft" demonstriere, indem man ein Ende der Schweinegrippe- Pandemie ausrufe. Vernunft und Solidarität mit ihrer Ministerin zeigen aber leider nicht alle Polen. Ausgerechnet der Bürgerbeauftrage des Landes, Janusz Kochanowski, hatte nämlich Frau Kopacz am Dienstag bei der Nationalen- Staatsanwaltschaft in Warschau angezeigt. Nach seiner Meinung hat sich strafbar gemacht, weil sie keine Mittel zum Kampf gegen die "Seuche" bestellt habe und somit das Leben und die Gesundheit der Polen aufs Spiel setze. Die Gesundheitsministerin reagierte auf eine diesbezügliche Information mit einem Achselzucken und sagte, dass sich gerade ihre Strategie dem Leben und die Gesundheit ihrer Landleute zuwende, deshalb empfehle sie weiterhin Tee mit Himbeersaft.

Medien haben A-H1N1 gefährlich gemacht

Nach den Daten des Nationalen Institutes für Gesundheit und Hygiene in Warschau ist die "neue" Grippe inzwischen für 30-50% der Fälle von Influenza in Polen verantwortlich. Chef Inspektor Bondar: "Erfreulichweise ist die neue Grippe meist so mild, dass kaum noch jemand zum Arzt geht. Hierfür ist aber auch die ehrliche und soziale Berichterstattung unserer Medien zu erwähnen, die anders als die Auslandspresse, alles andere tun als Panik zu erzeugen. Das neue Grippe- Virus ist dominant aber wesentlich weniger gefährlich als die bisher bekannten Viren, einschliesslich den Auslösern der saisonalen Grippen. 24 Tote hatten wir bisher, die an der neuen Grippe erkrankt waren,

doch die meisten hatten schon Vorerkrankungen und in den vorangegangen Grippeperioden hatten wir im gleichen Zeitraum manchmal sogar mehrere hundert Tote. Was heutzutage schlimmer ist, ist nur die Berichterstattung zu einer Grippe wie jetzt zur Influenza A-H1N1" - bekräftigte Bondar.

Impfstoffe unter der Lupe der Staatsanwaltschaft

In vielen Ländern wo Impfungen gegen die Schweinegrippe durchgeführt wurden starben Patienten Stunden oder wenige Tage nach diesen Maßnahmen. In Deutschland schliessen staatliche Institutionen einen Zusammenhang mit den Impfmitteln wie z.B. Pandemrix aus. In anderen Ländern wie z.B. Italien untersuchen bereits Staatsanwälte derartige dubiose Todesfälle. Im süditalienischen Salerno leitete sie z.B. eine Untersuchung gegen zwei Novartis Manager und 14 Ärzte ein, die beschuldigt werden, für den Tod eines Mannes verantwortlich zu sein, der direkt und unmittelbar nach einer Impfung mit dem Schweizer Produkt "Celtura" an Herzversagen starb. Einen ähnlichen Tod fand auch ein zwanzigjähriger Mann aus Slowenien. Auch hier untersuchen Justizbehörden Klagen über die Qualität des Impfstoffes, wobei es in diesem Falle nicht "Celtura", sondern "Pandemrix" von GlaxoSmithKline den Tod des Patienten hervorgerufen haben soll.

Franzosen verkaufen weiter bedenkliche Impfstoffe

Trotz aller Entwarnungen im Zusammenhang mit der sog. Schweinegrippe hat es der französische Pharmakonzern Sanofi-Aventis noch geschafft der Slowakei 5,4 Millionen Dosen A/H1N1- Impfstoff zum Vorzugspreis "anzudrehen". Ein entsprechender Vertrag soll laut Informationen aus Bratislava (Lenka Szramkova Public Office) bereits am Montag gemacht worden sein. Der Preis für eine Dosis beträgt demnach 7,60 Euro. Bisher waren in der Sowakei in 7 Monaten nur 633 Personen mit dem A/H1N1 infziert, vier hiervon starben (Vorerkrankungen). Auf der anderen Seite sitzt z.B. Deutschland trotz aller Panikmache nun auf mehr als 90 % der bestellten und bezahlten Impfmittel von GlaxoSmithKline, denn kaum einer will sich noch impfen lassen, da die meisten Deutschen den Betrug mit der Schweinegrippe, die nichts anderes ist als unsere saisonale Grippe in abgeschwächter Form, durchschaut haben und kaum jemand wirklich krank ist. Nun versucht man offenbar zumindest den noch nicht ausgelieferten Impfstoff wieder abzubestellen, doch darauf wird sich der britische Hersteller nicht einlassen, da man ja wahrscheinlich schon mit großen Summen (Schmiergelder etc.) in Vorlage getreten war.

Österreichischer Gesundheitsminister fordert Überprüfung von "WHO- Regime"

Die Weltgesundheitsorganisation WHO kündigte im Juni diesen Jahres die sechste und höchste Pandemiestufe wegen einer angeblich weltweiten Schweinegrippen Epidemie an. Völlig kopf- und hilflos denkt man da einmal zuerst, doch es ist inzwischen immer deutlicher zu erkennen, dass dies auf "Anweisung" der Pharma- Industrie und deren in der WHO vertretenen "Strohmänner" stehen muss. Auch der österreichische Gesundheitsminister Alois Stöger hat jetzt in Brüssel, nach seiner polnischen Kollegin Kopacz, die Pandemie-Warnung der(WHO) wegen der neuen Grippe A/H1N1 infrage gestellt und forderte eine Überprüfung des "Genfer WHO Regimes". Er bezweifelte in diesem Zusammenhang dass die Regel der Weltorganisation richtig gewesen sei, bei derartig leichten Verläufen der Krankheit eine Pandemie auszurufen.

Nicht aufregen, Schweinegrippe nur Betrug ...

Wer jetzt noch zum Impfen gegen die Schweinegrippe rät, kann nicht seriös sein und es gut mit Ihnen meinen. Denn es ist doch nun wirklich nicht mehr zu übersehen, dass es gar keine Schweinegrippe gibt oder gab. Die Übertragung von Krankheiten von Tier zu Mensch sind relativ selten oder gibt es vielleicht garnicht. Wir haben es also nach wie vor nur mit unserer saisonalen Grippe zu tun, die mal so oder auch mal so heissen kann, je nachdem in welcher Zusammensetzung sie gerade einmal auftrat. Doch Betrüger haben erkannt, dass mit der Angst der Menschen Milliarden verdient werden können. Es gibt viele dubiose Gestalten im Zusammenhang mit angeblichen gefährlichen Krankheiten wie Vogel, Schweinegrippe, Sars usw. Einer der besonders verdächtig in diesem Zusammenhang scheint ist der holländische Tierarzt Albert Osterhaus, der seit Jahren vor immer neuen tödlichen Viren warnt, welche die Menschheit auslöschen könnten und zuerst von Tier zu Tier und dann von Tier zum Mensch übertragen werden. Tierarzt Osterhaus ist eine Schlüsselgestalt bei der WHO, steht aber gleichzeitig auf den Gehaltlisten der Pharma- Produzenten.

THE FLU CASE

Polish Health Minister calls for "Pandemic" to be Declared Ended

The Flu Case, 5 December 2009, 15:29

https://web.archive.org/web/20100102053002/http://theflucase.com/index.php?option=com_content&view=article&id=2192%3Apolish-health-minister-calls-for-qpandemicq-to-be-declared-ended&catid=41%3Ahighlighted-news&Itemid=105&lang=en

"I will not change my strategy, for which I will, however, take the full responsibility. I have taken this position for a long time under an enormous external pressure, and felt compelled to make certain decisions. But I cannot with good conscience give way," she said to applause from some of her colleagues.

We did not have a single death in [Poland] in nearly 7 months swine flu hysteria which could be attributed to the H1N1 virus," she said.

"Now 24 people have allegedly died from the virus in the blood in the last three weeks."

"1158 people in Poland have so far been infected and only a handful of these patients are sill in hospitals and most of these because they were suffering from other chronic diseases as well as having the swine flu virus."

"This is true of nearly all the people who died. They had various underlying sicknesses, including cancer and HIV and kidney illnesses," Kopacz said.

She noted that 80% of the people with the swine flu suffered milder symptoms than people with the normal flu.

Kopacz also called for an end to the swine flu pandemic level 6 declaration and a return to reason.

Kopacz has in the meantime been attacked by Janusz Kochanowski, national ombudsmen, who filed charges on Tuesday in Warsaw against her for not failing to address a pandemic in a move that is bound to raise speculation as to whether he has financial links to the pharma cartel that profits from promoting the idea there is a pandemic when there is verifiably no pandemic.

Even the Austrian Health Minister Alois Stöger has admitted there is no swine flu pandemic and called for WHO to "reevaluate the pandemic level 6" declaration.

Stöger has come under fire in Austria for wasting huge amounts of public funds in purchasing the untested and toxic swine flu jab from Baxter, a jab which the general public has refused to take.

Criminal charges should be filed against Kochanowski for abusing his position and endangering the lives of the Polish people by pressuring the Health Minister to buy the swine flu jabs for the profits of the pharma companies.

The Polish media also received praise from officials for "honest" reporting of the facts that there is no pandemic threat in contrast to the foreign press which has been spreading panic so helping big pharma to massive profits.

The World

Jan Cienski

Poland's internal swine flu fight

The World, 6 December 2009, 8:38 AM EST
https://theworld.org/stories/2009-12-06/polands-internal-swine-flu-fight
https://theworld.org/stories/2017/03/10/polands-internal-swine-flu-fight

Warsaw, Poland – Poland is standing alone against the swine flu, as one of the only European Union member states to refuse to place orders for the H1N1 virus vaccine because of the health minister's concerns about its safety.

But now the country's human rights ombudsman is threatening the health minister, Ewa Kopacz, with prosecution unless she moves on the vaccine.

Kopacz, who is also a doctor, is worried about the vaccine and is refusing to act until the pharmaceutical companies making the vaccine accept responsibility for any side effects, something they have been excused from by the World Health Organization's declaration of a pandemic.

"If I had a 100 percent certainty that the vaccine was a panacea for the swine flu, I would certainly buy it," Kopacz said in an interview with radio station Tok FM, adding that she felt drug companies were "covering up" some information about the vaccines.

"I feel that the research on the vaccines lasted too short a time," she said.

Kopacz's stand is very different from most of her European counterparts. Mass vaccination programs have begun in France, Germany and Scandinavia, as well as in central European countries like Hungary.

Her position has put her at odds with Janusz Kochanowski, who heads Poland's human rights office, and worries that Poland is completely unprepared for dealing with a potential swine flu epidemic. He is toying with the idea of filing charges against Kopacz.

"What is the ombudsman supposed to do when he is powerless and ignored?" Kochanowski asked in a Tok FM interview. "I wake up with this issue and go to sleep with it, because my back is up against the wall and I don't see any other answer."

Despite Kopacz' medical background, there are concerns that she is taking a potential risk if the current influenza season gets much worse. Kochanowski has said that he doesn't know how many people's deaths Kopacz will have on her conscience. He has called on Poles to inoculate themselves in other European countries where the vaccination is available.

A deputy health minister, in turn, has threatened to refer Kochanowski to the prosecutor's office for complicating the ministry's work.

As of Saturday, health authorities have said that 38 people have died in Poland from the swine flu and about 750 have been infected. However, the true level of infections is impossible to determine, both because people with milder cases tend not to report them, and because Poland has very few tests to confirm the presence of the H1N1 virus. Most of the tests have to be performed in neighboring Germany.

As well as lacking tests, the Polish health care system also needs more equipment like artificial lungs, to keep patients with severe influenza cases breathing.

The Polish media has been consumed with the swine flu story, reporting every death and serious case. So far there has been no panic like in neighboring Ukraine, where the country was paralyzed with fear a couple of weeks ago, with schools being shut down and thousands donning generally ineffective face masks to protect themselves against the virus.

Although there is something of the hypochondriac in the Polish character – garlic cures and energy treatments are popular – it is more than balanced by a conspiratorial worldview which would subscribe to the idea of pharmaceutical companies keeping knowledge of the side effects of vaccines to themselves, as well as a suspicion of bureaucracy, including the health ministry.

But if the disease takes a turn for the worse, then Kopacz's stand could have political ramifications. She is a minister in the center-right government of Donald Tusk, and Kochanowski is a political ally of Lech Kaczynski, Poland's right-wing president and Tusk's likely rival in next year's presidential elections.

On his web page, Kochanowski's office has a note for every patient killed by the swine flu virus.

=> the same text

NewsmaxWORLD

Poland Refuses Swine Flu Vaccine

NewsmaxWorld, 7 December 2009, 10:17 AM EST
https://www.newsmax.com/world/europe/poland-swine-flu-vaccine/2009/12/07/id/452416/

THE FLU CASE

Polish Prime Minister criticises pharma and climate lobby

The Flu Case, 14 December 2009, 14:14

https://web.archive.org/web/20100102035052/http://theflucase.com/index.php?option=com_content&view=article&id=2286%3Apolish-prime-minister-criticises-pharma-and-climate-lobby&catid=41%3Ahighlighted-news&Itemid=105&lang=en

The Polish Prime Minister Donald Tusk received a standing ovation for a speech at the Congress of European People's Parties in Bonn -- attended by German Chancellor Angela Merkel – in which he said that the swine flu pandemic and the phenomena of global warming are artifical crises that have been created for the profit of corporations, according to Polskaweb.

Tusk said ethical standards and a sense of fairness need to be restored in the EU also in connection with the bank-engineered credit crunch, which has seen governments giving trillions in bank bailouts to banks, thereby putting states on the verge of bankruptcy and burdening tax payers with gigantic debts.

"If we use our reason and conscience we will be able to protect our environment and climate without having to serve the egotistical interests of the business sector or of the eco lobby in some countries," Tusk said.

"If we want to protect people from sicknesses, we have to stand on the side of the people and not represent big pharmaceutical companies and their interests. It looks today like there is more interest in pouring oil onto the fire of a flu pandemic of greed and hypocrisy and on the phenomen of global warming than in getting a grip on selfishness," he said.

In another report, Polskaweb discusses the many scandals involving gigantic bribes, kickbacks and secret bank accounts that have rocked German political figures and parties, and also corporations.

Neither Germany's media nor justice system seems, however, inclined to investigate the vast pools of money transferred onto secret bank accounts that could be the reason why the German health minister, chancellor, leading doctors and also key officals at the Paul Ehrlich and Robert Koch Institute are so eager to trumpet the untested swine flu jab.

But it is not just the German government that appears to be so vulnerable to bribery and blackmail, and so willing to sell out the interests of their people for a few 100 million euros deposited on an offshore bank account.

Members of the Dutch, Danish, French, UK and US governments are among the biggest promoters of the swine flu and climate warming money-making scams.

Are only leaders in the entire Western world whose leaders cannot be bought in Poland? It certainly looks like this is the only honest government left in Europe and the USA.

Poland's health minister and a family doctor Ewa Kopacz recently came under fire from big pharma and WHO for refusing to order the untested swine flu vaccine for which the pharmaceutical companies want blanket immunity.

THE FLU CASE

Polish National TV Helps to Expose the Pandemic Fraud

The Flu Case, 26 December 2009 11:55
https://web.archive.org/web/20100102033430/http://theflucase.com/index.php?option=com_content&view=article&id=2408%3Apolish-national-tv-helps-to-expose-the-pandemic-fraud-examples&catid=1%3Alatest-news&Itemid=64&lang=en

Two youtube clips, duration 01:24 and 07:15 minutes respectively. Comments below from the movies interpreter.

Polish PM Donald Tusk Press Conference on 06.11.2009. He's sceptical regarding swine flu vaccines despite pushing announcement made by European Comminssion.

SEJM
21:00
24 GODZINY
MUCHA
KŁOPOTEK
BRUDZIŃSKI
Mr Prime Minister, an announcement by European Commision has just been published which say that the best way to prevent swine flu is vaccination.

Polish Prime Minister: Donald Tusk,
pressured by EC on swine flu (AH1N1) vaccines.06/11/09
http://www.youtube.com/watch?v=34HZ5JBQt0E

"Tomasz Lis live" 23 November 2009 http://www.youtube.com/watch?v=GnZolcdog4A (*video deleted*)
Biggest politics TV show in Poland, around 3 million viewers.
Polish Vice-Health Minister ask reasonable questions about WHO, pharmaceutical companies, pandemic announcement, etc. This is more like the Minister talking rather than the debate and I didn't balance this video on purpose for a few reasons:

1) There's enough of other view in media all around the world.
2) I titled this "Minister talking on AH1N1" rather than "talk" or "debate". The arguments of the other guy were as usual, at least here in Poland:
a) We got kicked out of the queue for the vaccine because of our Health Ministry's doubts. This is rubbish since many countries are willing to sell some of their vaccines since not much people want to take shots.
b) Another argument is that EMEA and WHO recommended the vaccine so *it just must be good* for us and anyone who says otherwise *is mad conspiration theorist*. No comment on this one.
c) The last argument: OK, *no pandemic at the moment* but *we don't know* what will happen in the next few months. Well Health authorities said clearly that not much really will happen, plus it looks like they would exchange this new flu for the seasonal one since AH1N1 is much milder and easier to go through without complications than regular seasonal flu. Hope this makes sense :) We're one! (this is actually scientifically proven now, search YT for Nassim Haramein or Gregg Braden)

GAZETA.PL FORUM

Kopacz mówi !

Gazeta.Pl. Forum, 27 December 2009, 21:36
https://forum.gazeta.pl/forum/w,177,104852791,104852791,Kopacz_mowi_.html

Jak relacjonuje TVP Kopacz mowi że "chroni Polakow przed nieskuteczną szczepionką pandemiczną".

GAZETA.PL FORUM

A1/H1N1 chryi ciąg dalszy

Gazeta.Pl. Forum, 3 January 2010, 18:52
https://forum.gazeta.pl/forum/w,177,105129369,105129369,A1_H1N1_chryi_ciag_dalszy.html

Francuzi zaliczyli w kostnicach dwustu nieboszczyków z H1N1 i wydali na nich miliard euro.
Polacy dokładnie tyle samo (proporcjonalnie do populacji) ale nie wydali ani jednego centa.
No to kto na A1/H1N1 zrobił kokosowy interes? Oprócz Balickiego i Piechy, dwóch medyków od siedmiu boleści i lobbingu?

DAILY NEWS

HEALTH

Poland is the only country known to have refused H1N1 swine flu vaccines due to safety concerns

Daily News / The Associated Press, 13 January 2010
https://www.nydailynews.com/life-style/health/poland-country-refused-h1n1-swine-flu-vaccines-due-safety-concerns-article-1.458157

WARSAW, Poland - The decision seemed fraught with risk: a government refusing to import swine flu vaccines amid worldwide warnings of a spreading epidemic.

But Poland did just that, becoming the only country worldwide known to reject the vaccines over safety fears and distrust in the drug companies producing them - concerns international health experts reject as unfounded.

Now that the current outbreak appears to have peaked in much of Europe, many Poles feel their government has been vindicated: Countries with large stockpiles often saw low public interest in the vaccines and face financial loss from unused doses now set to expire. But Poland's government didn't spend a cent fighting the epidemic.

All along, the decision by Prime Minister Donald Tusk and Health Minister Ewa Kopacz met with broad support. Even with 145 swine flu deaths in Poland to date, many Poles view the rejection of the vaccines as a laudable gesture of defiance against pharmaceutical companies, sentiment shaped by a strengthening anti-vaccine movement and conspiracy theories about the vaccines circulating on the Internet.

"I had the impression that the information about swine flu was manipulated in order to create a panic," said Barbara Lazniewska, a 38-year-old architect who was among the many Poles to applaud the government's stance.

Poles take pride in having a strong independent streak and many respect the government for defying the EU, the World Health Organization and other international groups that urged countries to implement vaccination programs - advice that smacked to some of meddling in internal affairs.

The prime minister described Poland as a country with the rare "courage" to refuse a vaccine that he believes has not undergone sufficient testing.

"We are making this decision only in the interest of the Polish patient and the taxpayer," Tusk insisted in December. "We will not take part because it's not honest and it's not safe for the patient."

The anti-vaccine movement argues it is untested or contains risky ingredients, like the preservative thimerosal. However, there is little difference in the swine flu vaccine's formulation from the regular flu vaccine, which is available in Poland, and all evidence so far suggests it is safe and effective. The WHO says more than 150 million people have been vaccinated in more than 40 countries and that no unusual or dangerous side effects have been seen.

"The saving grace for Poland is that this swine flu pandemic is so far very mild. It would be a big scandal if this were a virus that would cause many deaths," said Andrew McMichael, an immunologist and the director of the Weatherall Institute of Molecular Medicine at Oxford.

Other conspiracy theories claim the drug companies making the vaccine secretly lobbied the WHO to declare swine flu a global epidemic to fatten their own pockets, a theory unproven but

which some Europeans seem inclined to believe. Even the Parliamentary Assembly of the Council of Europe recently recommended that the EU investigate WHO's swine flu pandemic declaration to see if the body acted under undue influence.

In an e-mailed statement, WHO said its members "guard against the influence of any vested interests" but declined any other comment on the allegations, saying the group's flu chief, Dr. Keiji Fukuda, will address them during a news conference Thursday.

WHO spokeswoman Karen Mah said the organization has no reports of other countries rejecting the vaccine outright. Some countries, however, haven't launched vaccine programs because they lack the money.

Poland's approach contrasts sharply with steps taken by countries such as the United States – where President Barack Obama and his family got swine flu shots to set an example – and European countries like Austria and Sweden that stockpiled enough for their entire populations.

Other eastern EU members have also embraced inoculation, with Hungary and Romania even producing their own domestic vaccines against H1N1, the official name of the current swine flu strain. Romania has seen a burst of interest in vaccines in recent days following the death from swine flu of a well known TV actor, 37-year-old Toni Tecuceanu, on Jan. 5. Over the weekend, 13,000 people got vaccinated in Bucharest alone, the Health Ministry said Monday – vastly more than previous weekends that saw a few dozen at most ask for the jab.

But no well-known Pole has died, and flu fears failed to take root in the country of 38 million people.

Only one leading official, Janusz Kochanowski, the ombudsman for civil rights, has waged a prominent public fight against the government over vaccines, condemning its stance as irrational and irresponsible. He vowed to sue the health minister for a symbolic 1 zloty (35 U.S. cents/25 euro cents) for what he describes as a human rights offense: unnecessarily risking the health of the population by refusing to make vaccines available or take any other steps to fight the spread of swine flu.

Kochanowski came down with swine flu himself over the Christmas holidays, a turn of bad luck he viewed as deeply ironic. During a recent interview in his office he sneezed into a tissue from time to time, and his voice was raspy as he strongly denounced the government.

"In a normal country the media would attack a government that doesn't want to buy vaccines and which doesn't give citizens the right to choose. It's a basic right," Kochanowski told The Associated Press. "The constitution obliges the government to counteract and prevent epidemics. But rather than attacking the government, the media are attacking me."

Though there have been no recent opinion surveys on the matter, Kochanowski and several doctors say there is abundant anecdotal evidence showing that most Poles support the government's approach.

"Unfortunately most people are on the side of the government," Kochanowski said.

Kochanowski says he worries that the government's luck in dodging massive problems with swine flu will only encourage it to ignore future epidemics as well.

"This flu will pass, but there is a new flu every year and the government should prepare every year. However, this government is not only not preparing, but it's making a special point of not being prepared and then claims glory," he said.

In Poland, doctors are deeply divided on the matter, but some are clearly critical of the government.

"It should be the patient's rights to choose - that would be democracy in health care," said Maria Ciesielska, a family doctor whose disapproval only intensified when her 7-year-old son was laid up for a week with swine flu in November. "Even Hippocrates said it's not ethical to not offer a cure if you know that one exists."

=> the same text: **Poland refuses H1N1 vaccines**. – The Hindu, 13 January 2010, 04:08 pm IST
https://www.thehindu.com/news/international/Poland-refuses-H1N1-vaccines/article16837398.ece

The San Diego Union-Tribune

Vanessa Gera

Poland stands alone in refusing swine flu vaccines

The San Diego Union-Tribune, 13 January 2010, 2:08 AM PT
https://www.sandiegouniontribune.com/sdut-poland-stands-alone-in-refusing-swine-flu-vaccines-2010jan13-story.html

Warsaw, Poland – The decision seemed fraught with risk: a government refusing to import swine flu vaccines amid worldwide warnings of a spreading epidemic.

But Poland did just that, becoming the only country worldwide known to reject the vaccines over safety fears and distrust in the drug companies producing them - concerns international health experts reject as unfounded.

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=> published in part

ARAB NEWS

Vanessa Gera

Poland stands vindicated over H1N1 jabs

Arab News, 14 January 2010, 03:00
https://www.arabnews.com/node/332733

Warsaw, Poland – The decision seemed fraught with risk: a government refusing to import swine flu vaccines amid worldwide warnings of a spreading epidemic.

But Poland did just that, becoming the only country worldwide known to reject the vaccines over safety fears and distrust in the drug companies producing them - concerns international health experts reject as unfounded.

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Фармацевтический ВЕСТНИК

Илья Дугин

Польша единственная отказалась от импорта вакцин против гриппа A/H1N1

Фармацевтический вестник, 14 января 2010, 00:00
https://pharmvestnik.ru/content/news/17506.html

Решение об отказе от импорта вакцины на фоне предупреждений о распространении вируса кажется весьма странным. Но польское правительство поступило именно так, и Польша стала единственной страной в своем роде.

Как объяснили власти, подобное решение принято из-за сомнений в безопасности вакцин и недоверия к производящим их фармацевтическим компаниям, в чем их стараются переубедить международные эксперты.

Как бы то ни было, премьер-министр Польши Дональд Туск и министр здравоохранения страны Ева Копач получили широкую поддержку населения. Даже несмотря на то, что грипп A/H1N1 унес жизни 145 человек, многие поляки рассматривают отказ от вакцин как вызов фармацевтическим компаниям, которые, по их мнению, продают неапробированные вакцины.

Кроме того, в стране проходит массовая кампания против вакцинации. Как заявил премьер-министр, Польша проявила мужество, отказавшись от вакцин, которые, по его мнению, не прошли соответствующие испытания. «Мы приняли это решение исключительно в интересах пациентов и налогоплательщиков», - сказал он.

Из официальных лиц против действий правительства выступил только омбудсмен Януш Кочановски. Мнения врачей разделились, некоторые из них критикуют решение об отказе от закупки вакцин. «У пациента должно быть право выбора», – заявил один из врачей.

tucson.com

Poland seems to win flu gamble

Tuscon, The Associated Press, 15 January 2010
https://tucson.com/news/science/health-med-fit/poland-seems-to-win-flu-gamble/article_e5e17bd2-2593-55d2-8b03-4e2887854dc6.html

Warsaw, Poland – The decision seemed fraught with risk: a government refusing to import H1N1 flu vaccines amid worldwide warnings of a spreading epidemic. But Poland did just that, becoming the only country worldwide known to reject the vaccines over safety fears and distrust in the drug companies producing them - concerns international health experts reject as unfounded.

Now that the current outbreak appears to have peaked in much of Europe, many Poles feel their government has been vindicated: Countries with large stockpiles often saw low public interest in the vaccines and face financial loss from unused doses now set to expire. But Poland's government didn't spend a cent fighting the epidemic.

All along, the decision by Prime Minister Donald Tusk and Health Minister Ewa Kopacz met with broad support. Even with 145 H1N1 deaths in Poland to date, many Poles view the rejection of the vaccines as a laudable gesture of defiance against pharmaceutical companies, sentiment shaped by a strengthening anti-vaccine movement and conspiracy theories about the vaccines circulating on the Internet. "I had the impression that the information about swine flu was manipulated in order to create a panic," said Barbara Lazniewska, 38, an architect who was among the many Poles to applaud the government's stance.

Poles take pride in having a strong independent streak, and many respect the government for defying the EU, the World Health Organization and other international groups that urged countries to implement vaccination programs - advice that smacked to some of meddling in internal affairs.

The prime minister described Poland as a country with the rare "courage" to refuse a vaccine that he believes has not undergone sufficient testing. "We are making this decision only in the interest of the Polish patient and the taxpayer," Tusk insisted in December. "We will not take part because it's not honest and it's not safe for the patient."

The anti-vaccine movement argues it is untested or contains risky ingredients, like the preservative thimerosal. But there is little difference in the H1N1 vaccine's formulation from the regular flu vaccine, which is available in Poland, and all evidence so far suggests it is safe and effective. The WHO says more than 150 million people have been vaccinated in more than 40 countries and that no unusual or dangerous effects have been seen.

"The saving grace for Poland is that this ... pandemic is so far very mild. It would be a big scandal if this were a virus that would cause many deaths," said Andrew McMichael, an immunologist and director of the Weatherall Institute of Molecular Medicine at Oxford.

Other conspiracy theories say the companies making the vaccine secretly lobbied the WHO to declare H1N1 flu a global epidemic to fatten their own pockets, an unproven theory but one that some Europeans seem inclined to believe.

Even the Parliamentary Assembly of the Council of Europe recently recommended that the EU investigate the WHO's pandemic declaration to see if the body acted under undue influence.

In an e-mailed statement, the WHO said its members "guard against the influence of any vested interests" but declined any other comment on the allegations. WHO spokeswoman Karen Mah said the organization has no reports of other countries rejecting the vaccine outright.

Some countries, however, haven't launched vaccine programs because they lack the money.

Poland's approach contrasts sharply with steps taken by countries including the United States – where President Obama and his family got H1N1 shots to set an example – and European countries including Austria and Sweden that stockpiled enough for their entire populations.

GAZETA.PL FORUM

Brawo Polska, Brawo Kopacz
Das polnische "H1N1 - Wunder" vor dem Europarat

Gazeta Pl., 10 March 10, 06:18
https://forum.gazeta.pl/forum/w,34281,108479487,108479487,Brawo_Polska_Brawo_Kopacz.html

Ta kobieta trzeba chwolic, ona sie nia dala zgupic, czytej nie obsluzyla klientela tak jak nasze skorumpowani abgeordnete:

Brüssel - Die Nutzniesser von dubiosen Krankheiten der vergangenen Jahre wie Sars, Schweine- und Vogelgrippe geraten immer mehr unter Druck. Nachdem sich am Dienstag in Brüssel zahlreiche Parlamentarier für eine tiefere Untersuchung der finanziellen Hintergründe sog. neuer Grippen einsetzten, bekam auch die polnische Gesundheitsministerin Ewa Kopacz eine Einladung von der Parlamentarischen Versammlung des Europarates in Sachen der zuletzt aufgetretenen Schweinegrippe, die in Europa und der Welt nur wenig Schaden anrichtete, dafür aber umso mehr Steuergelder gekostet hatte. Kopacz soll vor dem Ausschuss dazu Stellung nehmen, in welcher Form die WHO und Pharma Produzenten versucht hatten Druck auf Polen auszuüben, nachdem man sich geweigert hatte, unerforschte Impfstoffe ohne Hersteller-Garantie zur Impfung der Bevölkerung zu bestellen. Der Untersuchungsausschuss des Europarates wird vom deutschen Epidemiologen Dr. Wolfgang Wodarg geleitet, der weltweit als einer der ersten Köpfe war, den Filz aus WHO, Wissenschaftlern und der Pharma- Industrie bemerkt und kritisiert hatte.

"Polskaweb" hatte während der geschürten Schweinegrippe Paniken in Deutschland und der Ukraine die Welt darauf aufmerksam gemacht, dass die Polen mittendrin sich über die Hysterien bei den Nachbarn wunderten, da bis dahin im eigenen Lande so gut wie niemand an A-H1N1 erkrankt oder gar gestorben war. Erst nachdem die Pharma- Industrie an Gesundheitsministerin Kopacz zu scheitern drohte, meldete man die ersten mutmaßlichen Schweinegrippe- Toten auch in Polen, die allerdings alle auch andere Krankheiten hatten. Der britische Abgeordnete Paul Flynn sagte am Dienstag der Brüsseler Korrespondentin des polnischen Radios "RMF FM": "Wir haben eine sehr interessante Analyse, demnach starben in Polen etwa so viele Menschen an der Schweinegrippe wie in Großbritannien. London kaufte Impfstoffe um damit die ganze Bevölkerung zu immunisieren, Warschau hat nicht einmal eine einzige Dose abgenommen".

Ähnlich wie Flynn äusserte sich auch die französische Europaparlamentarierin Michele Rivasi: "Inmitten der Finanzkrise haben EU- Regierungen Milliarden für Impfstoffe nach einem Fehlalarm ausgegeben. Die französische Regierung hatte mehr als 90 Millionen Dosen des Impfstoffs gekauft, weil Experten rieten allen in Frage kommenden Franzosen zwei Schüsse zu injizieren. Tatsächlich verwendete man aber nur einen kleinen Teil und sucht nun wie Resteuropa nach Käufern für die überflüssigen Impfstoffe. Eine Milliarde Euro Steuergelder wurden somit in den Sand gesetzt. In Polen starben weniger Menschen an der Grippe als in Frankreich und es gab mindestens 3000 Fälle von Nebenwirkungen der Impfungen. Zudem sind zahlreiche Menschen als "Versuchskaninchen" für unzureichend getestete Impfstoffe mißbraucht worden". Rivas forderte einen Untersuchungsausschuss, der ermitteln soll ob "Interessenskonflikte" zu der falschen Pandemie-Warnung geführt haben. Dazu sollten mögliche Verbindungen der von der EU angehörten Experten zur Pharma-Industrie, durchleuchtet werden.

Die niederländische EU- Abgeordnete Judith Merkies bringt die Masche der Nutzniesser fauler Grippen auf den Punkt: "Alle zwei oder drei Jahre löst eine neue Krankheit Panik- Wellen aus. Im vergangenen Jahr war es die H1N1-Grippe, davor die Vogelgrippe und das Sars-Virus. Bemerkenswert wie in diesem Zusammenhang dann plötzlich die pharmazeutischen Industrie Druck auf die Länder ausübt, damit sie Impfstoffe kaufen. In den Niederlanden liegen 19 Millionen Impfungen nutzlos herum. Die Regierung hat hierfür 300 Millionen Euro bezahlt." Eine der ersten Parlamentarier welcher die Petition zur Einrichtung eines Untersuchungsausschusses zur Schweinegrippe unterschrieb, war der polnische Abgeordnete Boguslaw Sonic von der Tusk- Partei, der auch Ewa Kopacz angehört: " Die polnischen Behörden hatten im Zusammenhang mit den angeboteten Impfstoffen Zurückhaltung gepflegt und verlangten genauere Informationen von Pharmaunternehmen, die man uns nicht liefern konnte oder wollte. Die Kommission möchte nun deshalb auch die Einführung eines Mechanismus für die Verbreitung von neuen Impfstoffen in Rekordzeit.

Weltweit sollen bisher ca. 16500 Menschen an der Schweinegrippe gestorben sein, die sich zuletzt als unsere bekannte saisonale Grippe in milder Form entpuppte. Mehr als 400 000 Menschen waren aber angeblich jährlich immer an der Grippe gestorben. Die meisten Opfer hatten aber auch gleichzeitig andere Krankheiten. "Polskaweb" ist davon überzeugt, dass nicht nur Sars, Schweine- und Vogelgrippe Produkte der Pharma- Industrie und korrupten Medizinern, Medien und Politikern sind, sondern auch HIV und andere teure Dauerbehandlungs- Krankheiten mit denen man alljährlich Milliarden verdient. Die Welt ist verpflichtet die Nutzniesser dieser Betrügereien, ohne Rücksicht auf Rang, Namen und Masse, ihren gerechten Strafen zuzuführen. Wenn dies nicht geschieht, werden wir alle irgendwann nur noch für einen kleinen "erlesenen" Kreis von Verbrechern arbeiten und von ihnen abhängig sein.

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Polish Health Minister to testify at Council of Europe inquiry into mass swine flu vaccinations

The Flu Case, 11 March 2010, 12:24

https://web.archive.org/web/20100525025743/http://www.theflucase.com/index.php?option=com_content&view=article&id=2985%3Apolish-health-minister-to-testify-at-council-of-europe-inquiry-into-mass-swine-flu-vaccinations&catid=41%3Ahighlighted-news&Itemid=105&lang=en

The Polish Health Minister Ewa Kopacz has been invited to testify at the inquiry underway at the Council of Europe Parliamentary Assembly, PACE, on whether the pharmaceutical industry influenced WHO to declare a pandemic emergency over the mild swine flu, so triggering national mass vaccination plans.

Kopacz, a family doctor, was the only health minister in Europe to refuse to buy the swine flu vaccine. She is to be asked about whether WHO and pharmaceutical companies exercised pressure on Poland after the decision was made not to buy the untested swine flu vaccines for which the pharma companies also refused to assume liability, reports Polskaweb.

UK MP Paul Flynn, who is preparing a report on the swine flu vaccine campaign for PACE, told Polish RMF FM radio that a study had shown that roughly as many people died of the swine flu in the UK as in Poland even though the UK bought enough swine flu vaccines for the entire population.

European parliament MEP Michele Rivasi, who is pushing for an inquiry in Brussels, said that fewer people died from the swine flu in Poland than did in France, but at least 3000 cases of adverse reactions to the swine flu jab have been recorded in France.

The French Health Minister Roseylne Bachelot bought 90 million doses of swine flu for about one billion euros but only about 7 million doses were used.

Dutch MEP Judith Merkies said that the government had spent 300 million euros on jabs of which 19 million remain unused.

Polish MEP Boguslaw Sonic said that the pharmaceutical companies had refused to give the Polish government information on the vaccines that it requested, reports Polskaweb.

Parliamentary Assembly
Assemblée parlementaire

Mr Paul Flynn
Rapporteur, United Kingdom, Socialist

Memorandum:
The handling of the H1N1 pandemic: more transparency needed

AS/Soc (2010) 12
Social, Health and Family Affairs Committee, PACE, 23 March 2010
http://assembly.coe.int/CommitteeDocs/2010/20100329_MemorandumPandemie_E.pdf

I. Introduction

1. The Parliamentary Assembly has always attentively observed governance issues of the public health sector in Council of Europe member states. The most recent reporting activities in this respect have been Recommendation 1725 (2005) on "Europe and bird flu – preventive measures in the health field", Recommendation 1787 (2007) on "The precautionary principle and responsible risk management" and Resolution 1649 (2009) on "Palliative care: a model for innovative health and social policies".

2. The rapporteur notes that the handling of the current H1N1 crisis is closely related to sensitive questions such as health experts' contractual relations with private stakeholders and possible conflicts of interest, levels of public spending and, last but not least, important issues of health and well-being of individual patients and the population at large. Furthermore, the transparency of public health decisions is closely linked to the way in which sensitive issues are communicated to the European public. The rapporteur intends to take the ongoing debate on these topical issues to a more objective level.

3. At the level of the Council of Europe, member states undertake intergovernmental co-operation activities regarding health topics with a view to contributing to the development of an ethical European health policy. Some of the main topics include blood transfusion, mental health, palliative care, patient participation transplants, and also good governance in the health sector, as well as bioethics and the quality of medicines and healthcare. For the Council of Europe and its Parliamentary Assembly, the observation of public governance in the health care field is a particular priority.

4. The rapporteur does not wish to undertake a scientific analysis of the H1N1 flu virus, which would be the specific mission of other international or European bodies such as the World Health Organisation (WHO), the European Centre for Disease Prevention and Control (ECDC) or the European Medicines Agency (EMEA). His memorandum is based, rather, on the understanding that the questions of public health governance arising from the H1N1 crisis are essential issues of the rule of law and democracy which are 'core values' of the Council of Europe. The rapporteur's main objective therefore is to identify and propose lines of action to enhance the transparency, accountability and coherence of the handling of future public health situations, whether these reach 'pandemic' levels or not.

5. With regard to public health issues at the Parliamentary Assembly, the rapporteur notably wishes to refer to the current report of his colleague, Ms Liliane Maury Pasquier (Switzerland, SOC), Chair of the Social, Health and Family Affairs Committee, on "Preventive Health Care Policies in the Council of Europe member states". In her draft recommendation, Ms Maury Pasquier proposes that the Assembly urges Council of Europe member states to evaluate their preventive health care strategies, to renew their commitment towards the health goals of the World Health Organisation (WHO) and to actively co-operate with WHO, within the global surveillance system, in order to halt the expansion of infectious diseases. Taking this approach into account and despite some of the criticisms raised in this memorandum, the Parliamentary Assembly should recognise the outstanding achievements made in public health in past decades, and the valuable contribution to this by WHO. The Assembly should continue to support WHO to improve public health in all possible ways, including from a good governance and human rights perspective.

6. When examining the handling of the H1N1 influenza, the rapporteur also considers it important to closely co-operate with WHO and main European bodies, including the European Commission and Parliament, as well as national governments, the pharmaceutical industry, academia and civil society. This dialogue has already been launched at the public hearing held on 26 January during the 2010 first part-session of the Assembly, the results of which have been included in the present memorandum. This dialogue will continue at a hearing in Paris on 29 March 2010, with the participation of public health experts and representatives of European governments.

II. Announcement and perception of the H1N1 'Pandemic'

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III. Critical views of the governance of the current H1N1 crisis and first evidence found

...

IV. Recent reactions of various stakeholders involved in the handling of the H1N1 influenza

a) Reactions of WHO at different times of the pandemic

...

b) Reactions of the pharmaceutical industry

...

c) Follow-up and reactions at the level of the European Union and European Parliament

...

d) Various reactions in Council of Europe member states

...

V. Conclusions

44. The recent debate on H1N1, notably at a European level, has shown that the situation relating to this influenza is characterised by a high degree of uncertainty. The rapporteur is convinced that the way in which the H1N1 crisis has been handled is lacking in transparency. Certain facts have never been communicated to the European public; others have not been presented clearly enough. Even in this advanced stage of debate, and notwithstanding the lack of transparency has been pointed out on various occasions, some stakeholders are still not ready to react fully to allegations made and make all possible information available.

45. Concluding this first round of reflection on the way in which the H1N1 pandemic was handled, the rapporteur notes that WHO and other public health institutions involved in public decisions on the pandemic, have 'gambled away' some of the confidence that the European public has in these highly reputed organisations. This decline in confidence could be risky in the future. When the next pandemic arises many persons may not give full credibility to recommendations put forward by WHO and other bodies. They may refuse to be vaccinated and may put their own health and lives at risk.

46. The rapporteur considers that any further investigation should focus on the question of how to strengthen and render irreproachable the surveillance mechanisms in place within and around WHO. It is essential in this respect to ensure the Organisation's democratic accountability and transparency of decision-making in relation to its work, and finally to re-increase public confidence in WHO's recommendations. There are important lessons to be learned for the future from the current H1N1 pandemic and the way in which it has been dealt with.

47. The search for improvements should firstly be undertaken through inter-organisational dialogues at national, European and international level. In this respect, the rapporteur welcomes the willingness of WHO and other organisations to participate in the public hearings and debates organised by the Parliamentary Assembly, and hopes that they will continue this dialogue with a view to pursuing the common objective of preparing for future public health situations where the same issues, including those of transparency, might be raised.

48. In parallel, national public health authorities of Council of Europe member states should also contribute to rendering public health decisions more transparent and accountable. This they should do by addressing some of these highly sensitive issues at national level, and by participating in relevant exchanges at the European level. One of the issues to be examined is the democratic control of international organisations such as WHO through relevant bodies (World Health Assembly, Regional Committees of WHO, etc.).

49. There are numerous organisations and institutions at international, European and national level which have been concerned by pandemic preparedness planning and the implementation of subsequent vaccination strategies. Amongst these, the Parliamentary Assembly provides a European platform where issues relating to human rights, the rule of law and democracy can be raised. In this function, the Parliamentary Assembly could remain a moderator and partner in debates. Beyond consideration of sensitive issues related to the current H1N1 crisis, and in consideration of the vast amount of work on common topics which are already the subject of exchanges between WHO and the Council of Europe, the Parliamentary Assembly could even provide a parliamentary forum for regular debates on the activities of WHO. By comparison, there is a yearly institutional dialogue between the Assembly and the Organisation for the Economic Co-operation and Development (OECD). Similarly there are regular reports of the Assembly on the activities of the United Nations High Commissioner for Refugees (UNHCR) and on the International Organization for Migration.

CIDRAP

Lisa Schnirring

WHO sets up external panel to review pandemic response

CIDRAP, 29 March 2010

https://www.cidrap.umn.edu/h1n1-2009-pandemic-influenza/who-sets-external-panel-review-pandemic-response

Mar 29, 2010 (CIDRAP News) – The World Health Organization (WHO) today said it is in the final stages of putting together an independent committee to review its preparation for and response to the H1N1 pandemic, a group of about 29 experts that will meet for the first time in the middle of April.

Keiji Fukuda, MD, special advisor on pandemic influenza to the WHO director-general, shared details about the review group with journalists in Geneva. The WHO posted an audio recording of the press conference on its Web site.

Fukuda said the independent review will parallel another review effort within the WHO that will examine pandemic response as part of a required evaluation of how the International Health Regulations (IHR) functioned during the outbreak. He said the H1N1 pandemic was the first major test of the IHR, which are an agreement outlining how governments should handle global health emergencies.

Fukuda and other WHO health officials have often said the group looks forward to the lessons learned from its pandemic response. "The bottom line is how we can do better with our preparations and response," he said.

The review's timing isn't a signal that the pandemic is over, he said. Instead, the review comes one year into the pandemic, when health officials have accumulated a lot of experience with the response and the actions are still fresh in people's memories.

Some elected officials and health ministers have criticized the response of the WHO and governments, claiming that health officials overreacted to the disease threat and were influenced by pressure from pharmaceutical companies to buy vaccine stockpiles. The WHO and health authorities from several countries have strongly denied the claims.

The Council of Europe (COE) has launched its own inquiry into the WHO and governmental pandemic responses, and today in Paris the social, health, and family affairs committee of the COE's Parliamentary Assembly (PACE) held its second hearing on the issue. The COE, separate from the European Union, works on issues such as civil rights, economics, and democracy. The group was established after World War II and is made up of elected officials from 47 nations.

The WHO is still putting together the pandemic review group, which will have a broad range of expertise, including scientists and public health experts both inside and outside the infectious disease arena. Fukuda said that though the review group will operate independently from the WHO, members will be required, like the WHO's internal expert groups, to make declarations of interest and reveal potential conflicts of interest.

The group will hold its first meeting Apr 12 to 14. The committee will elect its own chair and cochair, set its own agenda, and seek out its own expert assessments. It will produce a preliminary report on its actions for the WHO director-general to present to the World Health Assembly in May.

Fukuda said the WHO anticipates that many countries will want to air their views with the new committee, and countries will have the opportunity to speak or submit written comments at the group's first meeting. Though there won't be a public gallery for the meetings, representatives from governments and other groups will be welcome to observe, and the WHO is still working out how to provide media access.

A final report on the WHO's pandemic response will likely be completed in time for the WHO director-general to present to the May 2011 World Health Assembly.

At today's COE hearing, Paul Flynn, a socialist member of the British Parliament, presented an initial inquiry report on the WHO's pandemic response. Flynn said the report reflects a recent meeting with Gillian Merron, Britain's public health minister. He said he will meet with WHO officials on Apr 15 to gather more information. COE said in a press release that the PACE committee will likely approve the report in late April, in advance of a possible debate on the topic in Strasbourg in June.

Today the committee focused on transparency issues related to the WHO and governmental pandemic responses. The group heard from Poland's health minister, Ewa Kopacz, about the country's decision not to buy pandemic vaccine.

Also on the agenda were Marc Gentilini, a member of France's National Academy of Medicine, who spoke on France's pandemic response; Dr Tom Jefferson, from the Cochrane Collaboration, who spoke on the use of scientific evidence when making flu-related decisions; and Michele Rivasi, a European Parliament member who is calling for that group to launch an inquiry. The European Parliament is an elected group and is one of the European Union's two legislative branches.

Parliamentary Assembly
Assemblée parlementaire

Address of Ms Ewa Kopacz, Minister of Health of Poland
Hearing on 'The handling of the H1N1: more transparency needed"
Parliamentary Assembly of the Council of Europe
Social, Health and Family Affairs Committee

Paris, PACE, 29 March 2010
https://archive.org/details/address-ek
http://assembly.coe.int/CommitteeDocs/2010/20100329_MinisterKopaczAddress.pdf

Madame Chair, Ladies and Gentleman,

Thank you much to the Parliamentary Assembly and the Council of Europe for taking up a subject that gave rise just recently to so much emotion and controversy. Thank you also for making it possible for the Polish Minister of Health to share her experience and the actions that we undertook during last year's flu pandemic. A pandemic whose announcement cost the world's tax payers hundreds and millions of Euros and at the same time ensured enormous additional profit for producers of vaccines for the pandemic.

Ladies and Gentleman the Polish reaction to this flu pandemic threat, a reaction which was quite different from those that prevailed in many other countries, was not the result of light-heartedness or slow decision making. From the time when in March April 2009 the first information was available about people falling ill with flu caused by a hitherto unknown virus called H1N1 Polish epidemiological and crisis reaction services immediately prepared themselves, analysed the situation and proposed appropriate measures to react to the possible threat. We also remained in close touch with the ECDC and other European and national centers designated to combat the new virus. Our actions were undertaken in accordance with a national pandemic plan developed on the basis of WHO's guidelines. Experts on epidemiology and infectious diseases issued recommendations for doctors and other healthcare professionals, we conducted a broad ranging informational educational campaign in particular aimed at children and school age youth and we also ensured that we combated symptoms of panic and general social unease.

It should be added that the relatively rapid announcement of successive levels of pandemic threat by WHO caused a lot of interest in the media which didn't really verify the significance of the figures that were provided and started to talk about upcoming 'apocalypse'. The media of course reminded societies of the famous 'Spanish' flu of 1918-1919 and the more recent avian flu which raised the level of social disquiet without the facts to support those statements. And that is why we prepared and transmitted information in accordance with our pandemic plan and we used the medical information available about the degree of threat but that was often marginalised by the media and they concentrated on the threat.

We also analysed the situation in the countries of the Southern Hemisphere where the flu season was underway and we were becoming very aware of the moderate nature this pandemic. All of this made it possible for us to serenely analyse the situation in so far as the alleged pandemic was concerned and to draw the appropriate conclusions. Ladies and Gentleman we wanted to take into consideration all possible scenarios so we invited pharmaceutical companies to negotiate with us,

companies that were working on a vaccine against the H1N1 flu virus. The Polish Flu Pandemic Committee had defined a high risk group including 2 millions persons in accordance with the recommendations of WHO and the ECDC and the Polish government set aside resources to buy appropriate numbers of vaccines but the conditions of purchase for vaccines proposed by producers were dubious for us, vaccines were to be purchased only by governments and not available directly to individuals, and to units of health care system, the producers of the vaccine expected that Polish government would take full responsibility for any undesirable side effects offering sale at the risk and on the responsibility of the purchaser.

For a long time it was also not clear whether each of us should be vaccinated once or twice and we were also concerned about information in the Euravigilin system about various undesirable effects and even the suspicion of some deaths. And the fact that the vaccine as offered was 2 to 3 times more expensive than vaccines against seasonal flu produced on the basis of the same technology is a fact on which I will not comment upon.

For these reasons the Polish government and I personally fully responsibly undertook a position not to purchase the vaccines on the conditions that were offered by pharmaceutical companies. I said at the time in the Polish parliament 'is it my responsibility to sign contracts in the interests of Poland or contracts in the interests of pharmaceutical companies?' I must admit that I said this as a doctor who has sworn to act for the good of patients and as a politician who has sworn to act in the interests of citizens. It is really not acceptable that producers of a medical vaccine thanks to the media campaign and taken advantage of fear that they should force government to take certain decisions; it is not acceptable for producers not to take responsibility for product for safety of patients and for undesirable side effects. It is not acceptable that governments should become hostages to interest groups and should take decision in an atmosphere of panic resulting from alarmist announcements in the media or the opinion of experts who have an interest in the situation themselves and who have not based their analysis on scientific terms, that is not acceptable at all.

Bitter thought to end, at the beginning of information becoming available 30 April 2009 during meeting Luxemburg during a meeting of Health Ministers of the European Union I talked about the need for coordination of purchases and distribution of vaccines by countries of the Union considering that combating the pandemic should be based on genuine European solidarity. I said that the criterion of access to the vaccines should not be how rich a country is but rather to what extent it is epidemiologically threatened. And I find it very painful to share with you the thought that there was no coordinated action by the community that the European answer to the pandemic threat which turned out to be not so serious as we initially thought has shown that in the European Union there is a deficit of solidarity and this lesson also shows that the announcement of each successive level and the scale of pandemic by WHO must be preceded by a very good scientific analysis and correct evaluation of the threat. Premature announcement of a pandemic, elimination of the criterion of the level of threat of the virus by WHO and using mainly the geographic criteria without taking into consideration the number of cases actually occurring within a given region has resulted in this excessive reaction by most countries in the world and I think that the international community is expecting now that WHO reduce the announced level of threat to the actual pandemic situation in individual regions of WHO which has not yet been the case.

And finally, this test was failed also and perhaps first and foremost by companies who produce vaccines because for them, corporate profit was more important than social responsibility. The experiences of last year's pandemic announcement are a very important lesson for us, we paid a very high cost – what is important now would be to draw the appropriate lessons from that experience.

Thank you.

Parliamentary Assembly
Assemblée parlementaire

Przemówienie Pani Ewy Kopacz,
Minister Zdrowia Rzeczypospolitej Polskiej
Wysłuchanie „Działania odnośnie grypy H1N1: potrzeba większej przejrzystości"
Zgromadzenie Parlamentarne Rady Europy
Komitet do Spraw Społecznych, Zdrowia i Rodziny

ParyŜ, 29 marca 2010 r.
http://assembly.coe.int/CommitteeDocs/2010/20100329_MinisterKopacz_PL.pdf

Szanowna Pani Przewodnicząca, Szanowni Państwo,

Dziękuję Zgromadzeniu Parlamentarnemu Rady Europy za podjęcie tematu, który nie tak dawno budził tak wiele emocji i kontrowersji. Dziękuję za moŜliwość podzielenia się przez polskiego ministra zdrowia naszymi doświadczeniami i działaniami podczas ubiegłorocznej pandemii grypy.

Pandemii, której ogłoszenie kosztowało podatników na całym świecie setki milionów euro, przysparzając producentom szczepionki pandemicznej, jak się szacuje, ogromnego dodatkowego zysku.

Szanowni Państwo,

Polska reakcja na zagroŜenie pandemią grypy, reakcja odmienna niŜ w wielu innych krajach, nie była spowodowana ani lekkomyślnością, ani opieszałością. Od chwili, gdy na przełomie marca i kwietnia 2009 roku pojawiły się pierwsze doniesienia o zachorowaniach na grypę spowodowanych nieznanym dotychczas wirusem, nazwanym A/H1N1, polskie słuŜby epidemiologiczne i reagowania kryzysowego niezwłocznie przeszły w stan wzmoŜonej gotowości, analizując sytuację i proponując odpowiednie środki odpowiedzi na ewentualne zagroŜenie. Pozostawaliśmy teŜ w łączności z ECDC i innymi europejskimi i narodowymi ośrodkami wyznaczonymi do walki z nowym wirusem. Nasze działania podejmowaliśmy zgodnie z opracowanym na podstawie wytycznych WHO Narodowym Planem Pandemicznym. Eksperci ds. epidemiologii, oraz chorób zakaźnych wydawali zalecenia dla lekarzy i innych pracowników ochrony zdrowia, prowadziliśmy szeroką kampanię informacyjną i edukacyjną kierowaną w szczególności do dzieci i młodzieŜy szkolnej. DuŜą wagę przywiązaliśmy teŜ do zwalczania objawów paniki i społecznego niepokoju, Trzeba tu dodać, Ŝe stosunkowo szybkie ogłaszanie kolejnych stopni zagroŜenia pandemicznego przez Światową Organizację Zdrowia spowodowało szerokie zainteresowanie mediów, które nie weryfikując znaczenia podawanych liczb wytworzyły obraz nadciągającej apokalipsy. Media przywoływały do pamięci społecznej słynną „hiszpankę" z lat 1918-19 i nieodległą grypę ptaków, co podwyŜszało stopień społecznego niepokoju w istotnym oderwaniu od faktów związanych z naturą tej pandemii - pandemii grypy A/H1N1 w przebiegu dość łagodnej. Dlatego teŜ przygotowana i przekazywana zgodnie z wytycznymi planu pandemicznego oraz wiedzą medyczną informacja nt. stopnia zagroŜenia, potencjalnych moŜliwości zakaŜenia oraz stosowania środków ochrony indywidualnej była w mediach bardzo często marginalizowana.

Analizowaliśmy takŜe sytuację w krajach półkuli południowej, gdzie właśnie trwał sezon grypowy i zdawaliśmy sobie sprawę z łagodnego charakteru pandemii.

To wszystko pozwoliło nam chłodno analizować sytuację pandemiczną i wyciągać z niej wnioski.

Panie i Panowie,

Biorąc pod uwagę kaŜdy scenariusz zaprosiliśmy do rozmów firmy farmaceutyczne, które podjęły prace nad szczepionką przeciwko grypie A/H1N1. Polski Komitet ds. Pandemii Grypy określił grupy szczególnego ryzyka, które objęły 2 miliony osób, zgodnie z rekomendacją WHO i ECDC. Polski rząd zabezpieczył środki na zakup odpowiedniej liczby szczepionek.

Jednak warunki zakupu szczepionek pandemicznych zaproponowane przez ich producentów wzbudziły w nas zasadnicze wątpliwości.

• Oferta sprzedaŜy nie przewidywała wprowadzania szczepionki do normalnego obrotu na rynku, lecz dotyczyła wyłącznie zakupu przez rząd. W konsekwencji szczepionka stawała się niedostępna dla jednostek ochrony zdrowia i osób prywatnych.

• Producenci szczepionki oczekiwali przejęcia przez polski rząd pełnej odpowiedzialności za działania niepoŜądane. czyli proponowały sprzedaŜ na ryzyko i odpowiedzialność nabywcy, w sytuacji, gdy oferowane szczepionki nie miały ukończonych badań klinicznych. Przez dłuŜszy czas nie było jasności co do liczby dawek (jedna czy dwie). Niepokoiły nas teŜ doniesienia o występowaniu działań niepoŜądanych (włącznie z podejrzeniami zgonów) wykazywane w systemie EUDRA-Vigilance.

• Fakt, Ŝe oferowane szczepionki były 2-3 krotnie droŜsze niŜ produkowane w tej samej technologii szczepionki przeciwko grypie sezonowej, pozostawiam bez komentarza.

Szanowni Państwo,

Z tych powodów z pełną odpowiedzialnością polski rząd i ja osobiście podjęliśmy decyzję o odstąpieniu od zakupu szczepionek na zaproponowanych warunkach. W polskim parlamencie powiedziałam wówczas tak: ”Czy moim obowiązkiem jest podpisywać umowy leŜące w interesie Polski, czy umowy leŜące w interesie koncernów farmaceutycznych?” Mówiłam to jako lekarz przyrzekający działać dla dobra pacjentów i jako polityk, przyrzekający działać dla dobra obywateli

• Nie moŜe bowiem być tak, Ŝe producenci szczepionek pod osłoną kampanii medialnych i wykorzystując usprawiedliwiony strach ludzi przed chorobami - stawiają rządy pod ścianą

• Nie moŜe być tak, Ŝe producenci leków nie biorą odpowiedzialności za swój produkt, za bezpieczeństwo pacjenta, za działania niepoŜądane

• Nie moŜe być tak, Ŝe rządy stają się zakładnikami grup interesów i podejmują decyzje w atmosferze paniki wywołanej alarmistycznymi doniesieniami medialnymi, oraz opiniami ekspertów, które są elementem gry interesów i nie mają wiele wspólnego z rzeczową analizą sytuacji

Na to zgody być nie moŜe!

Szanowni Państwo

I na koniec pewna gorzka refleksja:

Na początku europejskiej odsłony pandemii, 30 kwietnia 2009 w Luksemburgu, podczas spotkania ministrów zdrowia Unii Europejskiej mówiłam o konieczności koordynacji zakupów i dystrybucji szczepionek przez kraje Unii, widząc we wspólnym zwalczaniu pandemii waŜny dowód prawdziwej europejskiej solidarności. Mówiłam, Ŝe kryterium dostępności do szczepionki nie powinna być zasobność kraju, lecz jego sytuacja epidemiologiczna. Boleję nad tym, Ŝe nie doszło do skoordynowanych działań Wspólnoty, Ŝe europejska odpowiedź na zagroŜenie pandemiczne, które na szczęście nie okazało się tak groźne, jak pierwotnie sądzono, pokazało, Ŝe we wspólnej Europie istnieje jednak deficyt solidarności.

Ta lekcja pokazała takŜe, Ŝe ogłaszanie kaŜdego kolejnego stopnia w skali pandemicznej przez WHO musi być poprzedzone rzetelną analizą i prawidłową oceną zagroŜenia. Zbyt pochopne ogłaszanie pandemii, eliminacja kryterium zjadliwości wirusa i oparcie się przez WHO głównie na kryterium geograficznym, bez uwzględnienia liczby występujących w danym regionie zachorowań, spowodowało, Ŝe mieliśmy do czynienia z nadmierną reakcją większości państw świata. Do dziś formalnie obowiązuje szósty stopień zagroŜenia pandemicznego i społeczność międzynarodowa oczekuje od WHO obniŜenia stopnia zagroŜenia stosowanie do realnej sytuacji pandemicznej w poszczególnych regionach WHO.

Wreszcie tego testu nie przeszły takŜe, a moŜe przede wszystkim firmy produkujące szczepionki, skoro przedłoŜyły uzyskanie zysku korporacyjnego za wszelką cenę ponad deklarowaną społeczną odpowiedzialność.

Doświadczenia związane z ogłoszoną w zeszłym roku pandemią są dla nas wszystkich cenną lekcją. Zapłaciliśmy za nią bardzo wymierną cenę. Chodzi o to, by z tej lekcji wyciągnąć odpowiednie wnioski.

POLSKIE RADIO DLA ZAGRANICY ▸ thenews.pl

Poland praised for anti-swine flu strategy

Polskie Radio, 31 March 2010, 06:37
https://web.archive.org/web/20100403020128/http://www.thenews.pl/national/artykul128545_poland-praised-for-anti-swine-flu-strategy-.html

The Council of Europe has praised Poland's Health Minister Ewa Kopacz for her strategy against the swine flu virus.

The council's Committee on Social, Health and Family Affairs said that the Health Ministry's decision not to order any A/H1N1 vaccines, in spite of pressure from pharmaceutical companies and health organizations, was correct.

Ewa Kopacz (right) who went to Paris to explain her government's response to the flu virus - which the World Health Organisation was wrongly predicting would turn into a full blown pandemic across Europe - said that Poland had considered buying an anti-flu vaccine but terms proposed by pharmaceutical companies were unacceptable.

Poland's Health Minister said that thanks to the anti-swine flu strategy adopted in Poland fewer fatal cases of the virus were reported and the virus was less virulent than in other countries.

Paul Flynn, who wrote the Council of Europe report, called the decision "an act of courage" and stressed that other countries spent millions of euro on vaccines.

Former head of the French Red Cross Prof. Marc Gentilini said that Poland can serve as an example of how to handle the threat of an A/H1N1 pandemic.

The Health Ministry's decision not to buy anti-flu vaccines was fiercely criticized in Poland during the outbreak. Ombudsman Janusz Kochanowski even threatened to sue Ewa Kopacz over the government's policy. (mg/pg)

Comments

- 31.03.2010 11:07 Great job, for not falling for that BS. Maciej Skiba
- 31.03.2010 11:32 And to think all those idiots who were jumping up and down threatening legal action.
  Pani Ewa has not only saved lives, more importantly from the average Pole's point of view, she saved them money!!! haiball
- 31.03.2010 13:07 Where are the Emilie Green's of the world now?
  Jozek
- 31.03.2010 14:31 I have never heard of someone in government being praised for doing nothing before. By not being prepared she endangered the lives of many. Look at what happened in Ukraine. I think we dodged this by good fortune, not good management. To say that her actions were a success and that the government can get away with doing nothing is foolish at best. We should not be singing her praises. Kilma
- 31.03.2010 14:34 Ewa Kopacz, we salute you!
  Thank God you have the good judgement to see that it was all a scam like the few thinking folks left in the world. R. Brzostek
- 31.03.2010 14:47 It's sad that you have been brainwashed Kilma that you do not realize the fear mongering that was spread in order to increase the profits of the pharma companies. More people die from the common flue that H1N1, there was no need to panic. What are we supposed to do, spend hundreds of millions of dollars each time an unsubstantiated claim of a pandemic is thrust upon us. You have your own money, you can always contact the pharma companies yourself if you want a shot, but don't expect tax payers to foot the bill because of your irrational fear. Nikki
- 31.03.2010 14:54 If I can add one more thing, I am not saying that pandemics can't occur, and its not like Poland wasn't prepared with quarantine procedures, but there is no reason to act prematurely by buying up millions worth of drugs when H1N1 didn't even rise up to the risk the simple common flu does and when the vaccine hasn't even been proven safe. Nikki
- 31.03.2010 15:32 @kilma
  On the contrary she WASN'T prepared to risk peoples lives. And she didn't do nothing. She reviewed the evidence, declined to sentence Poles to death by paying millions for a vaccine the doesn't work. hairball
- 31.03.2010 15:58 Another Polish lady I am all but falling in love with. The world may be entering the era when we see profoundly wise figures emerge from Poland one after another. Jasiek
- 31.03.2010 16:15 Hahaha Jasiek, love is in air :) Maciej Skiba

Paul Flynn

General Matters: Part of the debate in the House of Commons on 5th April 2011.

Newport West, 5 April 2011, 6:11 pm
https://www.theyworkforyou.com/debates/?id=2011-04-05c.987.0

The swine flu pandemic that never was is an extraordinary story of bad science, fortunes made, public money wasted and fear-mongering on a mass scale. It started in May 2009 when a new branch of flu was detected in Mexico. The epidemiology then and now is still the same – that this flu was very mild. It killed about one in every 10,000 who had it.

On the World Health Organisation website in May 2009, the definition of a phase 6 pandemic – a crucial issue – was that the flu had to be likely to cause "a terrible number" of deaths and serious injuries. In the next month, that definition was changed to take the severity of the flu out of the definition; it was described as a flu that was being experienced in more than two WHO areas. In June 2009, however, Margaret Chan declared a phase 6 pandemic. The world press turned up and asked what a phase 6 pandemic was and whether there was a phase 6.5 or a phase 7 pandemic. She said, "No, this is the most severe pandemic – the top one." Understandably, the world press went into hysteria mode and announced that this was as bad as the 1918 flu that killed between 25 million and 40 million people.

...

The World Health Organisation has been challenged since and there have been a number of inquiries. In this country, we had an inquiry by Deirdre Hine, but I am afraid that it was premature. It did not come up with the right answers because it did not ask the right questions. There is a far better inquiry, just published, by the European People's Party group in the European Parliament. Its main conclusion is that next time, the severity of the flu must be a feature in any warnings given. It is extraordinary that in calling this a phase 6 pandemic, no judgment was made about the severity of the disease.

...

A splendid example is provided by Ewa Kopacz, who was the Polish Health Minister at the time. In November 2009, she made a very brave speech saying that the Polish Government would not buy vaccines and antiviral medicines because she did not believe that H1N1 flu posed any serious threat. In Britain, having spent £1 billion, we lost 7.4 people per million of the population; Poland, having spent about 7 zlotys, ended up with 4.7 deaths per million. In other words, Poland spent virtually nothing, and suffered half the number of deaths per million that we suffered. There is a lesson to be learnt from that. As I said earlier, I do not blame the national Governments, because they were in a very difficult position. They had the advice of the World Health Organisation, which is a body that we should respect, because we need a body that is above the national melee and national interests. Can we blame the World Health Organisation? We certainly can.

...

THE FLU CASE

Top Polish leaders opposing euro and swine flu vaccines wiped out in mysterious plane crash

The Flu Case, 11 April 2010, 13:51
https://web.archive.org/web/20100413194516/http://www.theflucase.com/index.php?option=com_content&view=article&id=3270%3Atop-polish-leaders-opposing-euro-and-swine-flu-vaccines-wiped-out-in-mysterious-plane-crash&catid=41%3Ahighlighted-news&Itemid=105&lang=en

According to media, authorities are handling the deaths of top Polish political, military and economic leaders in a plane crash in the western Russian city of Smolensk on Saturday as an accident.

But a day after the crash, many unanswered questions surround the event.

Polskaweb has said that an assassination cannot be ruled out.

There are many reasons to dismiss the official story of how Poland's president, all of Poland's top army chiefs, the central bank governor and secret service chief died as a cover-up of massive proportions.

According to the mainstream media, the Polish delegation was flying from Warsaw to Smolensk to mark the 70th anniversary of the Katyn massacre of thousands of Poles by Soviet secret service during the second world war.

But the official ceremony marking the Katyn anniversary was held earlier in the week on Wednesday and attended by Polish Prime Minister Donald Tusk and Russian head of state Vladimir Putin.

The Polish President Lech Kaczynski was not invited.

How come Presidnt Kaczynski and half of Poland's government flew to Katyn three days after the official anniversary?

Why did100 figures who are vital for the day-to-day functioning of the Polish government go to a relatively insignificant ceremony, and not to the main one?

What reason could there be for the Polish central bank governor to fly to Katyn to attend the ceremony?

Why did the 100 top Polish leaders all fly on the same plane?

How could security protocols that require that even a president and his deputy fly separately be so relaxed that so many key people needed to run the Polish government from day to day are allowed to fly on the same plane?

And in a Russian Tupolev plane, and to the traditional arch-enemy of Poland, Russia?

This massacre of the Polish elite occurred on the way to commemorate the murder of 4000 Polish officers and intellecturals massacred by the Soviets in 1940.

But what is the probability of a second massacre of the entire Polish leadership occurring in the same place 70 years later?

Why were none of the journalists that accompany the president on the plane as usual?

According to Polish media, journalists were told that they had been assigned to another plane that had had technical problems and they would, therefore, need to switch to a third plane, delaying their arrival in Katyn.

The delay of the journalists in arriving at the scene of the crash allowed a better manipulation of the media coverage.

According to Bild am Sonntag and the Berliner Zeitung, a hotel close to the crash site was sealed off, possible to ensure that journalists who might have seen the crash could not send photos or reports.

A man who took pictures of the crash site using his mobile phone had to erase the photos at a police check point on his way home.

Polish and Russian officials said no-one survived the crash. All the bodies have been found, they allege - and yet at the same time, authorities say DNA tests will have to be carried out on the bones of many to identify them.

Have all the bodies been found? Or not?

Were there any bodies? How many?

What evidence is there that these people were on the plane to Smolensk at all apart from the passenger list issued by the authorities?

It is conceivable that the 100 top Polish leaders were rounded up in a purge and killed or kidnapped inside Poland and that the airplane accident in Russia was staged to explain their deaths.

A map of the air port north of Smolensk can be seen here:
http://maps.google.de/maps?%20hl=de&gl=de&ie=UTF8&ll=54.835896,32.063942&spn=0.110529,0.363579&t=h&z=12%20
http://maps.google.de/maps?%20hl=de&gl=de&ie=UTF8&ll=54.835896,32.063942&spn=0.110529,0.363579&t=h&z=12%20

Weather reports indicate clouds but little fog.
http://maps.google.de/maps?%20hl=de&gl=de&ie=UTF8&ll=54.835896,32.063942&spn=0.110529,0.363579&t=h&z=12%20

According to the official version, however, the plane hit trees as it approached Smolensk airport in thick fog, and caught fire.

The plane made four landing attempts because of the fog, according to the mainstream media.

But another witness reported hearing an explosion.

The damage of the plane shown is consistent with an explosion.

Debris was scattered around an area one kilometer.

Pilot error was a possible reason for the crash, according to the official story.

But the pilots chosen to fly heads of state are highly qualified.

Why was the plane flying so low that it hit a tree? Weren't the instruments measuring altitude on board working?

What was the co pilot doing?

Where was the military escort? The security service detail?

Russian media reports said the pilots ignored advice from air traffic control to divert to another airport.

"The pilot was advised to land in Minsk, but decided to land in Smolensk," said the spokesman, Andrei Yevseyenkov.

But pilots have to follow a standardised procedure for landing and must divert if there is visibility is too poor.

Other reports say Kaczynski himself intervened to force the pilot to land. How likely is it that the pilot would listen to the president and not follow standard procedures?

How likely that the entire army leadership would allow Kaczynski to force the pilot to land. The head of the Polish air force was also on board according to the official story.

Smolensk airport is a military airport classified as a "ClassOne Aiport" that can handle all types of planes, though there are conflicting reports about whether it had an ILS system.

The media says the Tu-154 also has a questionable safety record, and the presidential plane was at least 20 years old.

But other sources say the plane had just undergone a service. A thorough check is routine before a flight.

Planes as the safest means of travel in the world. Hardly any head of state has killed in a plane crash in the past 30 to 40 years. Now half the Polish government has died.

How likely is it that this was an accident?
Who gains from the death of so many leading Polish figures?

The main winner is Polish Prime Minister Donald Tusk who has wiped out the entire opposition to his pro-euro, pro-IMF, pro-New World Order policies, even though they appear to be some allies sacrificed on the plane, including the pro swine flu vaccine ombudsman.

Nevertheless, the backbone of Polish opposition to the NWO appears to have been killed.
"Among the victims were key members of Poland's biggest opposition party, Law and Justice, including current and former heads of the party's parliamentary caucus, Grazyna Gesicka and Przemyslaw Gosiewski as well as the party's main economic expert Aleksandra Natalli-Swiat, and deputy parliamentary speaker Krzysztof Putra.

The list also includes deputy parliamentary speaker Jerzy Szmajdzinski, who was the presidential candidate of the opposition Left Democratic Alliance. That means the crash killed the presidential candidates of two of Poland's three largest parties. Kaczynski had already won the endorsement of the opposition Law and Justice party. He was to officially declare his candidacy in May," reports Bloomberg.

With President Kaczynski out of the way and the two presidential candidates, the next president can appoint the top army leaders and the central bank governor as well as judges - in short replace the entire Polish government with people friendly to the New World Order and Bilderberg agenda.

Tusk's presidential candidate Komorowski has just said he would set the date of a presidential election which had been due in October forward to June, giving Tusk's party an added advantage.

Tusk appears to be just a puppet for the NWO, operating across countries, and including Putin, who is supposed to be leading the probe in the crash in Russia.

The bodies of the victims have been taken to Moscow.

There is evidence that many government officials work for the private interests of an international corporate crime syndicate, gearing up for the total destruction of nation states and the US dollar and euro to establish a one world government under the UN flagship.

Poland's top leaders have defied the NWO by refusing the swine flu vaccination and postponing joining the euro, a "must", according to IMF head Dominique Strauss-Kahn.

They have paid a heavy price.

True, *Tusk appeared to support his health minister when she refused to buy the swine flu vaccine last autumn.* But even the Austrian Health Minister criticized WHO for declaring a pandemic prematurely – but only after he saw how big the opposition to the vaccines in Austria already was.

Acting skills are vital for leadership, Adolf Hitler said.

By purging Poland of its top leadership and opposition, the NWO has sent out a signal, a clear warning to other government figures not to resist its agenda.

It is less likely that the Polish Health Minister will dare refuse vaccine the next time WHO declares a pandemic after this incident.

It is less likely that Greece's central bankers and opposition parties will push for Greece to leave the eurozone or operate a domestic currency in parallel with the euro.

That, anyway, is the calculation of the New World Order.

The murder of the Polish leaders signals the start of a new era of terror and could be the start of a whole series of purges of government officials opposing their agenda.

The NWO has declared war on us, and we must fight back.

The time for action has come.

THE FLU CASE

Could Obama's visit to Krakow spark a bird flu pandemic?

The Flu Case, 16 April 2010 13:36

https://web.archive.org/web/20100517152359/http://www.theflucase.com/index.php/?option=com_content&view=article&id=3311%3Acould-obamas-visit-to-krakow-spark-a-bird-flu-pandemic&catid=1%3Alatest-news&Itemid=64&lang=en

President Obama will fly to Krakow for the state funeral of President Lech Kaczynski almost one year to the day when he visited Mexico City in a trip that coincided with a swine flu pandemic outbreak.

Obama was in Mexico City on April 16th and 17th, 2009.

An archaeologist, Felipe Solis, who showed Obama around Mexico City's museum came down the following day with "flu-like symptoms" and *died seven days later, sparking a swine flu scare*.

Obama will be attending the funeral of Kaczynski in Wawel Castle on April 17th and 18th, 2010, almost one year exactly to the day.

Is there any chance of a bird flu pandemic breaking out this time? Will the globalists attempt another bioterrorism attack in Krakow?

It cannot be ruled out given the evidence that the globalists like to follow regular spatial, numerological and temporal patterns.

In addition, WHO and pharmaceutical companies have said they anticipate a bird flu pandemic in the near future.

The UK and French governments have cancelled swine flu vaccines – but only to purchase bird flu vaccines.

Apart from an interval of almost one year exactly, there are other parallels with Obama's visit to Mexico City and his visit to Krakow that suggest some major event might occur whether a bird flu pandemic or a false flag nuclear attack.

Firstly, the massed ranks of the world's media will be present for the funeral of Lech Kaczynski – and the corporate media's presence in Mexico City last April was a key factor in creating the enormous theatre and scare mongering around the swine flu pandemic when, in reality, the virus was mild.

Also, the setting of the funeral, the Royal Castle of Wawel, is rich in symbolism for the globalists.

Wawel Castle is the home of the Polish crown jewels: the Mexican National Museum visited by Obama last April housed the treasures of the Aztec empire, including the Aztec Sun Stone.

It appears that the globalists seek to make contact with the eternal and sacred source in external works of art and in historical buildings belonging to royal families and dynasties.

While most sacred traditions and religions such as Platonism, Christianity, Buddhism, Islam, Hinduism emphasise that the eternal and sacred is interior to our spirits, and can be accessed by meditation and intuition, aided by symbols and rituals, the globalists appear to believe they must look outside themselves for the sacred and physically travel to sacred places and enact rituals and rites to activate magical psychic powers.

It seems that the globalists consider Helena Blavatsky's esotericism cult art, involving rites and incantations for controlling spirits to be an ideology or dogma, and that they follow the same rituals, the same rites, and the same numerological and temporal patterns, over and over again.

The globalists like to see themselves as the heirs of the great civilisations of the Mayans, Egyptians and Greeks, Polish dynasties ec but there is evidence they project onto these civiliasations their own whimsical views.

Wawel Castle was the coronation site of Polish kings, and is now the representative building of the Polish state.

By taking control of Wawel Castle after decapitating the Polish elite in an engineered plane crash, the globalists could attempt to crown themselves symbolically as the leaders of Poland in a secret ceremony far from the prying eyes of the world, and to ask the occult forces to assist them in their plan for world domination by unleashing world war three or a bird flu pandemic.

Wawel Castle overlooking the Vistula river is a spectacular setting under the open sky, and the globalists like to re-enact ancient rituals and ceremonies of their cosmic struggle to take control of the globe in vast indoor and outdoor theatres.

There is evidence that the massacre of the Polish elite was planned over a long period of time and that Kaczynski's funeral will be held in Wawel castle only to allow the globalists to participate in an occult ceremony there.

Wawel Royal Castle is the burial place of the greatest of Polish kings, heroes and leaders, including Marshal Józef Piłsudzki, the architect of Poland's independence after 123 years of partition. Kaczynski's achievements pale in comparison.

Poland will mourn not so much his death as the death of leading generals, the central bank governor and the security chief.

Almost the entire top tier of the globalist politicians and royal families will be attending the funeral at Wawel, anxious to bathe themselves in the borrowed glory of Polish heroes.

In a ceremony that is reminiscent of a Shakespeare play, the very people who will benefit most from the plane crash, will be mourning the victims.

Shakespeare probes the character of deceit in his plays – and also the disastrous personal and social consequences of „Vaulting ambition, which o'erleaps itself."

The globalists need only read Shakespeare's Macbeth to find out what happens to those who driven by intense ambition overstep the invisible laws and limits set by the gods or God, and murder the innocent.

THE FLU CASE

Polish health minister testifies against swine flu jabs, half Polish government wiped out in plane crash days later

The Flu Case, 3 May 2010, 12:16

https://web.archive.org/web/20100517152645/http://www.theflucase.com/index.php?option=com_content&view=article&id=3378%3Apolish-health-minister-testifies-against-swine-flu-jabs-half-polish-government-wiped-out-in-plane-crash-days-later&catid=41%3Ahighlighted-news&Itemid=105&lang=en

On March 29th, Polish Health Minister Ewa Kopacz gave a devastating critique in Paris of the pharmaceutical companies, WHO and the pressure they had put on her to sign contracts for untested pandemic vaccines.

Kopacz was the only health minister to refuse the vaccine.

The Council of Europe Parliamentary Assembly inquiry into the pandemic found her to have acted correctly, saving the countries millions of euros.

When the Polish Health Minister stood up for Poland, she stood up for all people in Europe and the USA.

Ewa Kopacz helped us all to refuse the swine flu vaccination last autumn.

Days after her testimony in Paris, on April 10th, the *backbone of the Polish government was wiped out in a plane crash*.

There are many signs that this plane crash in Smolensk was engineered.

Is this a coincidence?

On April 13th, WHO flu chief Keiji Fukuda blamed the failed mass swine flu vaccination campaign on the internet for producing "news, rumours, a great deal of speculation and criticism in multiple outlets," including blogs, social networking and websites.

=> http://www.google.com/hostednews/afp/article/ALeqM5hTYjXT1VALSJAJKgjnRtFE3bom1Q

On April 16th, theflucase website was taken down, and has only just returned after a big struggle.

Is this a coincidence?

Is it a coincidence that the flucase went down just as the investigations into the Polish plane crash gathered pace, also on this website. and as the evidence grew that this was calculated, deliberate mass murder of the Polish elite?

Fortunately, I was able to activate my old blog - but attempts to transmit live video from Krakow where the funeral of President Lech Kaczynski took place were stopped. The IP address was blocked within two minutes each time.

Another video had to be put up twice because of interference. The counter of the video was blocked constantly. Marek Podlecki, the cameraman, got what appeared to be death threats by sms.

In short, everything was done to stop information on the plane crash spreading.

As a result of the deaths of the Polish elite, including the country's central bank governor, the Polish Prime Minister Donald Tusk can now impose vaccinations and the euro more easily on Poland as well as open the country's economy to the bankers.

Goldman Sachs which has a big stake in pharmaceutical companies that have seen vaccine orders cancelled and also in the banks that will profit from the euro and the raft of privatisations is now planning to set up a new office in Warsaw headed by a man fired by killed Lech Kaczynski.

Is this a coincidence?

Thanks to the internet, the information, facts and evidence showing that the plane crash in Smolensk was deliberate have spread very quickly.

The Polish people will hardly accept the state prosecutor sitting on the evidence of this appalling crime.

It is unacceptable that WHO, pharmaceutical companies and banks resort to what appear to be mafia methods.

It is unacceptable that the only country to reject the swine flu vaccine loses half its government within days of a key hearing in an obviously engineered plane crash.

It is unacceptable that websites like mine are de facto hacked and censored for giving facts, documents and evidence pointing to the dangers of this vaccine - quite apart from a campaign of viliification etc.

When the Polish Health Minister stood up for Poland, she stood up for all people in Europe and the USA.

It is time for us, the people in Europe and the USA, to stand up for the people of Poland, who are being subjected to such a brutal attack.

This is an extract from Kopacz's speech to the Council of Europe inquiry on March 29th:

For these reasons the Polish government and I personally fully responsibly undertook a position not to purchase the vaccines on the conditions that were offered by pharmaceutical companies.

I said at the time in the Polish parliament ‘is it my responsibility to sign contracts in the interests of Poland or contracts in the interests of pharmaceutical companies?’

I must admit that I said this as a doctor who has sworn to act for the good of patients and as a politician who has sworn to act in the interests of citizens.

It is really not acceptable that producers of a medical vaccine thanks to the media campaign and taken advantage of fear that they should force government to take certain decisions; it is not acceptable for producers not to take responsibility for product for safety of patients and for undesirable side effects.

It is not acceptable that governments should become hostages to interest groups and should take decision in an atmosphere of panic resulting from alarmist announcements in the media or the opinion of experts who have an interest in the situation themselves and who have not based their analysis on scientific terms, that is not acceptable at all.“

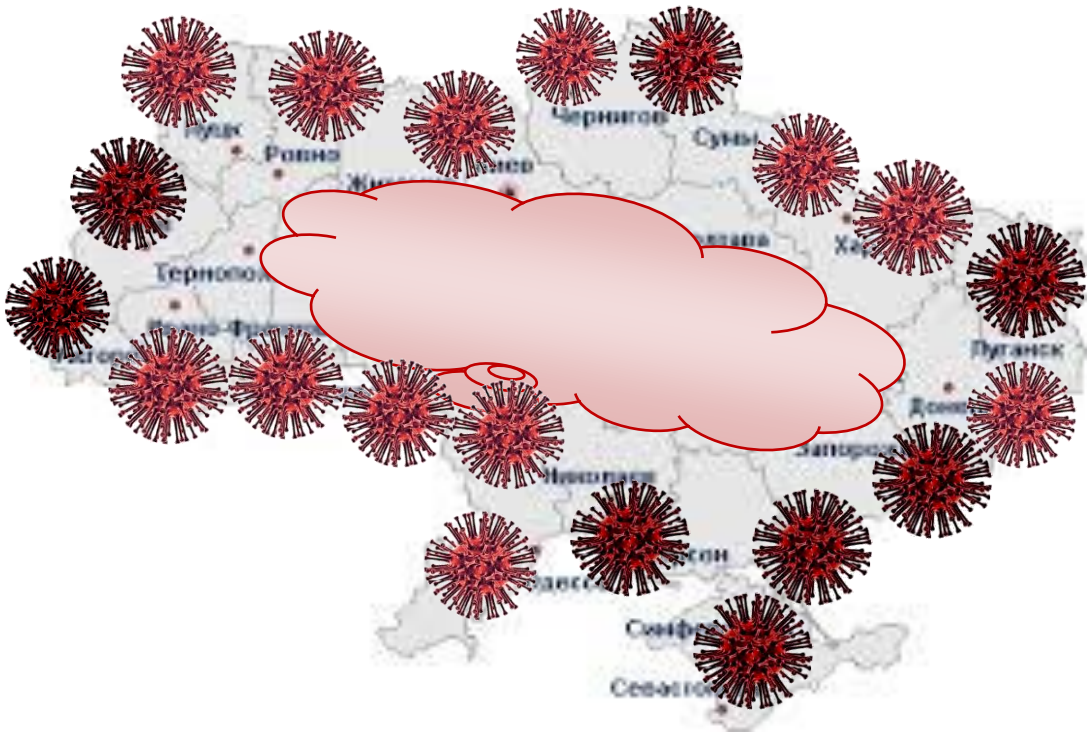
=> http://assembly.coe.int/ASP/NewsManager/EMB_NewsManagerView.asp?ID=5415

Chapter 7

Pandemic Attack

against

Ukraine



International Bioterrorism Table Top Exercise

Interpol, Warsaw, Poland, 29-30 September 2009

https://web.archive.org/web/20091110084341/http://www.interpol.int/Public/BioTerrorism/tabletop/default.asp

In September 2009, senior law enforcement officials, health care professionals and experts from international organizations joined their forces to confront a chilling crisis – *the plague had just been unleashed on their countries by unknown evildoers*.

A fictional scenario with a serious aim

Fortunately, this terrifying situation was a scenario under control, and the civilian authorities were all participants in a Tabletop Exercise on Preventing Bioterrorism hosted by INTERPOL. This exercise simulated a global bioterrorism attack and its aftermath. Participants in the Black Death scenario were faced with a fictional, intentional plague attack involving countries from their region, with the exercise designed to assist them in identifying critical co-operation and co-ordination issues which could hinder a quick and successful response to such an attack in real life.

The idea behind this exercise, the third in a series organized by INTERPOL, has been described by the Organization's Secretary General, Ronald K. Noble, as "helping focus our joint understanding of the role and responsibility of each of us – police, health care professionals, experts – in response to a bioterrorism incident, as well as identifying possible gaps or redundancies so that we can draw lessons from them."

Inter-agency co-operation in Central and Eastern Europe

Organized by the INTERPOL Bioterrorism Unit, this third edition of the event took place from 29-30 September in Warsaw, Poland. Participants in the workshop numbered 27 from six Central and Eastern European countries (Belarus, Czech Republic, Finland, Poland, Slovakia, Ukraine), as well as 15 participants from international organizations such as Europol, the UN Office for Disarmament Affairs (UNODA), the World Health Organization (WHO), the European Centre for Disease Control, the European Commission (Directorate General for Health and Consumer Affairs and Directorate General for Justice, Freedom and Security), the Organization for Security and Co-operation in Europe and the Commonwealth of Independent States (CIS).

A wide range of INTERPOL initiatives

The tabletop exercise is the latest in a series of initiatives launched by INTERPOL since the creation of its Bioterrorism Prevention programme. INTERPOL has worked ceaselessly since 2005 to heighten its member countries' awareness of the dangers of bioterrorism and to enhance their preparedness for a bioterrorist attack. The Bioterrorism Prevention Programme has co-ordinated a series of events, starting with the *Global Conference on Preventing Bioterrorism* in March 2005;

The 1st Interpol Global Conference on preventing bioterrorism. – Interpol, Lyon, France, 1-2 March 2005
https://web.archive.org/web/20091110211907/http://www.interpol.int/Public/BioTerrorism/Conferences/Conf01/default.asp

Rregional workshops in Africa, South America, Europe and Asia; train-the-trainer sessions all over the world; and practical tabletop exercises such as the one outlined above.

https://web.archive.org/web/20091110211912/http://www.interpol.int/Public/BioTerrorism/Workshops/Default.asp

Who Is Joseph Moshe?

Godlike Productions, User ID: 574264, 16 August 2009

https://www.bibliotecapleyades.net/ciencia/ciencia_influenza35.htm
Sourse: http://www.godlikeproductions.com/forum1/message861009/pg1

"Joseph Moshe (Moshe is the man's middle name) is a bio-scientist. He works (worked?) for a unit within Mossad. He is an Israeli citizen.

The Secret Service was not the agency involved in the surveillance of Moshe at his home in California. This was done by the FBI, who had orders to detain him, or "bring him in."

Moshe did not send a threat to the White House. Rather, he communicated that he intended to go public with information he had regarding the flu vaccine that is being prepared by Baxter Labs, an Austrian company.

The information is this: *The vaccine is being manufactured in Ukraine. It is not a vaccine at all, but rather an engineered genetically mutated bio-weapon meant to cause sickness and death. Moshe informed the White House he intended to go public with this information*. When he became aware that the FBI was about to detain him, he packed some belongings in his car and set out for the Israeli consulate, located in close proximity to the federal building where the standoff took place. FBI pursuit kept him from reaching his destination.

Mounted on top of the large black vehicle was a microwave weapon which fried the electronics in Moshe's car as well as any communication devices he had which might have been used to contact the media or others who could help him.

Moshe did not suffer the same effects of the gas and pepper spray that others would have because he had built up an immunity to such weapons as a by-product of his Mossad training.

Moshe was not handcuffed because he was not placed under arrest. After leaving police or FBI custody, he returned to Israel, where he is at this time.

The information comes from one of my confidential sources. I have reason to believe it is accurate. If I receive more information, I will post it."

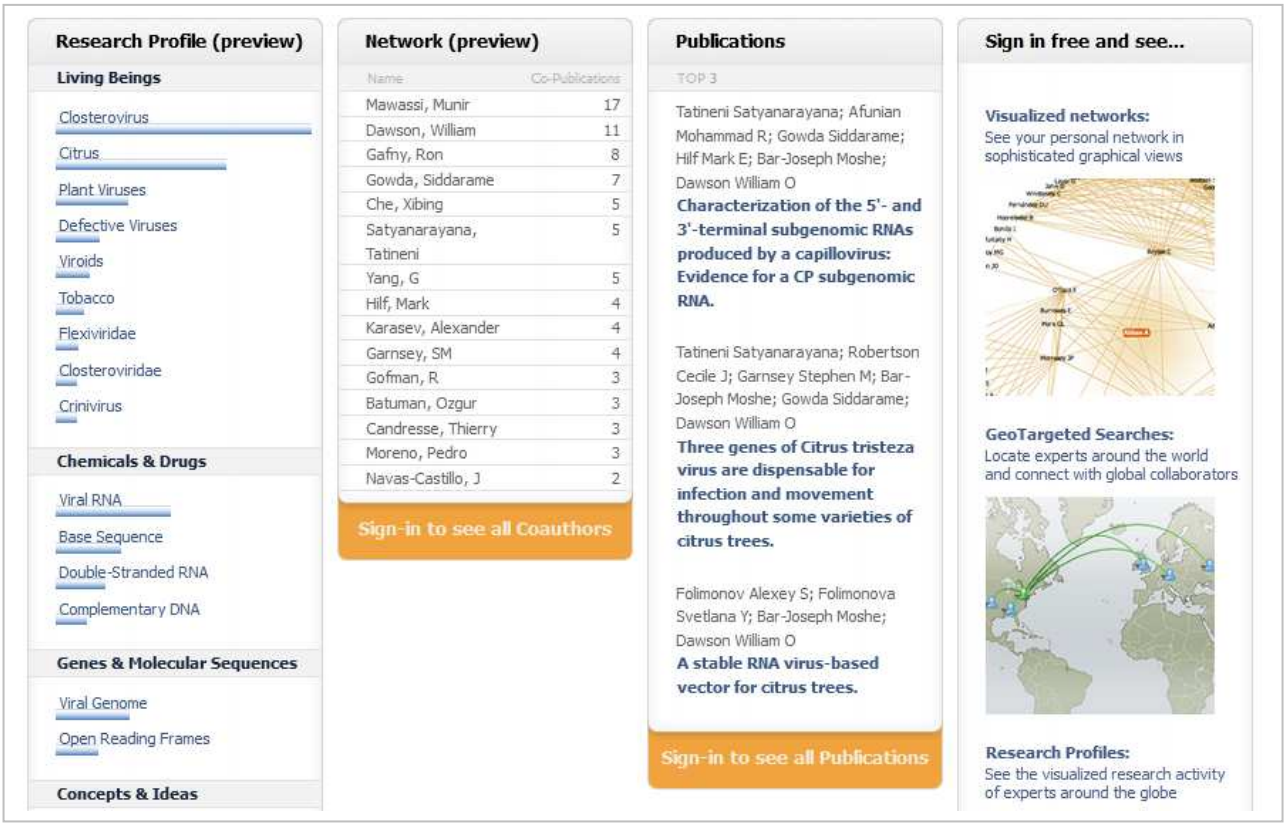
Sourse: The Strange Case of Joseph Moshe. – The Swine Flu Global Eugenics Program, 16 August 2009. https://www.bibliotecapleyades.net/ciencia/ciencia_influenza35.htm

biomedexperts
your scientific match point

Moshe Bar-Joseph

BioMed Experts

https://web.archive.org/web/20090927163356/http://www.biomedexperts.com/Profile.bme/78637/Moshe_Bar-Joseph


Research Profile (preview)
Living Beings
Closterovirus
Citrus
Plant Viruses
Defective Viruses
Viroids
Tobacco
Flexiviridae
Closteroviridae
Crinivirus
Chemicals & Drugs
Viral RNA
Base Sequence
Double-Stranded RNA
Complementary DNA
Genes & Molecular Sequences
Viral Genome
Open Reading Frames
Concepts & Ideas
Network (preview)
Name
Co-Publications
Mawassi, Munir 17
Dawson, William 11
Gafny, Ron 8
Gowda, Siddarame 7
Che, Xibing 5
Satyanarayana, Tatineni 5
Yang, G 5
Hilf, Mark 4
Karasev, Alexander 4
Garnsey, SM 4
Gofman, R 3
Batuman, Ozgur 3
Candresse, Thierry 3
Moreno, Pedro 3
Navas-Castillo, J 2
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Publications
TOP 3
Tatineni Satyanarayana; Afunian Mohammad R; Gowda Siddarame; Hilf Mark E; Bar-Joseph Moshe; Dawson William O
Characterization of the 5'- and 3'-terminal subgenomic RNAs produced by a capillovirus: Evidence for a CP subgenomic RNA.
Tatineni Satyanarayana; Robertson Cecile J; Garnsey Stephen M; Bar-Joseph Moshe; Gowda Siddarame; Dawson William O
Three genes of Citrus tristeza virus are dispensable for infection and movement throughout some varieties of citrus trees.
Folimonov Alexey S; Folimonova Svetlana Y; Bar-Joseph Moshe; Dawson William O
A stable RNA virus-based vector for citrus trees.
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Visualized networks:
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Research Profiles:
See the visualized research activity of experts around the globe

All Publications

- **2009**: Tatineni Satyanarayana; Afunian Mohammad R; Gowda Siddarame; Hilf Mark E; Bar-Joseph Moshe; Dawson William O Characterization of the 5'- and 3'-terminal subgenomic RNAs produced by a capillovirus: Evidence for a CP subgenomic RNA. Virology 2009;385(2):521-8.
- 2008: Tatineni Satyanarayana; Robertson Cecile J; Garnsey Stephen M; Bar-Joseph Moshe; Gowda Siddarame; Dawson William O Three genes of Citrus tristeza virus are dispensable for infection and movement throughout some varieties of citrus trees. Virology 2008;376(2):297-307.
- 2007: Folimonov Alexey S; Folimonova Svetlana Y; Bar-Joseph Moshe; Dawson William O. A stable RNA virus-based vector for citrus trees. Virology 2007;368(1):205-16.
- 2006: Batuman Ozgur; Mawassi Munir; Bar-Joseph Moshe. - Transgenes consisting of a dsRNA of an RNAi suppressor plus the 3' UTR provide resistance to Citrus tristeza virus sequences in Nicotiana benthamiana but not in citrus. Virus genes 2006;33(3):319-27.
- 2006: Cohen Oded; Batuman Ozgur; Stanbekova Gulshan; Sano Teruo; Mawassi Munir; Bar-Joseph Moshe. Construction of a multiprobe for the simultaneous detection of viroids infecting citrus trees. Virus genes 2006;33(3):287-92.
- 2004: Adams M J; Antoniw J F; Bar-Joseph M; Brunt A A; Candresse T; Foster G D; Martelli G P; Milne R G; Zavriev S K; Fauquet C M The new plant virus family Flexiviridae and assessment of molecular criteria for species demarcation. Archives of virology 2004;149(5):1045-60.

... etc.

- **1980**: Bar-Joseph M; Malkinson M Hen egg yolk as a source of antiviral antibodies in the enzyme-linked immunosorbent assay (ELISA): a comparison of two plant viruses. Journal of virological methods 1980;1(3):179-83.

THE FLU CASE

Joseph Moshe: "Swine flu vaccine is bioweapon"

The Flu Case, 21 August 2009

https://web.archive.org/web/20091102052516/http://www.theflucase.com/index.php?option=com_content&view=article&id=700%3Amicrobiologist-alleges-baxter-qswine-fluq-vaccine-is-a-bioweapon&Itemid=64

Joseph Moshe (MOSSAD Microbiologist)

Today, the MSM are not talking about this case any more. <...>

Professor Moshe had called into a live radio show by Dr. A. True Ott, (explanation of Joseph Moshe's call at 06:00) broadcast on Republic Broadcasting claiming to be a microbiologist who wanted to supply evidence to a States Attorney regarding tainted H1N1 Swine flu vaccines being produced by Baxter BioPharma Solutions. *He said that Baxter's Ukrainian lab was in fact producing a bioweapon disguised as a vaccine*.

He claimed that the vaccine contained an adjuvant (additive) designed to weaken the immune system, and replicated RNA from the virus responsible for the 1918 pandemic Spanish flu, causing global sickness and mass death. <...>

Does this sound like an insane conspiracy theory? Sure it does. Due to the scarcity and anonimity of the sources we would dismiss it as exactly that, if it weren't for some uncomfortable facts: Baxter Pharmaceutical has been caught, red-handed, in spreading a live, genetically engineered H5N1 Bird flu vaccine as a lethal biological weapon all over the world, destined to be used for human vaccinations. This happened just a few months ago. And only luck prevented a global catastrophe of epic proportions.

Baxter International Inc. had mixed live, genetically engineered avian flue viruses in vaccine material shipped to 18 countries. Only by sheer luck, a Czech laboratory decided to test the vaccine on a dozen ferrets, which all died in days. The World Health Organization was notified and catastrophe was averted. This was clearly a deliberate act on Baxter's part, because they adhere to BS3, bio-safety level three. Baxter admitted a "mistake". Such monumental screwups are totally impossible at that level. Many safety systems would have needed to be sabotaged, many key personell would have needed to be bribed. It simply can't be done without direction from the inside. They did not send out the wrong vial – they produced dozens of gallons of biological-weapon agent (genetically engineered live H5N1 / Bird flu virus), then sent it out as a "vaccine".

Baxter knew full well that their vaccine was lethal, because the year before they had tested it on a few hundred homeless Polish people – dozens died as a result. [See: Next page]

Complaints
https://web.archive.org/web/20090920120328/http://www.unfictional.com/pdf/baxter-lawsuit.pdf
Criminal Charges concerning Bioterrorism Acts and Mass Murder
https://web.archive.org/web/20090827193626/http://www.unfictional.com/pdf/baxter-genocide-bioweapons.pdf

КорреспонденТ.net

Эксперты: В Украине свиной грипп просто задерживается

Корреспондент.net, Украина, 17 августа 2009, 18:04
https://web.archive.org/web/20090921052236/http://korrespondent.net/tech/health/937724

России (156), Польше (142) и Румынии (233), в стране до сих пор не зафиксировано ни одного случая (за исключением одного официально подтвержденного случая в июне и четырех случаев заболевания у паломниц из Украины, заразившихся во Франции).

Как пишет *Газета по-киевски*, закрадывается подозрение, что свиной грипп в Украине просто прячут.

Тем не менее, эксперты дают иные оценки ситуации.

"В Украине свиной грипп задерживается […] Говорить об эпидемии в Российской Федерации тоже пока рано, поскольку число больных не попадает под само определение эпидемии. Об эпидемии можно говорить, когда число больных приблизится к 1/4 населения страны", - объяснил в интервью изданию Виктор Гавура, инфекционист.

Он также добавил, что в России более высокая заболеваемость связана с более интенсивными темпами миграции населения. В Украине же они несколько ниже.

В ходе эпидемиологических расследований, проводимых в РФ, установили, что в большинстве случаев подхватившие грипп выезжали за рубеж организованными группами в рамках образовательных программ. Чаще всего они проживали в студенческих общежитиях вместе с учащимися из других стран с большим количеством инфицированных гриппом.

В Киеве на сегодняшний день уже подготовлены все инфекционные больницы для того, чтобы принять пациентов с вирусом A/H1N1 - эксперт

"В Украине же подобных поездок совершается значительно меньше. Все 156 случаев свиного гриппа в РФ не были клинически тяжелыми. В Киеве на сегодняшний день уже подготовлены все инфекционные больницы для того, чтобы принять пациентов с вирусом A/H1N1: есть специальные боксы, дезинфекционные растворы, прививочный материал, жаропонижающие средства. К тому же ВОЗ предоставила Украине для борьбы с пандемией гриппа A/H1N1 в виде гуманитарной помощи 61 тысяч доз препарата Тамифлю" - добавил эксперт.

Генетические особенности нового вируса придали ему способность размножаться не только в дыхательных путях, но и в желудочно-кишечном тракте человека

Как отмечает Газета, в конце июля американские ученые из Центра по контролю и профилактике заболеваний в Атланте опубликовали результаты исследования вируса гриппа A/H1N1. По их мнению, генетические особенности нового вируса придали ему способность размножаться не только в дыхательных путях, но и в желудочно-кишечном тракте человека, что вирусу гриппа обычно несвойственно.

Вероятно, именно поэтому у больных часто наблюдаются такие нетипичные для сезонного гриппа симптомы, как тошнота и понос. В результате заболевает практически весь организм, а не только органы дыхания. Примерно в два раза возрастает нагрузка на иммунную систему и на органы детоксикации – печень, почки и кожу.

Сбивать аспирином ее нельзя – может возникнуть так называемый синдром Рэя, чреватый летальным исходом

Характерна также температура до 39 градусов, при этом сбивать аспирином ее нельзя – может возникнуть так называемый синдром Рэя, чреватый летальным исходом. Поэтому от температуры в этом сезоне прописывают парацетамол, рассказывают эксперты.

По оценкам ВОЗ, в течение года, по заказу 50 стран, произведут пять миллиардов доз вакцин. Каждая доза – не меньше 10 долларов. Однако до сих пор неизвестно, насколько эти вакцины эффективны и безопасны. Так, в 1976 году, когда в США была проведена вакцинация от вируса H1N1, несколько человек умерли от синдрома, который вызывал паралич.

Однако, отмечает издание, три тысячи волонтеров в США, 500 человек в Австралии, около 450 семей в Финляндии уже готовы участвовать в тестировании вакцины от A/H1N1.

Вместе с тем, ведущие европейские медики назвали предстоящую вакцинацию от свиного гриппа - массовым экспериментом над людьми. А из Британии пришли тревожные сообщения о побочных эффектах, которые наблюдались у детей.

Напомним, министр здравоохранения Украины Василий Князевич ранее сообщал, что украинский Минздрав получил от Всемирной организации здравоохранения 61 тысячу доз препарата Тамифлю.

Кроме того, Князевич еще в июне исключил создание отечественной вакцины против гриппа A/H1N1 до сентября. Министр заявил, что в Украине регулярно проводятся проверки людей, прибывших из стран, где зафиксированы случаи заболевания гриппом.

КорреспонденТ.net

Свиной грипп:
Врачи призывают украинцев воздержаться от преждевременной паники

Корреспондент.net, Украина, 22 сентября 2009, 17:17
https://web.archive.org/web/20100109184607/http://korrespondent.net/tech/health/975504

Первый заместитель главного государственного санитарного врача в Украине Людмила Мухарская заявила, что к обычному сезонному гриппу в стране может добавиться вирус гриппа A/H1N1.

Сегодня на пресс-конференции Мухарская призвала воздержаться от преждевременной паники.

"У нас еще есть время, чтобы принять все необходимые меры для защиты от A/H1N1. Кабмин уже утвердил план с тремя уровнями безопасности, которые предусматривают необходимые меры в случае возникновения пандемии в Украине", - сказала она.

"Мы работаем над созданием нормативных актов, согласно которым, в случае возникновения в Украине свиного гриппа вакцинация была бы обязательной", - сказала глава подкомитета Верховной Рады по вопросам медицинского страхования и контроля над исполнением госпрограмм в сфере здравоохранения Раиса Сорочинская-Кириленко.

По ее словам, в данное время в Украине не работают над созданием собственной вакцины от гриппа A/H1N1.

Напомним, сегодня в санитарно-эпидемиологической станции Донецкой области сообщили, что за минувшую неделю число заболевших острыми респираторными вирусными инфекциями (ОРВИ) в области выросло на 31,1%.

КорреспонденТ.net

В Тернополе объявлена эпидемия гриппа

Корреспондент.net, Украина, 21 октября 2009, 00:29
https://web.archive.org/web/20100227100749/http://korrespondent.net/tech/health/1005535

Ситуация относительно заболеваемости ОРВИ в Тернополе резко осложнилась

Чрезвычайная противоэпидемическая комиссии города Тернополя сегодня приняла решение №17 О введении на территории города противоэпидемических мероприятий в связи с объявлением эпидемии гриппа и ОРВИ.

Об этом сообщили в пресс-службе Тернопольского городского совета.

Ситуация относительно заболеваемости острыми респираторными вирусными инфекциями в г. Тернополе резко осложнилась. По состоянию на 20 октября 2009 г. заболеваемость ОРВИ составляет 1 72,55 случаев на 10 тыс. населения. По сравнению с аналогичной неделей 2008 г. отмечается рост в 2,3 раза, с прошлой неделей - рост в 2 раза, со средним недельным показателем за последние 10 лет - в 2 раза. В структуре заболеваемости удельный вес детей до 14 лет составляет - 48 %, а детей школьного возраста от всех заболевших детей - 59,3%.

По данным мониторинга заболеваемости ОРВИ и грипп среди учеников школ установлено, что в 13 школах города процент отсутствующих учеников составляет больше 20%. Закрыты несколько классов школ города.

Эпидемиологический порог для Тернополя составляет 160 больных на 10 тыс. населения.

С целью предотвращения распространения заболеваемости гриппом и ОРВИ в г. Тернополе и руководствуясь законом Украины О защите населения от инфекционных болезней №1645-111 от 6 апреля 2000 г., чрезвычайная противоэпидемическая комиссия решила объявить г. Тернополе эпидемию гриппа и ОРВИ.

Согласно решению, необходимо временно прекратить с 21 октября 2009 г., учебу в школах, НПО Школа - детский садик, лицеях.

На время эпидемии гриппа и ОРВИ комиссия запретила проведение массовых мероприятий для детей и подростков, временно остановлены занятия для детей и подростков в кружках, секциях, бассейнах, танцевальных клубах. Также запрещено проведение дискотек для подростков как в заведениях, подчиненных управлению образования, культуры, по делам семьи и молодежи, так и в частных заведениях.

Также комиссия посоветовала ограничить массовые мероприятия для молодежи и студентов в учебных заведениях и массовые мероприятия для взрослых в культурно-художественных, зрительских, спортивных заведениях, домах культуры, театрах.

Ранее сообщалось, что в Украине, по данным Центра гриппа и острых респираторных инфекций Министерства здравоохранения, показатели заболеваемости гриппом и ОРВИ находятся на неэпидемическом уровне.Как сообщил Минздрав Украины, по данным центра, по 10 контрольным городам, за прошлую неделю заболели 42 тысячи 83 человека, госпитализированы 251 чел (из них детей - 235). Показатель на 10 тысяч составляет 43,8.

КорреспонденТ.net

Эпидемия гриппа в Тернопольской области: семь человек умерли, свыше 10 тысяч заболевших

Корреспондент.net, Украина, 27 октября 2009, 14:55
https://web.archive.org/web/20100304083724/http://korrespondent.net/tech/health/1011921

По состоянию на понедельник, 26 октября, в Тернопольской области из-за вируса гриппа умерли семь человек. Кроме того, в области зарегистрировано более 10 тысяч случаев заболевания гриппа.

Информацию о летальных случаях среди больных гриппом сегодня, 27 октября, во время пресс-конференции подтвердил начальник главного управления охраны здоровья Тернопольской облгосадминистрации Богдан Ониськив.

Как информирует Тернопольская правда, медики связывают эти смерти с осложнениями, вызванные гриппом. Конкретные имена умерших, и все что с этим связано Ониськив отказался разглашать, чтобы лишний раз не волновать людей, но сказал, что практически все умершие - молодые люди, которые не имели проблем со здоровьем.

За прошлую неделю лишь в одном Тернополе с симптомами заболевания неизвестным гриппом к врачам обратилось почти шесть тысяч людей. В то же время происхождение вируса до сих пор неизвестно. "Тип гриппа можно определить только через полторы недели, окончательные результаты должны прийти из Лондона", - заявил чиновник.

Ониськив объясняет катастрофическую ситуацию именно в Тернополе тем, что в городе много эмигрантов, которые могли завезти вирус из-за рубежа. Он заверил, что это не связано с мусором, ситуацию полностью контролируют, а больницы получили препараты под названием Тамифлю.

"Обострение ситуации с ОРВИ у нас началось две недели назад. С 12 по 18 октября было зафиксировано 3938 случаев заболевания на ОРВИ. С 19 по 25 октябре зарегистрировано 10119 случаев. Ситуация напряженная, в некоторых районах области объявлены ограничительные мероприятия. Заседаниями чрезвычайных противоэпидемических комиссий принято решение о введении карантина в учебных заведениях", - заявила заместитель главного санврача области Нинель Цяпа.

На основании решения областной противоэпидемической комиссии, управления образования и науки при райгосадминистрациях трех районов (Гусятин, Збараж, Подгайцы) перенесли каникулы и прекратили учебу в школах. Всего по области приостановлены занятия в 106 заведениях, в которых учятся 41598 учеников.

По мнению специалистов, причинами ранней заболеваемости людей в области может быть резкое похолодание и колебание температур за неделю до начала отопительного сезона, а также то, что за последние 5-7 лет в области не регистрировалась эпидемия ОРВИ. Кроме того, появляются новые штаммы вируса.

По данным властей, на сегодняшний день ситуация под контролем - медики оказывают помощь в полном объеме. Кроме того, появилось распоряжение председателя ОГА относительно преодоления последствий повышения заболеваемости на вирусные инфекции. Медики призывают жителей области при первых проявлениях заболевания обращаться к врачу.

Как сообщалось, 20 октября чрезвычайная противоэпидемическая комиссии города Тернополя приняла решение о введении на территории города противоэпидемических мероприятий в связи с объявлением эпидемии гриппа и ОРВИ.

УКРАЇНСЬКА ПРАВДА

Свинячий грип дійшов до українських дипломатів

Українська Правда, 27 жовтня 2009, 17:39
https://web.archive.org/web/20091030020006/http://www.pravda.com.ua/news/2009/10/27/104103.htm

У кількох співробітників посольства України в США підозрюють свинячий грип.

Про це, "Українській правді" повідомили джерела в посольстві.

"Підтверджено кілька випадків захворювання", - розповів співрозмовник.

У свою чергу речник МЗС Валерій Джигун повідомив, що видатки на лікування осіб, у яких запідозрене захворювання свинячим грипом, повним обсягом профінансовано посольством.

"Міністр закордонних справ дав доручення щодо опрацювання питання фінансування видатків на медичне страхування співробітників закордонних дипломатичних установ", - додав він.

newsru.com

У сотрудников посольства Украины в США подозревают свиной грипп

News.ru, Украина, 27 октября 2009, 20:34
https://web.archive.org/web/20091031191720/http://rus.newsru.ua/ukraine/27oct2009/hrippes.html

У нескольких сотрудников посольства Украины в США подозревают свиной грипп. Об этом сообщили источники в посольстве.

"Подтверждены несколько случаев заболевания", - рассказал собеседник, передаёт "Украинская правда".

В свою очередь спикер МИД **Валерий Джигун** сообщил, что расходы на лечение лиц, у которых подозрение заболевания свиным гриппом, в полном объёме профинансированы посольством, за счёт стабилизационного фонда правительства.

"Министр иностранных дел дал поручение относительно отработки вопроса финансирования расходов на медицинское страхование сотрудников заграничных дипломатических учреждений", - добавил он.

Отметим, что в Германии в понедельник началась самая масштабная за всю историю страны вакцинации населения против свиного гриппа (A/H1N1). Федеральные земли, отвечающие за мероприятие, заказали 50 миллионов порций вакцины Pandemrix.

В первую очередь прививка будет сделана гражданам повышенной группы риска - врачам, медсёстрам, спасателям и полицейским, а также хроническим больным.

Вирус гриппа A/H1N1 начал свое "шествие" в США и Мексике. За короткий период времени грипп охватил огромное количество стран, и в июне ВОЗ объявила о самом высоком - шестом - уровне опасности.

Новый штамм эпидемиологи называют "калифорнийским", а обыватели – свиным.

24 октября 2009 года президент США Барак Обама подписал декларацию, объявляющую эпидемию вируса гриппа A/H1N1 2009 года национальным бедствием.

Памятка о том, как уберечься от опасного заболевания, в частности от свиного гриппа, была размещена на сайте Минздрава. Среди рекомендаций – избегать поездок в регионы, где выявлены случаи заболеваний. На период эпидемии Минздрав рекомендует ограничить пребывание в людных местах, избегать контактов с людьми, у которых заметны симптомы респираторной инфекции.

КорреспонденТ.net

Эпидемия гриппа в Тернопольской области: семь человек умерли

Корреспондент.net, Украина, 28 октября 2009, 10:05
https://web.archive.org/web/20091101221557/http://korrespondent.net/video/ukraine/1012142

По состоянию на понедельник, 26 октября, в Тернопольской области из-за вируса гриппа умерли семь человек. Кроме того, в области зарегистрировано более 10 тысяч случаев заболевания гриппа.

Информацию о летальных случаях среди больных гриппом вчера, 27 октября, во время пресс-конференции подтвердил начальник главного управления охраны здоровья Тернопольской облгосадминистрации Богдан Ониськив.

В свою очередь в тернопольской областной санитарно-эпидемиологической станция заявили, что лабораторно не было подтверждено ни одного летального случая от гриппа или ОВРЗ.

КорреспонденТ.net

Во Львовской области из-за осложнений гриппа умерли четыре человека

Корреспондент.net, Украина, 28 октября 2009, 12:24
https://web.archive.org/web/20220217042702/https://korrespondent.net/tech/medicine/1012235-vo-lvovskoj-oblasti-iz-za-oslozhnenij-grippa-umerli-chetyre-cheloveka

В Дрогобычском районе Львовской области за последнюю неделю из-за осложнений гриппа умерли четыре человека.

Об этом сегодня, 28 октября, сообщил начальник отдела здравоохранения Дрогобычского горисполкома Андрей Шевкенич. По его словам, это связано, в первую очередь, с несвоевременным обращением в медучреждения, поздней госпитализацией и самолечением.

"Только за последние сутки скорая помощь получила более 50 вызовов, связанных с симптомами гриппа. Вследствие этого 11 человек госпитализированы", - отметил Андрей Шевкенич.

Также, по словам Шевкенича, для борьбы с вирусом создан штаб под руководством первого заместителя городского председателя Дрогобыча, председателем штаба назначен начальник отдела здравоохранения Дрогобычского горсовета. На борьбу с гриппом выделены 100 тысяч грн и уже началось распределение этих средств по учреждениям. В школах и детсадах введен карантин. В детских больницах Дрогобыча и Стебника выделены дополнительные места.

"По моему мнению, то, что происходит сейчас - это пик, надеяться на спад заболеваемости можно будет через неделю, - отметил Андрей Шевкенич.

Как сообщалось, 20 октября все общеобразовательные школы, дошкольные и внешкольные учебные заведения Тернополя и трех районов области закрыли на карантин в связи с повышенной заболеваемостью ОРВИ.

Вчера, 27 октября, стало известно, что в Тернопольской области от острой респираторной вирусной инфекции умерли семь человек. В связи с этим проводится комплекс мер против распространения вируса гриппа.

КорреспонденТ.net

В Тернопольской области растет число жертв неизвестного вируса

Корреспондент.net, Украина, 28 октября 2009, 14:33
https://web.archive.org/web/20220217042702/https://korrespondent.net/tech/medicine/1012457-v-ternopolskoj-oblasti-rastet-chislo-zhertv-neizvestnogo-virusa

Министр здравоохранения Украины Василий Князевич подтверждает девять летальных исходов в Тернопольской области от пневмонии.

"На сегодняшний день умерло в области девять человек с диагнозом пневмония, 95 человек с диагнозом пневмония госпитализированы, 25 больных подпадают под тяжелый ход заболевания", - сообщил Князевич.

Он отметил, что в настоящий момент порог заболеваемости вирусными инфекциями начинает повышаться и в других западных областях Украины, в частности в Ивано-Франковский и Львовской. Министр отметил, что главное задание - определить вирус, который вызывает болезнь.

"Предварительный диагноз - вирусная пневмония. Экспресс-диагностика на предмет заболевания калифорнийским гриппом A/H1N1 не подтверждается", - сказал Кназевич.

По его словам, на сегодня диагноз вирусная пневмония установлен предварительно у 95 человек, из них 25 больных находятся в тяжелом состоянии. Князевич уточнил, что тяжелой формой вирусной пневмонии заболели 17 взрослых и 8 детей.

Князевич также призвал население обращаться к медикам при первых признаках простуды. "Чувствуете себя больным, или как-то не так - обязательно обратитесь к врачу", - призвал Князевич. При этом он отметил, что не следует полагаться на рекламу или народные способы лечения, а четко определить диагноз при помощи врачей.

Он отметил, что создан штаб по реагированию на ситуацию, а также отметил, что ситуация взята под контроль главным санитарным врачом. Кроме того, министр сообщил, что он связался с Всемирной организацией здравоохранения на случай, если понадобится их помощь.

Министр также сообщил, что завтра на заседании правительства выступит с докладом о ситуации в Тернопольской области, а после заседания правительства отправится на место происшествия.
Он добавил, что сегодня в Тернопольскую область отправляется Главный государственный санитарный врач Украины.

Напомним, вчера, 27 октября, начальник управления здравоохранения Тернопольской облгосадминистрации Богдан Ониськив сообщил, что в Тернопольской области умерли семь человека от гриппа, эпидемия которого сейчас объявлена в области. Среди умерших двое жителей Тернополя, двое - Борщевского района, один - Теребовлянского района.

Сегодня, 28 октября, начальник отдела здравоохранения горисполкома Дрогобыча Андрей Шевкенич заявил, что за последнюю неделю из-за осложнений гриппа умерли четыре человека.

КорреспонденТ.net

Минздрав поручил лечить пациентов независимо от места их проживания

Корреспондент.net, Украина, 28 октября 2009, 17:21
https://web.archive.org/web/20091031022158/http://korrespondent.net/tech/health/1012519

МОЗ призывает украинцев при появлении симптомов ОРВИ срочно обращаться к медикам.

Министерство здравоохранения Украины заявляет, что в октябре в западных областях Украины, по предварительным данным, от пневмонии умерли 20 человек. Минздрав призывает всех граждан в случае появления симптомов гриппа или других острых респираторных вирусных заболеваний немедленно обращаться к врачам.

Об этом сегодня, 28 октября, во время пресс-конференции заявил первый заместитель министра здравоохранения Василий Лазоришинец.

По его данным, за период с 13 октября в Тернополе 95 человек были госпитализированы, из них 25 в тяжелом состоянии (7 детей и 18 взрослых), умерли 10 человек. Кроме того, во Львове за период с 1 октября на стационарном лечении находилось шесть человек, четыре умерли. В Ивано-Франковске с 13 октября шесть человек умерли, госпитализированы 25 человек, из них семь в тяжелом состоянии.

Лазоришинец напомнил, что в 2008 году от пневмонии в Украине умерло 6 тыс. 465 человек, а болели более 238 тыс.

"Сложившаяся ситуация связана с диагнозом пневмония", - сказал, в свою очередь, главный государственный санитарный врач Украины Александр Биловол.

При этом он также подчеркнул, что всем госпитализированным были проведены тесты на наличие вируса A/H1N1, которые дали отрицательный результат.

Отвечая на вопрос о том, можно ли исключить, что причиной смерти людей в западных областях стал вирус A/H1N1, присутствующий на пресс-конференции главный санитарный врач Украины Александр Биловол сказал: "В этой жизни ничего нельзя отбрасывать".

Он подчеркнул, что в целом на сегодня в государстве ситуация с гриппом контролируемая, отмечается рост порога заболеваемости только в западных регионах страны за последние полторы недели".

Биловол сообщил, что министерство здравоохранения поручило медицинским учреждениям обслуживать пациентов с простудными заболеваниями вне зависимости от места их проживания и регистрации для предупреждения возникновения эпидемии.

"В одном из пунктов плана мероприятий в данной ситуации (резкого повышения заболеваемости) четко сказано, что либо иногородние, либо приезжие, они могут в любую поликлинику, любую больницу обратиться - и им там будет предоставлена неотложная помощь", - сказал он.

По слова Биловола, в эти регионы направлена комиссия для выяснения обстоятельств причин смерти этих людей. Также он подчеркнул, что в случаях с летальным исходом пациенты обратились к врачу не в первые дни заболевания, а позже (до недели).

В этом контексте главный санврач призвал всех украинцев в случае появления симптоматики гриппа или других острых респираторных вирусных заболеваний немедленно обращаться к врачу, чтобы не допустить распространения гриппа по Украине.

Как сообщалось, сегодня, 28 октября, министр здравоохранения Украины Василий Князевич подтвердил девять летальных исходов в Тернопольской области от пневмонии.

Кроме того, сегодня же начальник отдела здравоохранения горисполкома Дрогобыча Андрей Шевкенич заявил, что за последнюю неделю из-за осложнений гриппа умерли четыре человека.

Сегодня утром в перинатальном центре Ивано-Франковска из-за легочного заболевания умерла беременная женщина.

КорреспонденТ.net

В Черновцах зарегистрирован первый случай смерти больного пневмонией

Корреспондент.net, Украина, 29 октября 2009, 11:05
https://web.archive.org/web/20091031231023/http://korrespondent.net/tech/health/1012740

В Черновцах зарегистрирован первый случай смерти больного пневмонией. Медики не исключают, что имеют дело с ранее неизвестным вирусом.

"Больную девушку госпитализировали в крайне тяжелом состоянии", - сообщил главный врач городской клинической больницы №3 Виктор Свитун. По его словам, сразу же был созван консилиум с участием наилучших специалистов. У больной обнаружили легочную недостаточность, врачам не удалось ее спасти.

По словам родителей девушки, она болела уже 4 - 5 дней обычной простудой. Но такого быстрого развития пневмонии в Черновцах еще не было.

"По данному случаю было проведено эпидемиологическое расследование, которое не подтвердило наличие вирусов ОРЗ и гриппа", - сказал заведующий эпидемиологическим отделом Черновицкой областной санитарно-эпидемиологической станции Юрий Падурару.

Врачи допускают, что пневмония является рецидивом ОРВИ и гриппа или неизвестного ранее вирусом. Симптомы хода заболевания - быстрое развитие пневмонии, отсутствие насморка и кашля. Именно с такими симптомами, по неофициальной информации, в городе умерли еще два человека.

Как сообщалось, Министерство здравоохранения Украины заявляет, что в октябре в западных областях Украины, по предварительным данным, от пневмонии умерли 20 человек. Минздрав призывает всех граждан в случае появления симптомов гриппа или других острых респираторных вирусных заболеваний немедленно обращаться к врачам.

newsru.com

В Черновцах - первый официальный случай смерти от нетипичной пневмонии Неофициально - есть ещё два

News.ru, Украина, 29 октября 2009, 13:02
https://web.archive.org/web/20091101122837/http://rus.newsru.ua/ukraine/29oct2009/pnevmonua.html

В Черновцах зарегистрирован первый случай смерти больного пневмонией. Медики не исключают, что имеют дело с ранее неизвестным вирусом, пишет сегодня КорреспонденТ.net.

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Минздрав призывает при признаках простуды сразу обращаться к врачам

По словам родителей девушки, она болела уже 4 - 5 дней обычной простудой. Но такого быстрого развития пневмонии в Черновцах ещё не было.

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Министерство здравоохранения Украины заявляет, что в октябре в западных областях Украины, по предварительным данным, именно от пневмонии умерли 20 человек, но многие опасаются, что причина этому – свиной грипп.

Минздрав призывает при признаках простуды сразу обращаться к врачам

Минздрав, тем временем, призывает всех граждан в случае появления симптомов гриппа или других острых респираторных вирусных заболеваний немедленно обращаться к врачам.

Как передаёт УНИАН, об этом министр здравоохранения Украины **Василий Князевич** заявил сегодня, на заседании правительства.

"Врачи знают, как оказывать помощь, но есть проблема своевременного обращения к врачу. Сейчас нам нужно очень интенсивно работать с населением. Паники здесь не должно быть. Во-первых, обращение к врачу, а у врача – соответствующий алгоритм работы", - сказал Князевич.

Министр также считает необходимым обратиться к руководителям предприятий с просьбой "отпускать людей, которые плохо себя чувствуют".

"Нужно больных людей изолировать, а дома с ними могут работать врачи. Это лучший выход, как предотвратить распространение эпидемии", - добавил Князевич.

В свою очередь премьер-министр Украины **Юлия Тимошенко** поручила подготовить необходимое обращение к гражданам с призывом своевременного обращения к врачам.

Впрочем иногда обращение в медструктуры может не повлиять на ход болезни. Так одна из жительниц "болеющей" Тернопольской области рассказала СМИ, что когда заболела, врача ей пришлось ждать два дня.

При том, что главные здравоохранители страны говорят, что именно позднее обращение к врачам является причиной осложнений, которые могут иметь летальный исход, а в Тернопольской области, между тем, официально подтверждены уже 10 смертей.

MIG media international group news.com.ua

Shock! Pestilence expected in Ukraine? 20 people died of influenza already

MIG News, 28 October 2009, 13:39
https://web.archive.org/web/20091102070251/http://mignews.com.ua/en/articles/376222.html

Flu epidemic in the Ternopil Region, which appeared a week ago, mowed down nearly 10,000 of residents. Moreover - unknown virus has already killed seven people. Two residents of the regional center and five villagers (among them was a woman who recently gave birth to a child) died from pneumonia caused by catarrhal infection. Another four people have been in the grace condition in hospitals of Ternopil.

As the head of public health city department Vasyl Blykhar reported, all victims of infection were young people who previously had no problems with health. Supposedly they sought help too late, on the sixth or seven day. Quarantine is declared in the region, schools are closed. They say infection is coming to the neighboring areas of Western Ukraine. In the Lviv Region a few districts are preparing for quarantine, particularly, Drohobych and Boryslav districts.

As a resident of Ternopil Olexandra Melys toldh, a lot of people wearing flu masks have appeared in the city. Ternopil residents are buying garlic, onion and vodka for prophylaxis. There are queues for pills and drops from a cold, there is lack of the most popular drugs, "- says a pensioner Lyudmila. - They say that in fact 16 people have already died".

Local residents fear swine flu mows down them. Doctors reassure: laboratory studies at the local level do not confirm that it is swine flu. "We will be able to confirm the type of influenza in 1,5 week, when research results will be received from London", - says Bohdan Onyskiv, the head of the regional health administration department. One reason for large-scale disease might be sudden cold snap, when a week ago Halychyna was covered with snow and frost. According to another version, wage earners, who brought the virus from abroad, are guilty of it.

The doctors do not rule out that the death of residents occurred precisely because of influenza. But only virology examination may confirm information about it. It will be made in Kyiv within 7-14 days. But the head of the Verkhovna Rada Committee on Health protection Tatiana Bakhteyeva said that the Ukrainian examination is not a guarantee: "Our labs have a weak foundation for such research and nobody can guarantee the results will be correct."

Experts say that officials of the Ministry of Health can keep silent about the situation in order not to sow panic. "We can not rule out that people could die from swine flu", says Professor of Immunology Fedor Lapy. According to him, 7 deaths in the region for a week is too much.

"The United States has declared a pandemic of swine flu, a thousand of people have already died. It is in the United States, where there is a vaccine, but we will have just plague", - adds the first deputy head of the Committee on Health Vyacheslav Peredery.

01:56 p.m. Information about the death of four people as a result of complications of influenza has come also from the Drohobych district, Lviv Region. As the head of the Health protection Department of Drohobych city executive committee Andriy Shevkenych, this is due, first of all, with ill-timed treatment in a medical institution, late hospitalization and self-treatment. "Only during the previous

day the ambulance received over 50 calls related to the symptoms of influenza. As a result, 11 people were hospitalized," - said Andriy Shevkenych.

Also, according to Andriy Shevkenych, a headquarters under the leadership of the Deputy Chairman of Drohobych, chairman of Staff has been founded for struggle against virus. Hr 100,000 have been allocated for struggle against flu. Quarantine is declared in schools and kindergartens quarantined. Additional seats are assigned in children's hospitals of Drohobych Stebnyk.

"In my opinion, this is the peak. We will hope for decrease in number of cases in a week", - said Andriy Shevkenych.

The Ministry of Health reported that a commission has been founded involving experts from ministries and scientists from the Academy of Medical Sciences in order to study the causes of increasing influenza and acute respiratory viral infections in the Ternopil Region.

05:03 p.m. Chairman of the Ternopil Regional State Administration Yuri Chyzhmar signed a decree on October 28 to allocate from the reserve Hr 50,000 funds of the regional budget for the purchase of tools for diagnosis influenza and acute respiratory viral infections.

In general population of Ternopil and southern regions of the region, in particular Chertkovsky, Terebovlya, Husyatinsky, Borshchevsky, are ill. Patients who died had not visited countries affected by A (H1N1) "California" flu and lived in various parts of the region.

Despite the fact that unknown virus is raging in Western Ukraine, which is killing people, the Health Minister Vasyl Kniazevych says everything is under control. He said today at a press briefing in the Cabinet of Ministers of Ukraine that in connection with epidemic of acute respiratory infections in the Ternopil Region the Ministry of Health created a special headquarters. He sent the chief sanitary doctor of Ukraine to Ternopil.

The head of the Ministry of Health confirmed that as a result of the epidemic of influenza 9 people died (in the Ternopil Region - editor.), who were diagnosed with "pneumonia". 95 people have been registered with similar diagnosis and hospitalized in the Ternopil Region.

According to Vasyl Kniazevych, 25 people who are ill with pneumonia are now in the grave condition (among them are children, but most of them are adults). An express-diagnostics and laboratory studies of all diseased are done. "The virus H1N1 has not been confirmed", - assured Minister of Health and urged people not to panic and not to create excitement. "Call a doctor and let him help you", he added.

Ministry of Health has confirmed 20 deaths from pneumonia in Ternopil, Ivano-Frankivsk and Lviv Regions, deputy Minister of Health Vasyl Lazoryshynets reported at a press conference.

He said that in the Ternopil region since October 13 95 people have been hospitalized with such diagnosis, 25 of them are in the grave condition, and 10 patients died. In the Ivano-Frankivsk Region since the same time 25 people with the same diagnosis have been hospitalized, 7 of them - in a grave condition, 6 people died. In the Lviv Region since October 1 6 patients have been hospitalized, 2 of them are in a grave condition, 4 people died. By Segodnya newspaper, Ukrainian News

OBOZ.UA

Нетипова пневмонія добралася до Чернівців і Рівне

Oglyadach, 29 жовтня 2009, 15:02
https://web.archive.org/web/20091105074538/http://www.oglyadach.com/news/2009/10/29/214854.htm

У Чернівцях зареєстрований перший випадок смерті хворого на пневмонію. Медики не виключають, що мають справу з раніше невідомим вірусом.

«Хвору дівчину госпіталізували у вкрай важкому стані», - повідомив головний лікар міської клінічної лікарні №3 Віктор Світун. За його словами, відразу ж був скликаний консиліум за участю якнайкращих фахівців. У хворої виявили легеневу недостатність, лікарям не вдалося її врятувати.

За словами батьків дівчини, вона хворіла вже 4 - 5 днів звичайною простудою. Але такого швидкого розвитку пневмонії в Чернівцях ще не було.

«По даному випадку було проведено епідеміологічне розслідування, яке не підтвердило наявність вірусів ОРЗ і грипу», - сказав завідувач епідеміологічним відділом Чернівецької обласної санітарно-епідеміологічної станції Юрій Падурару.

Лікарі допускають, що пневмонія є рецидивом ГРВІ і грипу або невідомого раніше вірусу. Симптоми ходу захворювання - швидкий розвиток пневмонії, відсутність нежиті і кашлю. Саме з такими симптомами, за неофіційною інформацією, в місті померли ще дві людини.

Міністерство охорони здоров'я України заявляє, що в жовтні в західних областях України, за попередніми даними, саме від пневмонії померли 20 людей, але багато хто побоюється, що причина цьому – свинячий грип.

Мінохоронздоров'я, тим часом, закликає всіх громадян у разі появи симптомів грипу або інших гострих респіраторних вірусних захворювань негайно звертатися до лікарів.

Як передає УНІАН, про це міністр охорони здоров'я України Василь Князевич заявив сьогодні, на засіданні уряду.

«Лікарі знають, як надавати допомогу, але є проблема вчасного звертання до лікаря. Зараз нам потрібно дуже інтенсивно працювати з населенням. Паніки тут не повинно бути. По-перше, звернення до лікаря, а у лікаря – відповідний алгоритм роботи», - сказав Князевич.

Міністр також вважає необхідним звернутися до керівників підприємств з проханням «відпускати людей, які погано себе почувають».

«Потрібно хворих людей ізолювати, а вдома з ними можуть працювати лікарі. Це кращий вихід, як запобігти розповсюдженню епідемії», - додав Князевич.

У свою чергу прем'єр-міністр України Юлія Тимошенко доручила підготувати необхідне звернення до громадян із закликом вчасного звертання до лікарів.

Втім іноді звернення в медструктури може не вплинути на хід хвороби. Так одна з мешканок «хворіючої» Тернопільської області розповіла ЗМІ, що коли захворіла, лікаря їй довелося чекати два дні.

При тому, що головні охоронці здоров’я країни кажуть, що саме пізнє звернення до лікарів є причиною ускладнень, які можуть мати летальний результат, а в Тернопільській області, тим часом, офіційно підтверджено вже 10 смертей, повідомляє NEWSru.ua.

Крім того, як стало відомо, сьогодні вночі в реанімаційному відділенні Рівненської обласної лікарні помер співробітник місцевого телебачення "СФЕРА-ТБ" Руслан Гурмак.

Гурмак був родом з міста Коломия, де працював телеоператором на місцевому телебаченні, одружився на мешканці міста Рівне, переїхав жити в це місто. Тут творчий шлях телеоператор продовжив на рівненському телеканалі "СФЕРА-ТБ". За плечима Руслана – служба в армії в аеромобільних військах міста Львова.

Тим часом влада міста Рівне звернулася до керівників трудових колективів із закликом провести профілактичні щеплення проти грипу. "За прогнозами Всесвітньої організації охорони здоров'я, цього року в Україні очікується штам сезонного грипу "Брізбен". Особливість цього штаму в тому, що він може накластися на пандемічний штам "Каліфорнія" (N1H1). Людина може перехворіти трьома штамами: "Брізбен А", "Брізбен В", "N1H1 Каліфорнія" (свинячий грип). Найефективнішим методом захисту є профілактичні щеплення" - мовиться в зверненні.

За даними рівненських медиків, досвід вакцинації минулого епідемічного сезону свідчить про високу ефективність профілактики цієї хвороби, яка часто дає важкі ускладнення, пише ZIK

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У Тернополі понад 300 людей госпіталізовані з пневмонією

Oglyadach, 29 жовтня 2009, 15:16
https://web.archive.org/web/20091104041526/http://www.oglyadach.com/news/2009/10/29/214857.htm

На Тернопільщині за добу кількість госпіталізованих з попереднім діагнозом “пневмонія” збільшилась у 2,5 рази.

Про це під час сьогоднішнього засідання колегії Тернопільської облдержадміністрації повідомив начальник Управління охорони здоров’я ОДА Богдан Ониськів.

За його даними, станом на 8.00 29 жовтня в медичних закладах перебувало 326 хворих із попереднім діагнозом позалікарняна пневмонія, спричинена гострим респіраторним захворюванням, із них у тяжкому стані 22 особи. 55 із числа госпіталізованих – діти.

Для надання медичної допомоги, за словами Ониськіва, перепрофільовані ліжка в лікарні швидкої допомоги, обласній клінічній лікарні, для вагітних жінок організовано діагностичне відділення на базі міської лікарні №2 та дитячої лікарні.

“Також вирішується питання виділення приміщення медсанчастини Комбайнового заводу для організації резервної інфекційної лікарні у випадку масового надходження хворих”, – повідомив Ониськів.

zik
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Unidentified flue outbreak in Western Ukraine

ZiK, 29 October 2009, 19:48
https://web.archive.org/web/20091101012920/http://zik.com.ua/en/news/2009/10/29/202374

Western Ukraine was hit by a severe epidemic of unidentified influenza, tentatively diagnosed by doctors as viral pneumonia. The number of dead has climbed dramatically. Doctors advise Western Ukrainians to stay at home and use preventive medication. The first pedestrians wearing face masks have been seen on Lviv streets

Lviv kindergartens and schools have been closed, and the city council is to have its emergency session soon to address the flue outbreak. So far, the information released by the authorities on the epidemic dimensions spread and preventive measures is scarce, causing panic to spread in the city.

Here are the latest reports on the situation in other W.Ukraine oblasts:

Ternopil oblast

As the number of sick persons increases, the authorities describe the situation as rather serious, says Ternopil oblast chief medical officer Bohdan Onyskiv.

"In all, 262 patients are treated in hospitals, of these 16 in serious condition. – [x] children have died in rural areas and 70 in Ternopil," he says. Onyskiv confirmed that they died from viral pneumonia.

The main cause of their death is that sick Ukrainians were too late requesting medical help, most of them on the 5th or 6th day of the disease. They stayed at home, trying to treat themselves, visiting hospitals when it was too late. The disease has a distinct viral nature, complicating treatment, he added.

Lviv Oblast

Five persons have died from the flue in Lviv, four men and one woman, says emergency hospital chief doctor Myron Borysevych.

Two of the dead patients were in the 22-35 age group, with 2 others over 60. He diagnosed the disease as viral pneumonia.

"We have sent the analyses to Kyiv. We don't believe it's the swine flue. Neither do we know what kind of pneumonia it is,

Borysevych stressed. Viral tests can last from one to two weeks. They are complicated and not done in Lviv. The course of the disease was very quick. The symptoms included very high temperature and short-wind cough.

The disease started as an ordinary chill with headache and temperature. The symptoms lasted for a week before patient condition began to aggravate.

Zakarpattya Oblast

A man has died from the swine flue in Volovets. He has recently returned from Saint Petersburg, Russia, suffering from a cold. He was rushed to the hospital when pneumonia symptoms were found by doctors. Another local who came from Moscow became sick and went to see his doctor in time. Now he is recovering safely.

Ivano-Frankivsk Oblast

All the six dead young people had symptoms of severe hemmorhagic pneumonia. The disease starts slowly, with temperature rising to 37.2 – 37.3 degrees, slight cough and pain in joints. Nasal catarrh developed at the end of the second or third day. Autopsy revealed that the lungs were soaked with blood, the oblast chief specialist said.

Chernivtsi Oblast

The number of persons with common flue in Chernivtsi has grown from 2,623 to 4,053. According to the local medical authorities, the city has been hit by an unknown type of the flue. The tests to identify the virus will be ready only in 2 weeks, doctors say.

KyivPost
INDEPENDENCE. COMMUNITY. TRUST

Peter Byrne

Swine flu fears on rise after numerous deaths

Kyiv Post, 29 October 2009, 22:27
https://web.archive.org/web/20091102053244/https://www.kyivpost.com/news/nation/detail/51513/

The Health Ministry is trying to identify the deadly virus that has killed at least 30 people in western Ukraine so far.

An unknown virus is afflicting thousands in western Ukraine, according to health authorities who say at least 30 people have died this month alone from the mysterious ailment. The death toll is expected to grow higher soon.

As of Oct. 29, Ukraine's Health Ministry had not yet determined whether the recent deaths are related to the global outbreak of the H1N1 "swine flu" virus, but they admitted to sending more than 1,200 doses of Tamiflu, the antiviral drug used to treat H1N1, to western Ukraine.

Thus far, there have been only two confirmed cases of swine flu in Ukraine, according to health officials, who have expressed confidence that the country is ready to combat the virus should an outbreak occur. But fears about the possible onset of a swine flu pandemic in Ukraine increased on Oct. 27 after media reported that a man from Zakarpattya Oblast had died of swine flu complications. The diagnosis has not been confirmed.

"Ukraine's Health Ministry has convened an emergency team to identify the virus and identify measures to prevent it from spreading," Health Minister Vasyl Knyazevych said on Oct. 29 during a cabinet meeting.

"Specialists on the team are working around the clock and we are confident that we will be able to identify the cause [of the deaths] on Monday or Tuesday next week and announce preventative measures," Knyazevych said.

"Some 10 people have perished in Ternopil Oblast, and several in the Lviv and Ivano-Frankivsk oblasts," Deputy Health Minister Oleksandr Bilovol said a day earlier during a press conference in Kyiv. He added that all victims were less than 45 years of age.

"The individuals died of viral pneumonia, the cause of which we have not yet determined," said Bilovol, adding that health officials are awaiting the results of laboratory tests. "According to our data, the number of deaths due to viral pneumonia is a little higher than last year."

More than 6,000 people in Ukraine died of pneumonia in 2008, according to Health Ministry statistics, with 400 fatalities registered in the Ternopil, Lviv and Ivano-Frankivsk oblasts.

Bilovol said during the press conference that 34 individuals of the 160 patients currently afflicted are in critical condition. He said that most of the people who died waited too long – one week – before seeking medical assistance.

Health officials say they will need several days to determine whether the cases are, indeed, swine flu. In neighboring Russia, meanwhile, the H1N1 virus is definitely making the rounds. Since June, about 1,300 cases of H1N1 have been registered in Russia by health officials, who have urged people not to panic.

"Two women are believed to have died of the influenza A/H1N1 virus," a spokesman for eastern Siberia's Chita region said on Oct. 27, adding that official confirmation of the causes of death would only be available in 21 days.

As of Oct. 29, the number of patients in the region diagnosed with swine flu grew to 251, according to Natalya Zhdanova, deputy governor of Chita region. She said seven patients were critically ill.

Ukraine has set up a laboratory that can test for the H1N1 virus and more test kits are planned to be purchased. Ukraine's strategy has been to contain the H1N1 virus and impede its spread among the population by surveillance in airports and train stations.

The H1N1 virus is not usually deadly, but spreads more quickly than usual flu because it's a new virus against which people have not yet built immunity.

According to the World Health Organization, 2 percent of patients sick with H1N1 come to hospitals with complications. People with lung and heart conditions, diabetes, obesity, pregnant women, elderly and very young children are in the high-risk groups.

U.S. President Barack Obama on Oct. 25 declared a national emergency as the estimated number of swine flu cases topped one million. During a visit to Ukraine weeks ago, U.S. health officials urged their Ukrainian counterparts to boost preparations for combating a possible H1N1 epidemic, warning that it's only a matter of time before the country would be hit. Experts have also expressed concern about the ability of Ukraine's dilapidated and under-financed health system to contain a serious outbreak.

Radio Netherlands Worldwide

Mysterious virus hits Ukraine

Radio Netherlands Worldwide, 29 October 2009, 11:07pm
https://web.archive.org/web/20091102063526/http://www.rnw.nl/english/article/mysterious-virus-hits-ukraine

A viral infection has killed 30 people in Ukraine

The illness begins as an ordinary bout of flu, but after a week the symptoms get worse.

Almost 40,000 Ukrainians have contracted the disease. Around 100 are in hospital.

In the west of the country there has been a run on virus inhibitors and surgical masks. Schools and childcare centres in the city of Lvov are closed.

Test are being carried out to establish what kind of virus is causing the sickness. The H1N1 virus which causes Mexican flu has been ruled out.

Mysteriöse Krankheit rafft 30 Menschen hin

20 Min On Line, 29 October 2009
https://www.20min.ch/story/mysterioese-krankheit-rafft-30-menschen-hin-874153482671

Mehr als 30 Menschen sind im Westen der Ukraine an den Folgen einer mysteriösen Lungenentzündung gestorben. Der Ursprung der Krankheit ist laut Gesundheitsministerium noch unbekannt.

Besonders betroffen seien die Regionen von Ternopil und Lwiw, wo seit Beginn des Monats jeweils mindestens zwölf Menschen gestorben seien. Sechs Menschen seien in der Region Iwano-Frankiwsk gestorben.

In den drei Regionen seien 37 900 Menschen von Viruserkrankungen der Atemwege betroffen. 951 Menschen würden in Spitälern behandelt, unter ihnen seien 30 Erwachsene und 31 Kinder, die auf der Intensivstation lägen.

Fast 40 000 erkrankt

In allen Regionen wurden vorläufig die Kindergärten und Schulen geschlossen. Den Universitäten wurde empfohlen, den Unterricht auszusetzen.

Aus Sorge vor der Krankheit kauften Menschen vielerorts Vorräte an antiviralen Medikamente und trugen Schutzmasken. In der Stadt Lwiw bildeten sich vor den Apotheken, die noch über solche Medikamente verfügten, meterlange Schlangen, wie ein AFP-Reporter berichtete. In der Stadt Drogobytsch wurde auch die Schliessung aller Diskotheken angeordnet.

THE FLU CASE

Origin of new virus in Ukraine unknown, says Government

The Flu Case, 30 October 2009
https://web.archive.org/web/20091103080745/http://www.theflucase.com/index.php?option=com_content&view=article&id=1459:origin-of-new-virus-in-ukraine-unknown-says-government&catid=1:latest-news&Itemid=64&lang=en

More than 30 people have died in the Ukraine as a result of a mysterious new virus that has an affinty for the lungs, according to reports in Switzerland.

The Ukranian Health Ministry has said that the origin of the virus is unknown, but its affinity for the lungs and the way it attacks young people strongly suggests it is a virulent form of the H1N1"swine flu" virus.

WHO recently confirmed that the H1N1 virus showed no signs of mutating to become more virulent. The emergence of this virulent strain could, therefore, be linked with the activities of scientists, such as Professor Bruno Lina in France, who was actively searching for a virulence gene.

Almost 40,000 people have fallen sick with 951 people having to be hospitalised.

ХВИЛЯ

На украино-польской границе вводится специальный пропускной режим

ХВИЛЯ, 29 октября 2009, 16:28:39
https://hvylya.net/news/digest/2009-10-29-16-30-51.html
https://hvylya.net/uk/news/1856-2009-10-29-16-30-51

Об этом 29 октября ZAXID.NET сообщил начальник пресс-службы Западного регионального управления Государственной пограничной службы Украины Владимир Шеремета.

В.Шеремета заявил, что пункты пропуска будут работать в таком же режиме, как работали, когда была угроза «птичьего» гриппа. «Есть распоряжение руководства Государственной пограничной службы о необходимости реализации мероприятий по противодействию распространению вируса гриппа А (H1N1). Поэтому во всех пунктах пропуска на западной границе людей, что въезжают на территорию Украины, сначала будут проверять медики. Лишь после этого могут работать пограничники, потом таможенники», — прокомментировал он.

В.Шеремета прибавил, что для сохранения здоровья и жизни пограничников, предотвращение распространения ОРВИ, они уже несут службу в защитных масках.

ИНТЕРНЕТ ГАЗЕТА
ЭКСПЕРТ-ЦЕНТР
независимая аналитическая группа

Григорович убеждена в необходимости введения ЧП в 5 областях

Инт-Газета: Эксперт-Центр, 30 октября 2009, 05:31
https://expert.org.ua/chp/2009/grigorovich-ubezhdena-v-neobhodimosti-vvedeniya-chp-v-5-oblastyah

Член комитета Верховной Рады по вопросам здравоохранения Лилия Григорович (фракция НУ-НС) убеждена в необходимости введения чрезвычайного положения в пяти областях Украины.

"Совокупность показателей, которые мы имеем, - внезапные, многочисленные смерти больных, резкая динамика количества пострадавших от этой эпидемии - дает основания для введения чрезвычайного положения", - цитирует Л.Григорович пресс-служба партии "Наша Украина" в четверг, сообщает Интерфакс-Украина.

"Мы уже имеем 16 смертей в Тернополе, 10 - во Львове, 6 - в Ивано-Франковске. Есть данные о распространении эпидемии в других областях, в частности, в Черновицкой и Ровенской", - подчеркнула депутат.

Л.Григорович отметила, что президент США Барак Обама "ввел чрезвычайное положение в Штатах, когда погибли три человека".

"Если для того, чтобы эпидемия не распространялась, чтобы можно было сохранить человеческие жизни, локализовать ситуацию, нужно вводить чрезвычайное положение, тогда нужно это делать немедленно", - резюмировала депутат.

MIG media international group news.com.ua

Number of victims to unknown virus growing! State of emergency to be imposed in Ukraine?

MIG News, 30 October 2009, 10:25
https://web.archive.org/web/20091102052604/http://mignews.com.ua/en/articles/376537.html

Yesterday, on October 29 some media reported that allegedly in the Ternopil Region cases of ill people with typhus were registered, and that militarized detachments limited entrance and departure from the territory of the Ternopil Region. However, the Public Relations Center of the Ministry of Emergencies in the Ternopil Region denied information about it.

Yesterday, on October 29 the chief physician of the regional sanitary-epidemiological station Halyna Hrynchuk assured that Kyiv Region is ready for prophylaxis and treatment of influenza, reported Yulia Makoveeva, MIGnews.com.ua correspondent.

In the Ternopil Region 25 percents of infectiologists who worked with patients with acute respiratory viral infections are ill, the chairman of the Association of infectiologists of Ukraine Mykhaylo Andreychin reported yesterday, on October 29 at a press conference.

"One fourth of doctors had such a disease or they are ill with it now. Fortunately, they are recovering now and soon again be able to work", - said Mykhaylo Andreychin.

Yesterday, on October 29 in Morshyn, Lviv Region a doctor from a local hospital, who contacted with patients with viral infection and visited them, died, is reported by the Deputy Chief of the Health protection department in the Lviv Region Iryna Mykytchak. According to her, a 56-year-old woman "had been previously diagnosed with pneumonia," UNIAN reports.

The medical facilities in the Lviv region have medicines for treatment of influenza and acute respiratory infections for the three-day supply, is said in the summary of information of the General Directorate of Health Protection in the Lviv Regional at the State regional Administration, UNIAN reported.

Because of the mass acute respiratory infections residents of the Lviv Region began to buy up antiviral drugs and flu masks. Yesterday, on October 29 the Lviv residents could not purchase masks. Consequently, the director general of the Lviv regional pharmaceutical corporation Nelia Byk appealed to all residents of the region with the request not to buy drugs without the need, Glavred cites the Ministry's report as saying.

Ministry of Health recommends using the methods of traditional and alternative medicine for prevention of acute respiratory viral diseases, including influenza, Ukrainian News cites the report of the Ministry as saying.

According to experts of Ministry of Health, filling nutrition, conditioning to the cold and frequent airing of premises are effective during the period of active disease. Also, the Ministry recommends using general health-improving and tonic immunomodulatory drugs. In addition, the Ministry recommends frequent hand washing and cover a nose and mouth with a handkerchief when coughing and sneezing.

The number of people suffering from unknown virus in Ukraine is growing. According to the latest data of Ministry of Health, 30 deaths of flu and acute respiratory viral diseases have been recorded, starting from October, 19, in the Ternopil, Ivano-Frankivsk and Lviv Regions. In particular, from October, 19 and until 04:00 p.m. on October 29 6 deaths have been recorded in the Ivano-Frankivsk Region, 12 - in the Lviv Region (including 1 child) and 12 - in the Ternopil Region. As

of 04:00 p.m. on October 29 the number of people sick with influenza and acute respiratory viral infections in these regions has reached 37, 923 people, 951 out of them have been hospitalized.

11:04 a.m. The information has been received that 3 people died from complicated pneumonia for the last 3 days in Chernivtsi. In total, during the last day the number of people sick with acute respiratory vital infections in Chernivtsi increased from 2,623 to 4,053 people. Only in 8 cases influenza was diagnosed.

According to the doctors, now in Chernivtsi unidentified viral infection is being observed. The first results of virological studies that will identify the virus, will be ready only in two weeks. Also, three people died in the Rivne Region, and one person- in Transcarpathia. In total, according to unconfirmed reports, 37 people died.

In connection with this anti-epidemic measures are introduced at the Lviv railway. A spokesman for the chairman of the Lviv regional state administration Olha Kulyk also reported that "Lviv airport and Lviv Customs are under control".

The Ternopil Regional Council decided to hold an extraordinary session on October 30. MPs will start the meeting at 02:00 p.m. today.

The emergency antiepidemic and antiepizootic Committee will be gathered today in the Cabinet of Ministers, declared First Deputy Prime Minister Olexander Turchynov in the air of 5 Kanal.

In addition, commenting on the growth of drug prices, he appealed to owners of pharmacies: "Stop be a parasite on the problems of citizens and do not play with the prices because we will have to answer for it. We are not joking, and we will act fairly tightly."

Olexander Turchynov also said that the leadership of the Ternopil Regional Health Protection Department "waited for a few weeks, did not informed the center and only after they had realized they would not cope with the situation, attended the press conference, instead of immediately informing Kyiv".

Poland is keeping an eye on the situation with a possible virus epidemic in Ukraine. But while the State Sanitary Inspectorate of the country (GIS) does not see reasons to limit or close traffic on the common border. According to the GIS, the inspection has instructed its offices in Rzeszow and Lublin strengthen sanitary control at checkpoints on the common border, as well as monitor the current situation. In addition, the service should inform travelers about the possible threat of the epidemic and prevent the need to immediately contact a doctor in case of symptoms appearing.

GIS representative noted that from October 31 to November 3 the number of Poles crossing the Polish-Ukrainian border, will increase because many people will visit the cemeteries in Ukraine.

Member of the Verkhovna Rada Committee on Health Lilia Hrihorovich (Our Ukraine-People's Self-Defense faction) is convinced of the necessity to declare the state of emergency in five regions of Ukraine. MP of the Verkhovna Rada from the Party of Regions faction, deputy chairman of the Verkhovna Rada Committee on Health Viktor Korzh says that the Ministry of Health is not ready to struggle against flu and acute respiratory viral infections epidemic.

Director of the Ukrainian Center for influenza and respiratory infections, the Ministry of Health of Ukraine Olexander Hrynevich is convinced that Ukraine needs a massive vaccination against influenza in connection with a high incidence of acute respiratory infections. By reports of Interfax-Ukraine, UNIAN, Ukrainian News, Ukrainskaya pravda

As a reminder, October 28 flu epidemic in the Ternopil Region, which had appeared a week ago, mowed down nearly 10,000 of residents. Moreover - unknown virus has already killed seven people. Ministry of Health has confirmed 20 deaths from pneumonia in Ternopil, Ivano-Frankivsk and Lviv Regions. A closed meeting has been held in Ivano-Frankivsk, at which participants agreed that epidemic of the so-called "pneumonic plague" is being spread throughout Ukraine. But the problem is its form is unknown, it is ATYPICAL nobody knows how to treat it.

КорреспонденТ.net

Кабмин запретил массовые мероприятия и приостановил учебный процесс

Корреспондент.net, Украина, 30 октября 2009, 15:48
https://web.archive.org/web/20091101221619/http://korrespondent.net/video/ukraine/1013311

Кабинет министров ввел запрет на проведение массовых мероприятий по всей Украине в связи с угрозой эпидемии гриппа A(H1N1). Во всех учебных заведениях страны объявлены трехнедельные каникулы.

Кроме того, пресс-секретарь премьер-министра Марина Сорока объяснила, что карантинный режим вводится на территории девяти областей Украины, однако положение о трехнедельных каникулах во всех учебных заведениях касается всей Украины.

КорреспонденТ.net

Кабмин выделил 500 миллионов гривен на борьбу с гриппом

Корреспондент.net, Украина, 30 октября 2009, 16:53
https://web.archive.org/web/20091101221625/http://korrespondent.net/video/ukraine/1013333

Кабинет министров Украины выделил 0,5 млрд гривен для закупки необходимых лекарств для лечения высокопатогенного гриппа, а также масок, аппаратов искусственного дыхания, которые будут доставлены в аптеки во всех областях.

Об этом сегодня, 30 октября, заявила премьер-министр Юлия Тимошенко на внеочередном заседании Кабинета министров по поводу эпидемической ситуации, которая сложилась в западных регионах Украины.

Number of victims to unknown virus growing!
State of emergency to be imposed in Ukraine?

Above Top Secret, 3 November 2009, 04:41 AM
https://www.abovetopsecret.com/forum/thread515093/pg90

Hi AD,

thanks for the update. Seems like most major western msm are playing this very quiet, if they mention it at all.

reply to post by cosmicpixie

Der Spiegel (which owns Spiegel on line) is a major and very reliable news weekly, based in Germany. It's their equivalent of "Time" magazine I guess we could say. Normally very high standards of journalism. Doesn't mean they'll always tell the whole story (but neither does "Time"), but it's better than most. Not a tabloid, at least. No "woman gives birth to chicken" type of stuff...

About the absence of "seasonal" flu... I'm not too strong on how the epidemiology would work, but have read that a more virulent (infectious) strain can "displace" the usual seasonal strain.

Meanwhile I can only go on what's happening where I am. It's pretty quiet on the flu front. Where I work, which is right in the center of Prague, we've not had any problems with higher-than-average absenteeism. In fact, it's below what it was around this time last year as far as I recall. Our staff are very reliable as a rule and only report sick when they really are.

No-one that I know has mentioned having the flu personally or in their family, and I don't recall any news reports of outbreaks here. I have no doubt that there would be some cases though.

We've only had one confirmed death from swine flu, a woman in her 30's who died on Oct 21 in Karlovy Vary. She had been ill with it for some time and had long had a serious heart condition.

Okay, I've just searched for any local or Slovak reports of a major outbreak and there's nothing that I could find. I did find a report from Slovakia that was released yesterday, which indicates they *are* experiencing seasonal flu, but nothing out of the ordinary.

I need a little while to prepare and post a translation.

ИНТЕРНЕТ ГАЗЕТА
ЭКСПЕРТ-ЦЕНТР
независимая аналитическая группа

В Украине началась эпидемия высокопатогенного гриппа A/H1N1

Инт-Газета: Эксперт-Центр, 30 октября 2009, 10:29
https://expert.org.ua/politika/2009/v-ukraine-nachalas-epidemiya-vysokopatogennogo-grippa-ah1n1

В Украине началась эпидемия высокопатогенного гриппа A/H1N1. Об этом в интервью УНИАН заявил министр здравоохранения Украины Василий Князевич.

По его словам, вчера в Тернополе, при участии ведущих специалистов, состоялось совещание.

"По предварительным результатам, мы констатируем, что Украина вошла в мировую пандемическую зону, и (в стране) начинается эпидемия Калифорнийского гриппа, или гриппа A/H1N1", - отметил В.Князевич.

Он добавил, что в стране будет создана чрезвычайная противоэпидемическая комиссия, приняты противоэпидемические, карантинные меры. "Я буду докладывать руководству государства о ситуации, которая вышла за пределы эпидемического порога. Наверное будут рассматриваться вопросы карантизации или продление каникул в школах и институтах. Мы будем обращаться к населению с рекомендациями ограничить посещение общественных собраний", - сказал В.Князевич.

Министр призвал население Украины не заниматься самолечением, а обращаться к врачам. "Люди умирали только потому, что не обращались своевременно к врачам. Больные вызывали врача на 5-7 день болезни, когда уже помочь человеку нельзя", - сказал В.Князевич.

На вопрос, знают ли украинские врачи, как именно лечить Калифорнийский грипп, или грипп A/H1N1, министр заверил, что наши медики вполне компетентны в этих вопросах. "Мы очень активно сейчас работаем с врачами. Минздрав утвердил протоколы лечения, что делать, как оказывать помощь", - сказал В.Князевич.

ПОДРОБИЦІ

В Украине началась эпидемия "свиного" гриппа
Стране грозит карантин

Подробиці, 30 жовтня 2009 10:46
https://podrobnosti.ua/640227-v-ukraine-nachalas-epidemija-svinogo-grippa-strane-grozit-karantin.html

В Украине зафиксирована эпидемия высокопатогенного гриппа A/H1N1. Об этом на сегодняшней пресс-конференции сообщил министр здравоохранения Василий Князевич.

"К сожалению, мы должны констатировать, что в Украине фактически началась эпидемия калифорнийского гриппа", - сказал он. По его словам, в двух лабораториях подтвердили этот диагноз - зафиксировано 11 случаев из 33 проб. Министерство здравоохранения планирует объявить карантин на всей территории Украины, сообщил министр.

"Мы рассматриваем возможность объявления карантина не только в западных областях, но и по всей стране, так как вирус распространяется чрезвычайно быстро", - сказал Василий Князевич.

Как сообщалось со ссылкой на данные оперативного штаба Министерства здравоохранения Украины, тридцать человек, в том числе один ребенок, умерли в Украине в результате острых респираторных заболеваний в период с 19 октября.

По данным Минздрава, во Львовской области - 12 жертв, в том числе один ребенок, в Тернопольской - 12, в Ивано-Франковской умерли 6 человек. Кроме того, по данным СМИ, жертвы есть также Черновицкой, Ровенской и Закарпатской областях - всего умерли 34 человека.

Медики допускают, что причина смерти - стремительное развитие атипичной пневмонии. В то же время не исключается возможность вируса "свиного" гриппа.

Ранее в Украине были официально подтверждены 2 случая свиного гриппа. 5 июня 2009 года лаборатория в Лондоне подтвердила заболевание гриппом A/H1N1 у украинца, прибывшего из Парижа. До этого он проживал в Детройте (США), работал продавцом в овощном магазине. После лечения пациент отправился домой, в Черновцы. Кроме того, в конце сентября у мужчины, который прибыл из Кировоградской области в Киев и был госпитализирован с диагнозом "пневмония", подтверждена принадлежность выделенного штамма вируса гриппа к типу A/H1N1.

Ранее сообщалось, что министр здравоохранения Украины Василий Князевич подтвердил случаи гриппа A/H1N1 в Украине.

"Свиной" грипп подтвержден у одного из умерших (11:13)

Как минимум 1 человек умер в результате заражения свиным гриппом, сообщила руководитель пресс-службы Министерства здравоохранение Людмила Гордон в пятницу.

"Как минимум 1 случай, из 30 умерших, подтвержден. Дело в том, что мазок на пробу необходимо брать в первые часы заболевания, максимум до трех дней, а все они (умершие) обратились к врачу уже на 4-7 день болезни", - сказала она.

СНБО собирается на внеочередное заседание по гриппу (11.14)

Совет национальной безопасности и обороны проведет в пятницу внеочередное заседание по эпидемиологической ситуации в Украине. Начало заседания СНБО запланировано на 13:30.

Ющенко поручил Тимошенко обеспечить мониторинг распространения гриппа (11.32)

Президент Украины Виктор Ющенко просит премьер-министра Украины Юлию Тимошенко обеспечить выделение из государственного бюджета средств в необходимых объемах для организации постоянного мониторинга за распространением вирусов гриппа, в том числе гриппа A/H1N1, а также для обеспечения надлежащей деятельности вирусологических лабораторий государственной санитарно-эпидемиологической службы Украины и заведений здравоохранения на территории всех регионов Украины.

Президент просит также обеспечить безотлагательное рассмотрение текущей ситуации с заболеваемостью гриппом и острыми респираторными вирусными заболеваниями Государственной чрезвычайной противоэпидемической комиссией при Кабинете министров Украины с целью принятия соответствующего плана действий.

Балога: Ющенко должен ввести в западных регионах ЧП (11.56)

Бывший глава Секретариата президента Виктор Балога выступает за введение чрезвычайного положения в западных регионах из-за смертей людей от гриппа и острых респираторных вирусных инфекций.

Балога считает, что одним из решений заседания СНБО в пятницу должно быть введение в западных областях режима чрезвычайного эпидемиологического состояния. При этом Балога считает, что президент Виктор Ющенко должен ввести такое решение СНБО в действие безотлагательно.

ИНТЕРНЕТ ГАЗЕТА
ЭКСПЕРТ-ЦЕНТР
независимая аналитическая группа

В Тернополе ночью дезинфицировали воздух

Инт-Газета: Эксперт-Центр, 30 октября 2009, 11:40
https://expert.org.ua/obshchestvo/2009/v-ternopole-nochyu-dezinficirovali-vozduh

В Тернополе ночью на улицах проводили дезинфекцию воздуха. Об этом рассказал ректор Тернопольского педагогического университета Владимир Кравець, пишет ZAXID.NET. По его словам, о таких предохранительных мерах ему сообщили в милиции.

«В среду поздно вечером ко мне звонит по телефону солидный человек. Работает в милиции. Говорит - «Вы на ночь закройте все окна. Потому что Тернополь ночью будут обрызгивать из самолетов специальным раствором. В городе - тиф», - рассказал Портной.

Напомним, что во время вчерашней пресс-конференции председатель Тернопольской ОГА Юрий Чижмарь опроверг информацию о том, что вчера ночью проводили дезинфекцию Тернополя с воздуха. «Нет. Слухов было порождено много. Но могу вас заверить, что ни одного обрызгивания не было», - заверил губернатор.

ИНТЕРНЕТ ГАЗЕТА
ЭКСПЕРТ-ЦЕНТР
независимая аналитическая группа

С 29 октября на западной границе Украины вводится спецрежим

Инт-Газета: Эксперт-Центр, 30 октября 2009, 11:42
https://expert.org.ua/obshchestvo/2009/s-29-oktyabrya-na-zapadnoy-granice-ukrainy-vvoditsya-specrezhim

С 29 октября в пунктах пропуска на западной границе Украины вводится специальный режим работы в связи со вспышкой эпидемии ОРВИ, и угрозой проникновения на территорию Украины свиного гриппа. Об этом сообщил начальник пресс-службы Западного регионального управления Государственной пограничной службы Украины Владимир Шеремета, сообщает ZAXID.NET.

Шеремета поинформировал, что пункты пропуска будут работать в таком же режиме, как работали, когда была угроза птичьего гриппа. «Есть распоряжение руководства Государственной пограничной службы о необходимости реализации мероприятий по противодействию распространения вируса гриппа А (H1N1). Поэтому во всех пунктах пропуска на западной границе людей, которые въезжают на территорию Украины, сначала будут проверять медики. Лишь после этого могут работать пограничники, потом таможенники», - прокомментировал он.

Шеремета прибавил, что для сохранения здоровья и жизни пограничников, предотвращения распространения ОРВИ, они уже несут службу в защитных масках.

Напомним, в Украине подтверждены случаи гриппа A/H1N1 Об этом сообщил министр здравоохранения Украины Василий Князевич.

СЕГОДНЯ

МОЗ готовится объявить карантин по всей Украине

Сегодня, 30 октября 2009, 12:27
https://ukraine.segodnya.ua/ukraine/moz-hotovitcja-objavit-karantin-po-vcej-ukraine-177407.html

Министерство здравоохранения планирует объявить карантин на всей территории Украины. Об этом на сегодняшней пресс-конференции сообщил министр здравоохранения Василий Князевич, передают "Подробности ".

Министр подтвердил, что в Украине зафиксирована эпидемия высокопатогенного гриппа A/H1N1.

"К сожалению, мы должны констатировать, что в Украине фактически началась эпидемия калифорнийского гриппа", – сказал он.

По его словам, в двух лабораториях подтвердили этот диагноз – зафиксировано 11 случаев из 33 проб.

"Мы рассматриваем возможность объявления карантина не только в западных областях, но и по всей стране, так как вирус распространяется чрезвычайно быстро", – сказал Князевич.

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ИНТЕРНЕТ ГАЗЕТА
ЭКСПЕРТ-ЦЕНТР
независимая аналитическая группа

Украинцы против введения "прививочных паспортов"

Инт-Газета: Эксперт-Центр, 30 октября 2009, 12:56
https://expert.org.ua/obshchestvo/2009/ukraincy-protiv-vvedeniya-privivochnyh-pasportov

Украинцы против введения "прививочных паспортов". Об этом свидетельствуют результаты телефонного опроса на тему "Иммунопрофилактика в Украине", проведеного Институтом Горшенина.

Эксперты Института Горшенина обращают внимание, что большинство украинцев (61,5%) негативно относятся к тому факту, что Верховная Рада приняла Закон "Об утверждении Общегосударственной программы иммунопрофилактики и защиты населения от инфекционных болезней на 2009 - 2015 годы", который обязывает их делать прививки. При этом, "крайне негативно" относятся к этому закону 48,4%, а 13,1% - "скорее негативно".

Менее четверти опрошенных (24,3%) затруднились обозначить свою позицию по данному поводу, говорится в собщении института, переданном агентству УНИАН.

Подавляющее большинство граждан (82,9%) не поддерживают решение Верховной Рады о принятии закона, согласно которому детей не будут принимать в детские сады и школы без прививочного паспорта.

Противоположную точку зрения высказали только 6,7% респондентов, а каждый десятый опрошенный (10,4%) затруднился с оценкой данного решения ВР.

Около трети украинцев (35,9%) затруднились ответить на вопрос о том, улучшится ли их здоровье вследствие принятия нового закона и введения прививочных паспортов. Более четверти опрошенных (28,4%) считают, что в сфере иммунопрофилактики ничего не изменится, поскольку прививочные паспорта будут покупаться, а около четверти респондентов (25,4%) заявили, что здоровье людей, вероятнее всего, ухудшится из-за некачественных вакцин или их побочных эффектов.

Только каждый десятый респондент (10,3%) верит в то, что, в результате принятия нового закона, своевременной вакцинации, здоровье людей улучшится.

Телефонный опрос на тему "Иммунопрофилактика в Украине" был проведен Институтом Горшенина с 26 по 28 октября 2009 г.

Всего, согласно случайной выборке, было опрошено 1000 респондентов в возрасте от 18 лет, во всех областных центрах Украины.

Квотами были регион проживания, пол и возраст респондентов.

Погрешность репрезентативности исследования не превышает +/-3,2%.

ИНТЕРНЕТ ГАЗЕТА
ЭКСПЕРТ-ЦЕНТР
независимая аналитическая группа

В Украине определен самый высокий уровень опасности из-за гриппа

Инт-Газета: Эксперт-Центр, 30 октября 2009, 15:09
https://expert.org.ua/obshchestvo/2009/v-ukraine-opredelen-samyy-vysokiy-uroven-opasnosti-iz-za-grippa

Правительство на внеочередном заседании в пятницу определило третий уровень опасности для населения в условиях эпидемии гриппа A/H1N1 ("свиного" гриппа).

"Сегодня на заседании правительства... мы также установили третий уровень опасности", - сказала премьер-министр Украины Юлия Тимошенко на брифинге в пятницу.

Третий уровень опасности - самый высокий, пояснила Юлия Тимошенко.

В Украине лабораторно подтверждено 11 случаев заболевания гриппом A/H1N1 ("свиным" гриппом), заявила Юлия Тимошенко.

Правительство приняло специальное комплексное постановление о предотвращении распространения гриппа A/H1N1 в Украине, первым пунктом которого являются профилактические меры.

"Мы приняли специальное комплексное постановление правительства относительно предотвращения распространения инфекции на территории Украины. Что является номером один? Номером один являются профилактические меры для каждого человека без исключения", - сказала она после внеочередного заседания правительства в пятницу.

Кабинет министров Украины сегодня подписал все необходимые контракты с производителями медпрепаратов для поставки их в Украину.

Тимошенко отметила, что в течение прошлых суток со всеми производителями соответствующих лечебных средств, а также медицинского оборудования, которое необходимо для Украины, будут установлены контакты.

"Все контракты подписываются сегодня с утра и все необходимые дополнительные лекарственные препараты, все дополнительное оборудование и все, что нужно для профилактики, будет завозиться в течение недели в Украину в значительно больших объемах, чем это было сделано в первые месяцы, когда готовились к случаям проявления калифорнийского гриппа", - отметила она.

Напомним, что Министерство здравоохранения объявило эпидемию гриппа A/H1N1 в Украине, а Кабмин ввел карантин в 9 областях.

Кабинет министров ввел запрет на проведение массовых мероприятий и каникулы в учебных учреждениях на 3 недели. Движение железнодорожного транспорта в Украине будет ограничено.

ИНТЕРНЕТ ГАЗЕТА
ЭКСПЕРТ-ЦЕНТР
независимая аналитическая группа

"Регионы" требуют уволить Князевича за грипп

Инт-Газета: Эксперт-Центр, 30 октября 2009, 15:43
https://expert.org.ua/politika/2009/regiony-trebuyut-uvolit-knyazevicha-za-gripp

Партия регионов настаивает на необходимости уволить министра здравоохранения Василия Князевича в связи с эпидемией гриппа A/H1N1.

Об этом сообщил журналистам лидер Партии регионов, кандидат в президенты Виктор Янукович в пятницу в Харькове.

"Мы настаиваем на немедленной отставке Князевича и всех, кто имеет к этому отношение - заместителей, начальников отделов (министерства)", - сказал он.

Кроме того, ПР настаивает на необходимости немедленно закупить оборудование для диагностирования гриппа.

Партия считает необходимым также отчет органов здравоохранения перед местными советами о готовности к антиэпидемическим мерам.

В частности, речь должна идти об обеспечении нужд населения в противомикробных масках и лекарствах для лечения гриппа.

Янукович критикует Кабинет министров за неподготовленность к эпидемии гриппа A/H1N1.

"Уже полгода назад было известно о (возможной) эпидемии гриппа, но ничего не было сделано", - сказал он.

По словам Януковича, как и в случае с экономическим кризисом, правительство оказалось неготовым к вспышке заболевания.

"Могу провести аналогию между экономическим кризисом и эпидемией - и в том, и в другом случае власть была не готова и не готовилась, дезориентировала население, что ничего не будет", - сказал он.

Таким образом, считает Янукович, власти оставили украинцев во время эпидемии на произвол судьбы.

Напомним, что Министерство здравоохранения объявило эпидемию гриппа A/H1N1 в Украине, а Кабмин ввел карантин в 9 областях.

Кабинет министров ввел запрет на проведение массовых мероприятий и каникулы в учебных учреждениях на 3 недели. Движение железнодорожного транспорта в Украине будет ограничено.

газета по-киевски

Власти Киева опровергают распыление над городом средств против гриппа

Газета по Киевски, 30 октября 2009, 17:17
https://web.archive.org/web/20091101035551/http://mycityua.com/news/city/2009/10/30/171747.html

В Управлении по чрезвычайным ситуациям Деснянского района Киева опровергают сообщения о том, что в районе метро «Лесная» с помощью авиации распылялись средства против гриппа.

Ранее сегодня по городу циркулировали слухи о том, что над рынком около метро «Лесная» летает самолет, распыляющий некое средство от "свиного" гриппа. Позвонившие в редакцию «Газеты по-киевски» жители Лесного массива сообщали, что они либо их знакомые или родственники видели кружащий над здешним рынком самолет. Сообщалось также, что продавцам было рекомендовано находиться в палатках.

В администрации рынка «Лесной» решительно опровергли эту информацию.

В Госавиадминистрации корреспонденту «Газеты по-киевски» сообщили, что какие-либо разрешения на вылет в черте города самолетов малой авиации сегодня не выдавались.

Информацию о распылении средств против гриппа опровергли также в Главном управлении здравоохранения города.

Между тем, подобные слухи в настоящее время обсуждаются в интернете на форумах Львова, Тернополя и других городов. Суть та же: над городами с вертолетов и самолетов будут якобы распылять неизвестное средство от свиного гриппа. По FM-радиостанциям регулярно передают опровержения такой информации.

recombinomics

Ukraine Orders Mobile Military Hospitals for H1N1 Caseload

Recombinomics Commentary, 30 October 2009, 18:52
https://web.archive.org/web/20091102061825/http://www.recombinomics.com/News/10300902/Ukraine_Mobile_Hospitals.html

Ukrainian President Viktor Yushchenko ordered the Defense Ministry to prepare a mobile military hospitals.

According to an UNIAN correspondent, he told reporters.

V. Yushchenko said that today should provide the necessary number of places for patients.

The president said the Defense Ministry order for the deployment of mobile mobile hospitals, which will be raised if necessary.

Ukrainian President Viktor Yushchenko has said that drugs to combat pandemic influenza A/H1N1 long enough, but he would ask the world community, if the need arises for additional resources.

The above comments describe additional preparations for handling the growing number of hospitalized patients in the Ukraine. Local television and radio reports describe a doubling of reported cases (from 37,923 to over 80,000) in a 24 hour period, potentially taxing health care delivery. Some health care workers have also been infected.

Samples have been sent to London for analysis and a permanent link to WHO has been established. The situation appears to be quite fluid and transmission could be exacerbated by the upcoming holiday weekend.

ГАИ штрафует водителей без марлевых повязок

УНІАН, 30 октября 2009, 19:20

https://web.archive.org/web/20091103014747/http://unian.net/rus/news/news-344154.html

В Львовской области работники Госавтоинспекции штрафуют водителей без марлевых повязок.

Как передает корреспондент УНИАН, об этом сегодня в Тернополе во время совещания по обсуждению эпидемической ситуации в западном регионе сообщил председатель Львовской облгосадминистрации Николай Кмить.

Говоря о мероприятиях, осуществленных руководством области для предотвращения распространения заболеваемости, губернатор заметил, что “была проведена работа и с силовыми структурами”. “И видим, что порой они уже перегибают палку. Милиция штрафует водителей, которые ездят без масок”, - сказал Н.Кмить. При этом он не уточнил, речь идет обо всех водителях или лишь тех, которые обслуживают общественный транспорт.

Губернатор Львовской области также заметил, что в Львове помощь медицинским заведениям оказывают таксисты, которые в условиях ограниченного количества медицинского транспорта пошли навстречу областной власти.

“Мы так же, как и в Тернопольской области, провели общение со священнослужителями, чтобы они убедили прихожан в необходимость надевать маски во время богослужений, где есть скопление большого количества людей”, - добавил Н. Кмить.

Нові випадки захворювання на вірус грипу A/N1N1-каліфорнія серед українців

Прес-служба МОЗ України, 30 жовтня 2009
https://web.archive.org/web/20091104005437/http://www.moz.gov.ua/ua/main/press/?docID=13932

Міністр охорони здоров'я України Василь Князевич поінформував про підтвердження нових випадків вірусу грипу A/H1N1-каліфорнія серед українців. –

У МОЗ України відбувся брифінг Міністра охорони здоров'я України Василя Князевича, де представникам ЗМІ та громадськості було поінформовано про підтвердження нових випадків захворювання на грип A/H1N1-каліфорнія.

Брифінг проведено за підсумками візиту до західних областей України. «Україна ввійшла в епідемію грипу, так званого каліфорнійського грипу A/H1N1», - повідомив міністр.

Він зазначив, що станом на 29 жовтня в Інституті епідеміології та інфекційних хвороб ім. Л.В.Громашевського АМН України проведено аналіз відібраних 22 зразків матеріалу від хворих (м.Тернопіль). В 11 випадках підтверджено грип типу А, із них 7 – грип A/H1N1-каліфорнія.

Крім того, фахівцями лабораторії вірусології та СНІД Центральної санепідстанції МОЗ України досліджено матеріали ще 8 осіб (м.Львів) з попереднім клінічним діагнозом ГРВІ на наявність вірусу грипу A/H1N1. Із них 4 – позитивні на наявність вірусу грипу A/H1N1-каліфорнія (серед досліджених зразків 1 – матеріал померлого).

Василь Князевич повідомив, що сьогодні відбудеться засідання Кабінету міністрів України та РНБО, де на найвищому рівні обговорять проблеми з протистояння епідемії грипу, в тому числі розглянуть питання введення карантинних заходів.

МОЗ України звернулося до міжнародних організацій про консультативну допомогу та з проханням надати необхідну кількість вакцин від грипу A/H1N1-каліфорнія.

Василь Князевич повідомив, що Україна забезпечена противірусними препаратами у повному обсязі. Він також додав, що відвідав лікарні Тернопільської, Чернівецької областей та провів засідання за участі медиків, місцевої влади, студентів медвузів.

Міністр охорони здоров'я подякував всій медичній спільноті, яка сьогодні сумлінно виконує свій професійний обов'язок та знаходиться в епіцентрі епідемії, надаючи кваліфіковану допомогу хворим.

Василь Князевич закликав не вдаватися до паніки, максимально дотримуватись рекомендацій з профілактики гострих респіраторних інфекцій та вчасно звертатися по медичну допомогу.

{Chuck Penfold}

Swine flu hits Ukraine

Deutsche Welle, 30 October 2009
https://www.dw.com/en/ukraine-closes-schools-cancels-public-events-after-swine-flu-deaths/a-4841826

The stringent measures may affect the country's recently kicked-off presidential campaign, as well as two high-profile soccer games scheduled for next month.

Ukraine on Friday announced the implementation of some of Europe's toughest measures to combat swine flu, closing schools and cinemas and banning public gatherings for at least three weeks.

The moves ordered by Prime Minister Yulia Tymoshenko came after the country confirmed at least four swine flu-related deaths, Ukraine's first since the outbreak started in Mexico and the United States last April.

The government is also to implement a "special system" to limit unnecessary travel. It is reportedly considering a quarantine in the west of the country, where the virus has been concentrated, or possibly a quarantine of the entire country.

"The virus is spreading very fast," said Health Minister Vasyl Knyazevych.

Closures may disrupt presidential campaign, sporting events

The epidemic comes at an inopportune time for Ukraine's presidential candidates, who have recently kicked off campaigning ahead of the election on Jan. 17.

Tymoshenko, herself a presidential hopeful, said all pre-election events would be cancelled until the situation has stabilized.

Government officials are also reportedly in discussions with international soccer authorities to discuss whether the measures would affect two upcoming games in Ukraine.

The country is scheduled to host a UEFA Champions League match between Dynamo Kiev and Inter Milan next Wednesday and a World Cup qualifying match between Ukraine and Greece on Nov. 18.

The H1N1 swine flu virus has killed more than 5,700 people around the world since last April, according to the World Health Organization.

At least 281 people have died in Europe, where governments have started mass vaccination programs in preparation for the winter flu season.

Причиной гибели 30 человек на западе Украины стал "свиной грипп"

РБК, 30 октября 2009
https://www.rbc.ru/society/30/10/2009/5703d73d9a7947733180c27c

Причиной смерти 30 человек на западе Украины стал "свиной грипп", сообщает министр здравоохранения страны Василий Князевич. По его словам, тип вируса не могли установить несколько дней. По словам В.Князевича, в стране зафиксирована эпидемия высокопатогенного гриппа А (H1N1).

В Львовской области умерли 12 человек, в Ивано-Франковской области - 6 человек, в Тернопольской – 12. Ранее в Минздраве Украины сообщали, что от "свиного гриппа" на Украине умерли лишь двое.

Накануне начальник отдела охраны материнства Главного управления здравоохранения Львовской областной горадминистрации (ОГА) Ирина Микичак сообщила, что в Львовской области 10 человек умерли от пневмонии и 11 находятся в реанимации с диагнозом "пневмония".

В свою очередь главный государственный санитарный врач Александр Биловол заявил, что в Тернополе, Ивано-Франковске и Львове эпидемиологический порог по гриппу превышен, в частности в Тернопольском регионе - в 1,5 раза. Он добавил, что ситуация в Тернопольском районе является сложной, туда отправилась комиссия Минохраны здоровья, чтобы выяснить обстоятельства обострения эпидемиологической ситуации. Кроме того, А.Биловол призвал граждан при появлении у них симптомов ОРВИ и гриппа немедленно обращаться к врачу.

DIGITAL JOURNAL

Andrew Moran

40,000 contract serious virus in Ukraine, kills 30

Digital Journal, 30 October 2009
https://web.archive.org/web/20091103114753/http://www.digitaljournal.com/article/281347

As the world enters the H1N1 season, another possible virus emerges as 30 people in the Eastern European country of Ukraine have died from this latest flu.

Each country is dealing with their own cases of the H1N1 swine flu and many have even taken the vaccination but is H1N1 the only flu out there? A viral infection in Ukraine has taken the lives of 30 people and at first it seemed like an ordinary flu but after a week the symptoms worsened.

Radio Netherlands Worldwide reports 40,000 Ukrainians have contracted the disease and at least 100 are in the hospital. Tests are currently being conducted and all is known is that it is not the H1N1 Swine Flu.

A large number of schools and childcare facilities are being shut down, especially in the city of Lvov. Also, government agencies are handing out surgical masks and gloves to people in the western part of Ukraine.

However, *Russia Today* is reporting that it is A/H1N1 or Californian Flu and the total number of deaths is closer to 40.

Prime Minister Timoshenko stated, “Express-tests cannot provide a hundred percent verification of the virus, they give only 50% accuracy. That’s why blood probes of those who died were sent to special laboratories for further testing. And only this morning it was confirmed that at least 11 deaths were caused by the A/H1N1 virus.”

The Ukrainian government is calling for international aid to help fight their epidemic and President Yushchenko believes the country needs more than $6 million to battle the epidemic(s).

Wolne Media have also reported that the symptoms have been diagnosed as pneumonia. Furthermore, four patients in the hospital in Lviv Oblast have been confirmed to have “very severe pneumonia” after contracting the influenza.

НОВОСТИ N

«Свиной» грипп в Украине: место битвы – транспорт

Новості N, 31 октября 2009, в 15:24
https://novosti-n.org/ukraine_articles/-Svynoj-grypp-v-Ukrayne-mesto-bytvi-transport-1538

Минздрав не исключает распространение «свиного» гриппа по всей территории Украины. Отечественный транспорт является слабым звеном среди противоэпидемиологических мер. Поэтому транспортники принимают экстренные превентивные мероприятия по нераспространению этого вируса.

Информация о выявлении «свиного гриппа» на территории Украины застал «маленьких українців» врасплох. С мая уже практически все забыли об этом заболевании и приготовились следить за предвыборной гонкой кандидатов в президенты страны. Но вирус не дал населению возможности расслабиться.

Впервые о выявлении калифорнийского гриппа штампа A/H1N1 (проще говоря «свиного» гриппа) заявил 30 октября министр здравоохранения Василий Князевич. «К сожалению, мы должны констатировать, что в Украине фактически началась эпидемия», - сказал он. На оперативно созванном внеочередном заседании Кабмина премьер-министр Юлия Тимошенко заявила, что в девяти западных областях Украины вводится карантин на три недели.

В Тернополе, эпицентре зоны распространения вируса, паника началась еще до заявления чиновников. По сообщениям тернопольского корреспондента UGMK.INFO, улицы города опустели, в школах и институтах объявлен карантин. По словам горожан, в ночное время над городом летают самолеты и вертолеты, которые распыляют в воздухе вещества, которые якобы убивают бактерии.

Сразу скажем, что официальной информации о такой мере защиты нет, однако тернопольчане утверждают, что на улице чувствуется сильный запах хлора. К тому же, в городе напряженная ситуация с медпрепаратами: в аптеках разобрали все лекарства и респираторы. В распространении опасного вируса горожане обвиняют местных «заробитчан».

Однако, по сообщению «Тернопольводоканала», в городе проводят плановую промывку водопроводных сетей. В связи с этим, в распределительной сети появилась вода с повышенным содержанием хлора.

По информации корреспондента UGMK.INFO во Львове, ситуация в городе напряженная, но более спокойная. Несмотря на вирусную опасность, многие горожане выходят на улицу без защитных масок. В целом, по данным Минздрава, на 30 октября количество заболевших в Украине составляет более 81 тыс. человек, среди которых 33,5 тыс. детей. Госпитализированы 2 тыс. 341 человек, из них 1 тыс. 100 детей. Зафиксировано 33 смертельных случая.

Кроме того, в Минздраве подчеркнули, что имеющаяся информация дает основания прогнозировать быстрое распространение инфекции на всю территорию Украины. Ожидается большое количество заболевших в короткий промежуток времени, с высоким процентом течения заболевания и количеством летальных случаев.

В таких условиях для противодействия распространения заболевания на другие области Украины и за ее пределами важную роль играют меры, принятые на транспорте страны. 30

октября в Минтранссвязи состоялось экстренное совещание по принятию срочных мер на железнодорожном, автомобильном, морском транспорте и в аэропортах в этом контексте.

В министерстве решили, что в первую очередь будет внедряться комплекс мероприятий на железной дороге, в аэропортах и морских портах, в которые заходят круизные суда, а также на предприятиях и учреждениях отрасли. В частности, будет усилен противоэпидемический режим, проведут дезинфекционные мероприятия в местах массового пребывания людей на этих объектах.

Транспортное ведомство уже направило обращения к губернаторам и мерам городов с просьбой проинформировать перевозчиков всех форм собственности, которые обеспечивают перевозку пассажиров на городских, пригородных и межобластных маршрутах, о необходимости проведения после каждого рейса дезинфекционной обработки салонов автобусов на автовокзалах, автостанциях и конечных остановках маршрутов. Аналогичные процедуры дезинфекции будут осуществляться во всех поездах. Соответствующие рекомендации направлены владельцам авиационных и судоходных компаний.

В каждой подотрасли транспорта будут работать оперативные штабы. В случае выявления заболевания или подозрения на заболевание гриппом типа A/H1N1 работники отрасли обязаны немедленно информировать территориальные заведения здравоохранения и санэпидемстанции.

Несмотря на обострение эпидемии, все поезда продолжают курсировать согласно действующему графику с сохранением всех остановок, сообщает «Укрзализныця». Если пассажир заболел в дороге, он может обратиться за медицинской помощью к проводнику или начальнику поезда. После предоставления первой помощи поездная бригада передаст информацию на ближайшую станцию, где есть медпункт, при необходимости и по желанию пассажира возможна госпитализация. Работники санитарно-контрольных, в т.ч. пограничных, пунктов опрашивают начальников всех поездов, которые пересекают границу Украины, относительно наличия больных пассажиров, в частности, с симптомами гриппа A/H1N1.

Повышенное внимание уделяется предупреждению заболеваний работников отрасли и безопасности работы обслуживающего персонала - проводникам, кассирам, водителям. Постоянно будет осуществляться медицинский (санитарный) послерейсовый осмотр экипажей судов, поездных бригад и другого персонала. Кроме того, активизированы все возможности отраслевых медицинских заведений для безотлагательного обслуживания лиц с признаками вирусного заболевания. Работники железных дорог, которые непосредственно контактируют с людьми, работают в масках. Несмотря на такие меры, на Львовской железной дороге с признаками вируса гриппа госпитализировано одного проводника поезда в Черновцах. Об этом сообщила пресс-секретарь ЛЖД Лилия Криницкая.

В целом, транспортное ведомство и «Укрзализныця» призывают всех граждан ограничить передвижение, по возможности не посещать места массового пребывания людей и воздерживаться от поездок, а при первых признаках вирусного заболевания оставаться дома и немедленно обращаться за медицинской помощью.

recombinomics

WHO Team to Investigate Ukraine H1N1 Outbreaks

Recombinomics Commentary, 30 October 2009, 23:43
http://www.recombinomics.com/News/10300903/Ukraine_WHO.html

Gregory Hartl said the team was being pulled together by the WHO's Global Outbreak Alert and Response Network, which goes by the acronym GOARN.

The team will travel early next week to the eastern European country, which has closed schools and banned public meetings in response to a spike in cases of acute respiratory illness believed to be H1N1.

"This is something that certainly needs investigating," Hartl said from Geneva.

He said the government of Ukraine is being forthcoming with information on the outbreak, which is said to centre on three regions in the western part of the country.

The above comments describe a WHO investigational team being formed in response to the outbreak in Ukraine (see map). Although the story is evolving, some reports describe a dramatic spread of the virus to 80,000 people, with as many as 100 fatalities. The early reports describing 100 fatalities mentioned 10,000 infections, which would create an alarming case fatality rate of 1%. The newer cases would lower the rate, assuming the most recent cases don't follow the pattern described in the first 10,000 cases.

Media reports included descriptions of blood filled lungs, raising visions of the 1918 pandemic, which also involved swine H1N1 that jumped to humans and was efficiently transmitted. Samples have already been sent to London for analysis, and immediate release of initial sequence data would be useful.

Small changes can have dramatic effects when viruses jump species, and the rapid spread of the H1N1 in western Ukraine is clearly cause for concern.

INFOWARS IRELAND

Panic in Ukraine,
Authorities deny aircraft are spraying aerosols over cities,
Martial Law expected

Info Wars Ireland // The Flu Case, 31 October 2009
https://web.archive.org/web/20091105021450/http://theflucase.com/index.php?option=com_content&view=article&id=1548:panic-in-ukraine-as-martial-law-looms-reports-infowars-ireland&catid=41:highlighted-news&Itemid=105&lang=en

Authorities in Kiev, Ukraine, deny spraying of "aerosolized medication" by aircraft over city.

The office of Emergency Response in the district of Desniansko, Kiev, are tonight (30th Oct.) strongly refuting reports that light aircraft were spraying a substance over the city intended to counter a "swine flu pandemic" in Ukraine.

It was reported that light aircraft were seen over the Forest market area of the city (close to the Forest metro station) and they were spraying an aerosol substance intended to "counter swine flu", this of course would constitute forced medication of the population.

The editors of local newspapers in Kiev received dozens of phone calls from concerned residents and shop owners in the Forest market area of the city reporting they had observed several light airplanes circling in the sky during the day spraying an unidentified aerosol into the atmosphere.

Retailers and local business people reported they were advised to "stay indoors" during the day by local authorities.

Local newspapers contacted government administrators in Kiev and were told that "no permission had been granted today (30th Oct.) for small aviation aircraft to fly within the city limits". Also local FM radio stations in Kiev were regularly refuting the reports during broadcasts today, apparently under duress from local authorities.

Reports of helicopters and light airplanes spraying aerosols over Kiev, Lviv, Ternopil, and other cities throughout Ukraine are tonight flooding online forums and websites, hundreds of people have verified the reports with their own eye-witness accounts.

On 30th October President Viktor Yushchenko ordered the Ministry of Defense to establish mobile military hospitals throughout Ukraine, to assist and provide "essential medications" to people with swine-flu. Yushchenko has also ordered medical personnel from the reserve defense forces to report for duty.

An order from President Yushchenko is expected soon that will effectively place Ukraine under "martial law".

"Due to the complex epidemiological situation in the western regions of Ukraine, where tens of thousands of people have become ill, thousands are in hospital, and dozens have died."

Nine regions of Ukraine have declared a quarantine around the country and public events have been banned (including the elections).The Clergy have been ordered not to hold any Church or religious services on Sundays or to gather a congregation for any reason whatsoever. Police are also enforcing the compulsory wearing of protective face masks, any driver caught not wearing a mask faces harsh legal penalties.

Earlier, health authorities in western Ukraine reported a "severe outbreak of *unidentified* Influenza, suspected by doctors to be a form of viral pneumonia". The disease has already claimed a number of lives in the region. In Lviv, schools have been closed and authorities are conducting emergency meetings to determine how to deal with the outbreak.

{Kyle James}

Swine flu deaths

Deutsche Welle, 31 October 2009
https://www.dw.com/en/german-swine-flu-death-toll-jumps/a-4842380

Several people in Germany died on Friday from the swine flu, including one woman who had been otherwise healthy. Swine flu-related deaths are on the rise around the world as the cold and flu season begins in earnest.

There were two confirmed deaths from H1N1, or the swine flu, on Friday, and a newspaper has reported one additional fatality, bringing the German death toll up to six.

One of these, a 48-year-old woman from Bonn, was the first to have succumbed to the flu despite enjoying otherwise good health.

The woman "had no known medical history which would explain such serious illness," said Bonn's University Hospital on Friday evening.

Where the woman was infected remains unclear.

Also dead were a five-year-old boy in the federal state of Saarland who was also suffering from pneumonia and, according to a newspaper report, a sixteen-year-old in Bavaria who was reportedly severely disabled.

All fatal cases of swine flu in Germany had, until Friday, been caused by complications associated with other illnesses or conditions. German authorities fear a surge in cases as the flu and cold season continues.

"There could be a second wave of pandemic influenza beginning in Germany," said director of the Institute of Hygiene and Public Health at the University Clinic in Bonn, Martin Exner.

However, most of the swine flu cases in Germany so far have been mild, he added.

A more dangerous flu season worldwide

In the past week, according to the World Health Organization, the number of swine flu-related deaths jumped up by 700, to more than 5,700.

Ukraine on Friday announced the implementation of some of Europe's toughest measures to combat swine flu, closing schools and cinemas and banning public gatherings for at least three weeks.

The moves ordered by Prime Minister Yulia Tymoshenko came after the country confirmed at least four swine flu-related deaths, Ukraine's first since the outbreak started in Mexico and the United States last April.

The Ukrainian government is also to implement a "special system" to limit unnecessary travel. It is reportedly considering a quarantine in the west of the country, where the virus has been concentrated, or possibly a quarantine of the entire country.

The World Health Organization's latest figures estimated that at least 281 had died from swine flu in Europe.

"With the number of cases that are currently emerging increasing, the number of severe cases is also growing," said the Robert Koch Institute, Germany's federal institution responsible for disease control and prevention, in a statement.

"Against this background, the observance of personal hygiene measures and vaccination, as an important prevention measure, is of particular importance."

THE FLU CASE

David Rothscum

Report: Has Baxter International released a biological weapon?

The Flu Case, 1 November 2009, 18:39
https://web.archive.org/web/20091105021337/http://www.theflucase.com/index.php?option=com_content&view=article&id=1534:has-baxter-international-released-a-biological-weapon&catid=41:highlighted-news&Itemid=105&lang=en

Evidence appears to suggest that Baxter International is responsible for a new deadly outbreak of viral pneumonia in Ukraine.

In February of 2009 Bloomberg reported that Baxter "accidentally" send vaccine material containing both live Avian bird flu and seasonal influenza to multiple laboratories worldwide. A laboratory decided to test the vaccine on it's ferrets, but the ferrets all unexpectedly died. It must be noted that Baxter has made a "mistake" like this before. Blood products produced by Baxter once containd HIV. Thousands of haemophiliacs died due to this, and many went on to infect their spouses.

Later in the year, a bizarre story emerged on the internet. The Huffington Post reported on a a man named Joseph Moshe who was arrested after a hours long standoff with the police because he had supposedly made threats against the White House. The man was able to withstand multiple rounds of tear gas.

However, the internet community was very skeptical of the true reasons behidn this man's arrest. Comments on the Huffington Post website immediately began pouring in about an unreported side to this story, namely that Joseph Moshe was a Mossad Agent specialized in biological warfare who called into a radio show to warn people about a biological weapn that was being made by Baxter international that would be spread through vaccine and would cause a plague upon it's release.

Although anyone can make a doomsday claim and we should never believe anyone (and it must be said that the Truth movement handled this well, the message was spread without being proclaimed as gospel) the amazing part about Moshe's claim was the location where Moshe said the biological weapon was being produced.

Moshe claimed that Baxter's laboratory in the Ukraine out of all places was creating this biological weapon. All of this came out in the beginning of August, which is more than 2 months before the situation that is currently unfolding. For Moshe to correctly name the country where a new epidemic would be unleashed, requires either inside information, or an incredible coincidence as anyone with a basic knowledge of statistics can confirm for himself.

Let us assume for a moment that every person on our planet has an equal chance of giving rise to a new lethal epidemic due to a virus that mutates as it spreads through his body. The Ukraine has 46 million inhabitants. The current estimated global population is about 6.7 billion. This means that if a new epidemic were to arise, the chance of this epidemic starting in the Ukraine would be 0.69%. However, it appears that this virus is a form of flu. This makes the odds of being right when guessing that a deadly flu is going to break out in the Ukraine even smaller. The reason for this is that back in early August the vast majority of influenza infections were found in different countries than the Ukraine. In fact, on 30 Oktober, Earthtimes reported that Ukraine had officially reported only two cases of swine flu, and no deaths, until last Friday. This deadly epidemic appears to have arrived out of nowhere in the Ukraine.

Moshe's biomed profile appears to confirm his position as a microbiologist. Furthermore, this page with Baxter's contact information for it's Ukraine office confirms that Baxter has a presence in the Ukraine.

It must also be noted that massive numbers of microbiologists have been dying bizarre deaths. This case of what appears to be a brave man who sacrificed it all to bring us this message may explain why so many microbiologists have been murdered. The fact that this man managed to predict an outbreak of highly lethal influenza in a place where we would least expect it, 2 months before it a actually occured, lends credence to his claim that Baxter International is responsible for the outbreak and shows that top microbiologists can pose a problem to the people responsible for this ongoing disaster.

This is a developing story, expect to see possible updates on David Rothscum Reports as more information on what is happening in Ukraine becomes available.

Update 1: For the purpose of keeping information from disappearing, I am going to mirror most information I can find on here.

Comments on the Huffington post website on an article about Moshe's arrest documenting his claim that the Influenza virus in a vaccine manufactured by Baxter in Ukraine replicates RNA from the 1918 flu and is meant as a bioweapon:

Update 2: The Ukrainian government wants to impose travel restrictions on people across the nation to stop the virus from spreading.

Update 3: According to the Huffington post comments I cited above, Dr. Moshe claimed that the virus used replicated RNA of the 1918 Spanish flu. Symptoms of the 1919 Flu include victims being drenched in blood:

American were familiar with the flu; it sent you to bed, made you miserable for 3 or 4 days with fever, muscle aches, and congestion, then left you shaky for about a week. It made millions sick, yet killed only the oldest, youngest, and most feeble.

The 1918 influenza was not the flu Americans were familiar with. It was a horror that turned victims bluish-black then drowned them with their own body fluids. the death toll was highest in the ages 15 to 40, those in the peak of health. The victims would be fine one minute and the next incapacitated, fever-racked, and delirious. Temperatures rose to 104-106 degrees, skin turned blue, purple, or deep brown from lack of oxygen. Massive pneumonia attacked the lungs, filling them with fluid; blood gushed from the nose. Death was quick, savage, and terrifying.

Compare this to reports that are coming out from Ukraine:

Five persons have died from the flue in Lviv, four men and one woman, says emergency hospital chief doctor Myron Borysevych.

Two of the dead patients were in the 22-35 age group, with 2 others over 60. He diagnosed the disease as viral pneumonia.

(...)

Viral tests can last from one to two weeks. They are complicated and not done in Lviv. The course of the disease was very quick. The symptoms included very high temperature and short-wind cough.

(...)

All the six dead young people had symptoms of severe hemmorhagic pneumonia. The disease starts slowly, with temperature rising to 37.2 – 37.3 degrees, slight cough and pain in joints. Nasal catarrh developed at the end of the second or third day. Autopsy revealed that the lungs were soaked with blood, the oblast chief specialist said.

THE FLU CASE

Yushchenko called on to help Ukraine: Unknown virus is killing people

The Flu Case, 1 November 2009, 23:39
https://web.archive.org/web/20091106015455/http://www.theflucase.com/index.php?option=com_content&view=article&id=1576:ukraine-unknown-virus-is-killing-people&catid=41:highlighted-news&Itemid=105&lang=en

In last 24 hours, an unknown virus (presumed pneumonic plague) infected another 37 thousand and killed 12 more people. The authorities deny that this is pneumonic plague, and insist that people die from influenza, pneumonia and ARI.

Meanwhile, an emergency message from the President of Ukraine to the international community to immediately help in the fight against the virus, only reinforces the suspicion that pneumonia and influenza is not the cause.

"The current threat to national security of Ukraine, which we can not offset on our own, requires me to turn to our closest friends and strategic partners for emergency aid", - Yushchenko said in an appeal to the leaders of Belarus, Hungary, Moldova, Poland, Romania, Russia Slovakia, USA, and EU Commission President and Secretary General of NATO.

According to the operative data of the Ministry of Health on 1 November, recorded through out the country more than 191 thousand patients with unknown disease of lungs. Of these, 83 thousand are children. Total number deaths recorded - 60, 123 people are dying.

Day before, on October 31, according to Ukrainian President Viktor Yushchenko, 154 200 people fell ill, according to official data, 48 patients died, including two children.

Authorities officially called the disease "swine flu", "California flu", "SARS","pneumonia", but doctors say on the basis of clinical data and the rapidity of the epidemic, that it is pneumonic plague.

Many Ukrainians believe that Ukraine has been infected with pneumonic plague by Russian terrorist organization, the FSB of Russia, using bacteriological weapons to destabilize the situation necessary for the armed aggression of Russia against Ukraine.

According to unofficial information, the death rate in Ukraine from the alleged pneumonic plague is higher than officially announced.

According to unofficial data, "in Ukraine over the past week about 1500 people have already died. As noted by some doctors, the reason - pneumonic plague. High temperatures from the first day, a burning sensation in the chest, the desire to drink cold and nausea – all of these symptoms are frightening. People die within few days.

On the other hand, Ukrainian media reported that the virus is rapidly spreading in Ukraine and has already reached Odessa:

"1 woman died in the area of Odessa. Swine influenza has not been confirmed, most likely pneumonic plague was the cause.

Odessa and the region is already infected, most likely, is mutated pneumonic plague ", - said one of the doctors of private clinics in Odessa.

"The panic that spreads through the city, is so great that people are willing to sit at home even on just bread and water. Lack of gauze dressings in the city and surrounding areas - is just the beginning, and there is no elementary necessary ascorbic acid and inhalers.

Meanwhile, the first officially recorded death is because of pneumonic plague, and believe me in reality the are much more, "- says the Odessa physician.

All the doctors throughout Ukraine say that this is pneumonic plague.

"I have met with friends from the western Ukraine, the doctors say that the lungs of the dead were black. And that, perhaps this is not influenza but pneumonic plague. Well, if this is indeed a plague, then the news won't mention it for now, and certainly - it's 100% death (according to the U.S. for 1950-1994 - 41%, but the American health care, of course, not Ukrainian, and American doctors knew that they are dealing with a plague - KC).

With each passing day the picture becomes more and more dire, bloggers wrote and continued:

"The number of deaths is understated. The practice of health care service - to respond to anything after a really big problem. And "big" - far not 60 - as reported to the authorities at the moment.

All the actions talk about a really serious problem that the government is facing. The atmosphere in general - I recalled the early days of the Chernobyl accident - were the same "movement", and secrecy on the part of officials.

The regional center: converted the place to fit 200 beds, tripled the personnel of Precinct Therapeutic Services for special situation of contagious diseases (on materials of live broadcast 'Medchinovnika').

By nosocomial information - all the staff of one of the agencies was transferred to the barracks, in which there was a fatal outcome. (No one was allowed to go home at the end of the working day on Friday). Establishment is located not far away from the major microdistricts.

Traffic police from the western regions does not let transport to go to the east. People are running, it's terrible. Official comments: "information about checkpoints we do not confirm, but do not rule out such a course of action."

One of my friends in these minutes is going to Kiev by train. In our area - quarantine, in Kiev - not yet. The stewards not only wear masks but also disposable gloves - at all times. The clinical picture of what the virus is called Ukraine A H1N1 is same as the picture of pneumonic plague - the speed of hemorrhagic damage of lung tissue, on the absence of prodromal period, on hectic - up to 39-40 degrees - temperature.

- Information from Kiev says that it is not an epidemic of swine flu, but a previously unknown form of pneumonic plague. Doctors have been given the orders not to disclose this information. The figures are understated by tens of times, citizens inform.

Note that this summer in one of Chinese cities pneumonic plague was officially declared, and only 3 deaths reported. The city was quarantined. No further deaths were reported.

- All this is not known not only for the reason that the government forces not to disclose the information, carefully concealing the real situation and closes the zone where the epidemic erupted. The exact number of victims is much higher than shown by the statistics - everyone understands it. How many really died? If you take 152 thousand registered patients and only 52 deaths, even from ordinary flu more than 450 people would have died, according to the annual mortality statistics.

At the moment, in the disaster zone (Ternopil, Ivano-Frankivsk, Lviv, Lutsk) receipts are taken of non-disclosure, doctors are not allowed to record the death with symptoms of pneumonic plague. Deaths are recorded as a result of heart attacks and other things.

The zones of "reanimation" increase. Departure from cordon is blocked. Photo, video filming the scene, contacts with the press - are not permitted under any pretext. Facts are checked, according to ordinary Ukrainians.

From Ternopil message: I am afraid - neighbor from above the floor died. I called my classmate - a doctor - she does not want to speak on this thing, but said that she was also scared. Perhaps we have some sort of mutated virus.

- I'm flying to Odessa this night. In Ukraine there is swine flu or pneumonic plague. They say that already died whether a thousand, or 1500 people, writes Corneliy Glas from Yerevan.

- A call on to mobile. On army channels - "Pneumonic plague. Ternopil region - 26 dead. Barracks rearranged into hospitals", said Eustas a resident of Ukraine.

Department of Monitoring,
Kavkaz Center

tasr.

The Ukrainian Flu is Being Taken Seriously in Eastern Slovakia

TASR, 1 November 2009, 17:40
http://www.abovetopsecret.com/forum/thread515093/pg90

Michalovce/Trebisov - V okresoch Michalovce, Sobrance a Trebisov vyskyt chripkovych a tomu podobnych ochoreni zodpoveda tomuto rocnemu obdobiu a nema epidemicky charakter.

V nedelu to uviedli epidemiologicka Janka Staskova z RUVZ* Michalovce a epidemiolog Jozef Sladek z RUVZ Trebisov.

Zatial nezaviedli nijake protiepidemiologicke opatrenia."Chorobnost na chripku a jej podobne ochorenia sa pohybuje na urovni 1500 na stotisic obyvatelov, co zodpoveda zaciatku beznej, sezonnej chripky. Zatial sa nevyskytli nijake vaznejsie komplikacie, ani sme nezistili nijaky novy virus. Situaciu pravidelne monitorujeme," povedal Sladek.

"Som v permanentnom kontakte s lekarmi detskymi i vseobecnymi, ako aj pohotovostami, no vyskyt chripky a jej podobnych ochoreni v nasom obvode je primerany tomuto rocnemu obdobiu," povedala Staskova. "Apelujem vsak na uvedomelost nasich ludi a odporucam, aby necestovali na Ukrajinu a dali sa zaockovat proti sezonnej chripke," doplnila epidemiologicka.

“Uviedla tiez, ze situaciu permanentne monitoruju a v pondelok zvola obvodnu proti epidemiologicku komisiu.

The Ukranian Flu is Being Taken Seriously in Eastern Slovakia. – TASR, 1 November 2009, 17:40

Michalovce/Trebisov - The incidence of flu and flu-like illnesses in the Michalovce, Sobrance and Trebisov regions equate to those of a seasonal character and are not of an epidemic character.

This was reported on Sunday by epidemiologist Janka Staskova of the Publich Health Office RUVZ in Michalovce and epidemiologist Jozef Sladek from the Trebisov RUVZ.

At present they have not adopted any proti-epidemiological measures. “The infection rate from flu and flu-like illnesses are round about 1500 per one hundred thousand residents, which equates to the start of the usual, seasonal flu. Up to now there are no reports of more serious complications, and we also haven’t detected any new virus. We are monitoring the situation regularly,” Sladek said.

She also stated that the situation is being constantly monitored and that a meeting of the regional epidemiological commission has been called for Monday.

“I am in constant contact with pediatricians as well as general physicians, along with emergency [i.e. emergency physicians]; the incidence of flu and similar ailments is average for this time of year in our area,” said Staskova. “However I appeal to all people to be vigilant [literally “to have [it]on their minds/awareness”] and I recommend that they do not travel to Ukraine, and also ["also" is implied] get themselves vaccinated against seasonal flu,” the epidemiologist concluded.

She also stated that the situation is being constantly monitored and that a meeting of the regional epidemiological commission has been called for Monday.
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THE FLU CASE

No evidence of a pandemic or new virus in Slovakia bordering Ukraine, says epidemiologist

5 November 2009 12:18

https://web.archive.org/web/20100102052945/http://theflucase.com/index.php?option=com_content&view=article&id=1619%3Ano-evidence-of-a-pandemic-or-new-virus-in-slovakia-bordering-ukraine-says-epidemiologist&catid=1%3Alatest-news&Itemid=64&lang=en

Epidemiologists in Eastern Slovakia, a region bordering Western Ukraine, the scene of an alleged swine flu pandemic emergency, are reporting no evidence of a pandemic or a new virus.

“The infection rate from flu and flu-like illnesses are round about 1500 per one hundred thousand residents, which equates to the start of the usual, seasonal flu. Up to now there are no reports of more serious complications, and we also haven’t detected any new virus. We are monitoring the situation regularly,” Slovakian epidemiologist Janka Sladek told TASR.

World Health Organization

Pandemic (H1N1) 2009, Ukraine

Geneva, WHO, 1 November 2009

https://web.archive.org/web/20100222195454/http://www.who.int/csr/don/2009_11_01/en/index.html

On 28 October 2009, the Ministry of Health of Ukraine informed WHO, through its Country Office in Ukraine, about an unusually high level of activity of acute respiratory illness in the western part of the country, associated with an increased number of hospital admissions and fatalities.

On 30 October 2009, the Ministry of Health of Ukraine announced the confirmation of pandemic (H1N1) 2009 virus infection by RT-PCR in eleven out of 30 samples obtained from patients presenting with acute respiratory illness in two of the most affected regions. Tests were performed in two laboratories in Kyiv, including the National Influenza Centre. Confirmatory tests will be performed at one of the WHO Collaborating Centres for Influenza.

The situation is quickly changing with increasingly high levels of acute respiratory illness (ARI) /Influenza-like-illness (ILI) activity being observed in Ternopil, Lviv, Ivano-Frankivsk, and Chernivtsi regions. The higher levels of transmission in these regions corresponds to an increased number of hospital admissions and fatalities associated with severe manifestations of acute respiratory illness.

As of 30 October 2009, over 2,300 individuals have been admitted to hospital, including over 1,100 children. One hundred and thirty one (131) cases have required intensive care, including 32 children. As of 31 October 2009, a total of 38 fatalities associated with severe manifestations of ARI have been registered. Preliminary epidemiological data analysis indicates that severe cases and deaths primarily occur among previously healthy young adults aged 20 – 50 years. Fatal and severe cases are reported to have sought medical attention 5 to 7 days after onset of symptoms.

International experience of the (H1N1) 2009 pandemic to date, especially from the Southern Hemisphere, has shown that poor clinical outcomes are associated with delays in seeking health care and limited access to supportive care. In addition, this virus has also shown its ability to cause rapidly progressive overwhelming lung disease which is very difficult to treat.

Public health measures recommended by the Ministry of Health of Ukraine across the entire country include: social distancing (school closures and cancellation of mass gatherings); enhancement of surveillance activities; increased respiratory hygiene; and continuation of the vaccination campaign against seasonal influenza targeting at risk groups.

The Government of the Ukraine has activated coordination mechanisms to respond to the rapidly evolving situation, including the harmonization of response plans across all administrative levels.

In response to the request from the Minister of Health of Ukraine, WHO is deploying a multi-disciplinary team of experts to assist national authorities in mitigating the impact of the pandemic. The team comprises of the following expertise: health emergencies coordination, case management, epidemiology, laboratory diagnostics, logistics, and media/risk communications.

As per WHO's communication in May 2009, there is no rationale for travel restrictions because such measures will not prevent the spread of the disease.

Travellers can protect themselves and others by following simple recommendations aimed at preventing the spread of infection such as attention to respiratory hygiene. Individuals who are ill should delay travel plans and returning travellers who fall ill should seek appropriate medical care. These recommendations are prudent measures which can limit the spread of many communicable diseases and not only the pandemic (H1N1) 2009 virus.

НЕЗАВИСИМАЯ

Татьяна Ивженко

Украину охватила эпидемия опасной болезни
В Киеве люди штурмом брали аптеки

Независимая Газета, 2 ноября 2009, 00:00
https://www.ng.ru/cis/2009-11-02/1_epidemia.html

Сегодня в Украину приедет делегация Всемирной организации здравоохранения (ВОЗ), которая проведет свои исследования по эпидемии. Официальные лица в Киеве утверждают, что случаи так называемого калифорнийского гриппа – A/H1N1 – единичны и большинство граждан болеют обычной ОРВИ. Однако это не объясняет чрезвычайно высокие показатели смертности. В стране стремительно распространяются слухи о том, что неизвестная болезнь, вспыхнувшая в Западной Украине, – это легочная чума.

В минувшую среду стало известно, что первая неделя эпидемии унесла жизни 7 человек, в четверг было зарегистрировано уже больше 20 жертв болезни, в пятницу – 30, к субботе – около 40. Начавшись в трех западноукраинских областях, болезнь за несколько дней распространилась на шесть соседних областей.

Позавчера был зарегистрирован первый случай смерти в Одесской области. Врачи сообщили о продвижении эпидемии на восток страны. В Украине началась паника. В конце прошлой недели в Киеве люди штурмом брали аптеки. Там, где еще можно было купить какие-либо средства от простуды и гриппа, очереди выходили на улицу. В какие-то аптеки покупателей перестали впускать – ничего не осталось. По наблюдениям корреспондента «НГ», киевляне запасались лекарствами впрок. На выездах из Киева образовались пробки: все пытались вывезти детей. Столичные санитарные службы утверждали, что на прошлой неделе в городе заболели свыше 10 тыс. человек, но ни у кого не был выявлен вирус A/H1N1. Однако эпидемиологический порог может быть пройден на этой неделе, предупреждают медики.

Во Львове, где свирепствует болезнь, в отличие от Киева признаков паники нет, заверили «НГ» западноукраинские журналисты. Они говорят, правда, львовяне стараются лишний раз не выходить на улицу: в городе тихо и пустынно.

Президент и премьер-министр Украины по отдельности побывали в эпицентре эпидемии. В субботу Юлия Тимошенко в обращении к народу признала, что в стране свыше 150 тыс. больных (на момент подписания номера в печать – уже 200 тыс. - «НГ»), но выявлено менее двух десятков случаев заражения калифорнийским гриппом. Тем не менее правительство объявило на территории Украины третий, наивысший уровень угрозы эпидемии. Во всех учебных и дошкольных заведениях введен трехнедельный карантин, действует запрет на массовые мероприятия.

Глава правительства призвала граждан сохранять спокойствие и сообщила, что с понедельника контрольные службы начнут проверку всех аптек. «Мы будем контролировать не только наличие пакетов первой необходимости, но и цены, которые должны оставаться на уровне прошлой недели», – сообщила премьер, уточнив, что нарушители распоряжения будут лишены

лицензий. Правительство попросило помощи у международных организаций и выделило деньги для закупки лекарств, аппаратов искусственного дыхания и других средств, необходимых в сложившейся ситуации. С четверга в районы эпидемии направляются закупленные ранее запасы медикаментов из госрезерва.

Впрочем, как выяснилось, в Украине и до эпидемии не было препарата, который считается наиболее эффективным для лечения калифорнийского гриппа. В пятницу таблетки, содержащие озельтамивир, можно было купить в отдельных интернет-аптеках, но цена взлетела примерно с 10 долл. до 100 долл. К вечеру телефоны интернет-продавцов не отвечали. Зато харьковская фармацевтическая компания объявила о готовности начать производство препарата.

Правительство пока не сообщало о намерении закупить именно это средство. Депутат Инна Богословская, намеревающаяся баллотироваться в президенты, заявила в ходе одной из телепрограмм, что власть не пытается завезти в страну этот препарат, поскольку скрывает реальную картину. По ее словам, в Украине началась эпидемия легочной чумы. Об этом Богословской якобы рассказали врачи в нескольких западноукраинских областях, где она побывала. Врачи в Киеве тоже сообщили «НГ», что в медицинских кругах обсуждается этот вопрос. Медики отмечают, что по клиническому течению болезнь, способная за три дня уничтожить легкие человека, не напоминает ОРВИ и, в частности, грипп.

Представители власти опровергают эту информацию. Секретарь Совета нацбезопасности и обороны Раиса Богатырева, врач по образованию, признала, что одной из причин паники стало замалчивание ситуации: «Только 27 октября начали обрабатывать данные, хотя люди умирали ранее, начиная с 12 октября надо было бить тревогу – это все правда». Однако Богатырева утверждает, что легочной чумы в стране нет: «Я абсолютно четко говорю, что идентифицирован именно вирус A/H1N1. Сейчас уже 16 случаев». Юлия Тимошенко добавила, что ситуация осложнилась из-за того, что распространение калифорнийского гриппа совпало с массовым заболеванием обычной ОРВИ.

Побывав в ближайшей детской поликлинике, корреспондент «НГ» выяснила, что анализы на выявление возбудителя болезни массово не делают даже сейчас и врачи устанавливают диагноз по внешним признакам. Поэтому точность официальных данных может подлежать сомнению. Министр здравоохранения Украины Василий Князевич сказал «НГ», что об эпидемии объявили только сейчас, поскольку ранее не было оснований: «Известно, что для официального объявления эпидемии нужно было получить результаты лабораторных исследований. В эпидемиологии действуют свои правила, нравится это кому-либо или нет». Он также официально опроверг слухи: «Хочу категорически заявить, что никакой легочной чумы в Украине нет, никакие самолеты не распыляют над городами дезсредства. Это не более чем буйная фантазия любителей сенсаций. Очень жаль, что подогревают подобные сплетни и отдельные политики».

Полную ясность в ситуацию, видимо, внесет делегация ВОЗ. По итогам визита власти, как ожидается, сформулируют четкие просьбы к тем 12 странам, которые предложили помощь в преодолении эпидемии. Не дожидаясь действий светских властей, все православные храмы Украины вчера совершили специальное богослужение – «Молебное пение во время губительного поветрия и смертоносныя заразы». // Киев

Ukraine calls for help fighting swine flu

AFP, 2 November 2009

https://web.archive.org/web/20091107143220/http://www.google.com/hostednews/afp/article/ALeqM5iuF9V8LrFsZ7Ik6cEdCztNqt7f9w

Kiev – Ukraine made an urgent appeal to world powers for help battling swine flu on Sunday, after 60 people died from respiratory problems in a week.

President Viktor Yushchenko wrote to the United States, the European Union, NATO and Ukraine's neighbours to ask for drugs and equipment to fight the spread of the A(H1N1) virus, according to a statement released by his office.

"The threat weighing on Ukraine's national security which we cannot fight alone forces me to ask our close friends and strategic partners for urgent help," Yushchenko wrote.

Ukraine has also ordered 16 tonnes of antiviral drug Tamiflu from Switzerland, the president's office said.

The health ministry said 60 people had died from respiratory problems in the past week, without indicating how many had succumbed to H1N1.

The former Soviet republic has so far reported four fatalities from more than 190,000 cases of swine flu, with nearly 8,000 needing hospital treatment.

Poland and Slovakia responded to Yushchenko's appeal on Sunday night, sending protective masks and supplies of Tamiflu.

Swine flu has become a political issue in Ukraine as the country gears up for January's presidential election.

Both Yushchenko and his rival, Prime Minister Yulia Tymoshenko, have tried to take the lead in managing the crisis prompted by the epidemic.

РИА НОВОСТИ

Легочной чумы на Украине нет - главный санитарный врач

РИА Новости, 2 ноября 2009, 12:44
https://ria.ru/20091102/191611725.html

Киев, 2 ноября – РИА Новости.

Главный санитарный врач Украины Александр Беловол опровергает информацию о том, что причиной человеческих смертей на Западной Украине стал не грипп, а легочная чума.

"Ни о какой чуме не может быть и речи. Это грипп, который есть во всем мире", – сказал Беловол украинскому агентству УНИАН в понедельник.

В минувшую пятницу, 30 октября, депутат парламента Инна Богословская, баллотирующаяся в президенты Украины, заявила в вечернем эфире одного из телеканалов, что на самом деле смерть людей на западе страны вызвана легочной чумой.

На сегодня на Украине от гриппа и ОРВИ умерли 60 человек, более 190 тысяч заболели. В основном грипп и ОРВИ регистрируются на Западной Украине, однако есть опасения, что эпидемия распространится и в другие регионы.

SPIEGEL Wissenschaft

Benjamin Bidder

Wahlkampf mit Atemschutzmasken und Tamiflu

Spiegel, 2 November 2009, 16.22 Uhr
https://www.spiegel.de/wissenschaft/mensch/schweinegrippe-in-der-ukraine-wahlkampf-mit-atemschutzmasken-und-tamiflu-a-658774.html

200.000 Kranke, 67 Tote und dramatische Hilferufe an das Ausland: Die Schweinegrippe breitet sich rasend schnell in der Ukraine aus. Präsident Juschtschenko und Premierministerin Timoschenko wurden von der Epidemie überrascht – jetzt wollen sie sich im Wahlkampf als Krisenmanager profilieren.

Wenn Lembergs Bürgermeister Andri Sadowyj Gäste in seinem Kabinett empfangen will, streift er jetzt immer eine weiße Atemschutzmaske über, sicher ist sicher. "Über die Stadt wurde Quarantäne verhängt, das ist das effektivste Mittel, damit sich die Leute nicht mit der Schweinegrippe anstecken", sagt Sadowyj.

Schulen und Kindergärten sind geschlossen. Flugblätter informieren die Bevölkerung, wie sie sich während der Pandemie zu verhalten hat. In Bussen, Bahnen und Taxis werden die Bürger dazu angehalten, Mundschutz zu tragen. "Wir haben jetzt viermal so viele Notrufe wie sonst", sagt Bürgermeister Sadowyi. "Normal sind 300, jetzt sind es 1200 am Tag. Und auch die Ärzte fallen aus, jeder zehnte Mediziner ist krank."

Landesweit haben sich 200.000 Menschen infiziert, melden staatliche Stellen. Mehr als 60 sollen bereits gestorben sein. Am schwersten getroffen: die Region Lemberg ganz im Westen der Ukraine, der von Grippewelle regelrecht überrollt wird. 70.000 Menschen sind hier erkrankt, tausend werden in Krankenhäusern behandelt.

Die von der Wucht der Epidemie überraschte Führung reagiert hektisch: Neun Provinzen wurden unter Quarantäne gestellt, doch die Maßnahme könne "jederzeit auch auf andere Landesteile ausgeweitet werden", mahnt Gesundheitsminister Wassili Knjasewitsch.

n einem dramatischen Appell hat Präsident Wiktor Juschtschenko am Wochenende das Ausland um Beistand gebeten. Die Ukraine könne nicht aus eigener Kraft der Gefahr entgegentreten, die das Virus für die "nationale Sicherheit" darstelle. Polen und die Slowakei haben schon reagiert und 200.000 Atemschutzmasken zugesagt.

Wer dennoch keine Maske mehr ergattern könne, dem empfahl Premierministerin Julia Timoschenko, sich selbst einen Mundschutz zu basteln. Ein Rat, den offenbar viele Ukraine befolgen: So berichtet die Zeitung "Kommersant" von ungewöhnlich leeren Straßen auch in der Hauptstadt Kiew, von Bürgern, die mit Tüchern oder Mullbinden Mund und Nase verhüllen. Schon gibt es auch Überlegungen, das für Mittwoch angesetzte Champions-League-Spiel zwischen dem heimischen Club Dynamo und Inter Mailand vor leeren Rängen auszutragen - damit sich die Zuschauer im Gedränge nicht gegenseitig anstecken.

WHO ist ratlos

"Im Moment kommen zwei Grippewellen zusammen: zum einen die normale, saisonale Grippe, zum anderen die Schweinegrippe", sagt Tatjana Bachtejewa, Vorsitzende des Gesundheitsausschusses des Parlaments in Kiew, zu SPIEGEL ONLINE. "Hunderttausende sind schon erkrankt, 7000 werden in Krankenhäusern behandelt, die Hälfte davon sind Kinder. 67 Menschen sind bereits gestorben, allein sieben am heutigen."

Wie viele der Todesfälle und Infektionen allerdings tatsächlich auf den neuen Erreger H1N1 entfallen, ist schwer nachzuvollziehen. Auch bei der Weltgesundheitsorganisation WHO ist man ratlos. "Wir müssen uns erst ein Bild von der Lage machen", sagte eine Sprecherin zu SPIEGEL ONLINE. Am späten Montagabend wird eine WHO-Delegation in Kiew erwartet und umgehend in die betroffenen Gebiete reisen.

"Der Westen ist deshalb so stark betroffen, weil es dort schon Ende September den ersten Frost gegeben hat", erklärt Bachtejewa, die selbst der vor allem in der Ostukraine verwurzelten "Partei der Regionen" angehört. "Der Kälteeinbruch hat die Menschen unvorbereitet getroffen, viele Zentralheizungen waren damals noch nicht in Betrieb, und selbst heute sind noch viele Wohnungen kalt."

Außerdem verdingten sich viele Westukrainer den Sommer über als Gastarbeiter in Polen und Rumänien, bei ihrer Rückkehr hätten sie den Erreger wohl eingeschleppt, mutmaßt Bachtejewa - und beschwört die nationale Einheit. Jetzt, so die beschwörenden Worte der Abgeordneten, müssten alle politischen Kräfte zusammenstehen. Gleichwohl keilt Bachtejewa wenig später unverdrossen gegen Präsident und Premier in Kiew, die das Land trotz rechtzeitiger Warnungen im Sommer nicht auf die Krise vorbereitet hätten: "Die Regierung ist schuld. Jetzt sind die Apotheken leer."

"Die Regierung ist schuld"

Gut zwei Monate vor den anstehenden Präsidentschaftswahlen ist es mit der nationalen Geschlossenheit in der Ukraine nicht weit her. Zwar wurden wegen der Ansteckungsgefahr auch viele Auftritte der Kandidaten abgesagt. Doch die setzen den Wahlkampf, der bislang eher einer Schlammschlacht denn einer politischen Auseinandersetzung glich, ungeachtet der dramatischen Lage im Land fort.

Timoschenko habe noch Ende Oktober ihre Anhänger verantwortungslos zu Parteikundgebungen gerufen, obwohl sie bereits von der Ansteckungsgefahr gewusst habe, poltert der Wiktor Janukowitsch, aussichtsreicher Kandidat der "Partei der Regionen". Präsident Juschtschenko und die Premierministerin, die selbst nach dem höchsten Staatsamt strebt, suchen sich derweil selbst als tüchtige Krisenmanager zu profilieren.

Timoschenko eilte in der Nacht auf Montag zum Kiewer Flughafen Borispol, um eine Antonow-Frachtmaschine persönlich in Empfang zu nehmen, die tonnenweise das Grippe-Medikament Tamiflu aus der Schweiz lieferte. Prompt zog Staatschef Juschtschenko nach - und ließ auf seiner Web-Seite verbreiten, er "gratuliere heute der Ukraine dazu, dass es uns in einer sehr knappen Zeit gelungen sei, die Fracht zu liefern, die wir sehr dringend benötigen".

Manche Beobachter glauben hingegen, den wahlkämpfenden Lagern komme die Aufregung um die massenhafte auftretende Erkrankung durchaus gelegen. Vermutlich sei die derzeitige Krankheitswelle kaum schlimmer als die normale saisonale Grippe, zitiert die russische Zeitung "Trud" Konstantin Bondarenko, Politologe und Leiter des Kiewer "Instituts für Verwaltungsprobleme". Es gebe allerdings viele politische Kräfte, so Bondarenko, die danach strebten, sich als Retter der Nation zu profilieren.

УКРАИНСКАЯ ПРАВДА 23

Сергей Лямец

"Свиной грипп" в Украине: Ложь врачей, пиар и отмывание 5,5 миллиардов

Украинская Правда-23, 2 ноября 2009, 22:07
https://www.pravda.com.ua/rus/articles/2009/11/2/4511357/

В стране нет эпидемии "свиного гриппа", но есть банальная эпидемия гриппа – как и каждый год. Но в результате извращения фактов в Украине объявлена эпидемия совершенно другой болезни. Всего за один день под этим предлогом правительство решило потратить несколько миллиардов гривен.

Дальше можно уже ничего не объяснять. Но детали не хуже, чем суть происходящего.
Давайте ответим на несколько вопросов:
- Существует ли в Украине эпидемия "свиного гриппа"?
- Существует ли в Украине эпидемия вообще?
- Почему уже два года нас пугают сперва атипичной пневмонией, а затем "свиным гриппом"?
- Кто зарабатывает на эпидемии?

Князевич, Тимошенко и Ющенко придумали эпидемию "свиного гриппа"

Для ответа на эти вопросы нужно проследить, как развивались события. До прошлой пятницы страна жила без эпидемии.

30 октября, в информационных агентствах появились первые сообщения о том, что от гриппа и ОРВИ в западных областях Украины за последние 11 дней умерли 30 или 34 человека (по разным версиям).

Всего заболевших к 30 октября было 40 тысяч человек. Допустим, это много.

Хотя, может быть, и нет. На дворе ноябрь, сырость, холод. И почему-то не приводится статистика прошлых лет. Нет данных для сравнения. А значит, можно говорить все, что угодно.

Так и получилось. В тот же день заговорили об эпидемии свиного гриппа и атипичной пневмонии в Украине.

Со слов министра здравоохранения Василия Князевича: "К сожалению, мы должны констатировать, что в Украине фактически началась эпидемия калифорнийского гриппа A/H1N1. Мы рассматриваем возможность объявления карантина не только в западных областях, но и по всей стране, так как вирус распространяется чрезвычайно быстро", - сказал он. Тут же новость подхватили и развили Виктор Ющенко, Юлия Тимошенко и СНБО.

А теперь внимание. Знаете ли вы, что такое эпидемия? Классика жанра говорит, что это болезнь, которая распространяется со скоростью большей, чем до этого.

Теория эпидемий рассказывает, что поначалу в неделю заболевают несколько людей. Если их не лечить, то со временем накапливается критическое количество больных. А после того, как, условно, заболевают 649 человек, процесс заражения новых людей ускоряется в десятки и сотни раз. Эта грань называется "эпидемический порог". После того, как она превышена, начинается эпидемия.

Интересно, на основе каких данных Князевич объявил эпидемию "свиного гриппа"? Он не привел никакой статистики, кроме общего количества заболевших от ОРВИ и гриппа.

Ведь на то время было известно еще и такое: "В Украине официально подтверждены два случая свиного гриппа. 5 июня 2009 года лаборатория в Лондоне подтвердила заболевание гриппом A/H1N1 у украинца, прибывшего из Парижа. После лечения пациент отправился домой, в Черновцы. Кроме того, в конце сентября у мужчины, который прибыл из Кировоградской области в Киев и был госпитализирован с диагнозом "пневмония", подтверждена принадлежность выделенного штамма вируса гриппа к типу A/H1N1".

Откуда взялся "свиной"?

Итого, 40 тысяч простуженных, 30 умерших от общих простудных и вирусных заболеваний плюс ДВА!!! подтвержденных случая A/H1N1. Разве эпидемия начинается после двух подтвержденных больных?

30 октября оказалось, что больных A/H1N1 не два, а целых три. Минздрав потвердил, что лишь один случай смерти из 30 имеет диагноз "свиной грипп".

Отдельный вопрос, как они определены. В понедельник председатель парламентского Комитета по вопросам здравоохранения Татьяна Бахтеева рассказала, что в Украину в рамках гуманитарной помощи от США поступили 200 тестовых комплектов. Но к ним не хватает особых деталей ("праймеров"), которые нужны непосредственно для идентификации "свиного гриппа". Получается, его определили на обычном микроскопе?

30 октября Тимошенко заявила, что в Украине лабораторно подтверждены 11 случаев заболевания гриппом A/H1N1.

Снова повторим вопрос - 11 человек это эпидемический порог для страны с населением 46 миллионов человек?

Позже в понедельник стало известно о 22 больных. Всего за два дня. 2 ноября появилась такая новость: "К настоящему времени в Украине зафиксировано 67 смертельных исходов от заболеваний гриппом и ОРВИ, сообщил первый заместитель министра здравоохранения Василий Лазоришинец на брифинге в понедельник. Всего зарегистрировано 255 тысяч заболевших ОРВИ и гриппом, 15 тысяч из которых находятся в стационаре, в том числе 170 человек - в отделении интенсивной терапии. При этом официально подтверждены 22 случая заболевания гриппом A/H1N1".

А два часа спустя в то же день Тимошенко назвала другую цифру – 14 заболевших, при этом она подчеркнула, что число зараженных "свиным гриппом" по состоянию на понедельник не изменилось.

И 2, и 3, и 11, и 14, и 22 – все эти числа говорят лишь о том, что министр и его первый заместитель придумали эпидемию "свиного гриппа". Высосали ее из стерильного медицинского пальца. А премьер-министр и президент поддержали их в этом занятии.

Наконец, пик маразма. Уже 30 октября Тимошенко заговорила о возможности массовой вакцинации. "Решение о массовой вакцинации не принято, поскольку ученые еще советуются и окончательно не определились в ее целесообразности", - сказала она.

Да, возможно, есть эпидемия. Но не "свиного гриппа", а обычного. Или ОРВИ. Что, опять же, вполне нормально для осени.

Сегодня Минздрав дает статистику, которую невозможно сравнить с предыдущими годами, чтобы понять, насколько увеличилось количество заболевших, каков на самом деле уровень смертности. При этом, говоря о пневмонии, даже сама Тимошенко признает, что "динамика по сравнению с предыдущим годом приблизительно такая же. Но количество смертных случаев на 20% ниже".

И еще. Есть общеизвестная статистика. Каждый год от разных мутаций гриппа умирают полмиллиона человек. Это примерно 1 400 тысяч человек в день.

Та же ситуация по пневмонии. От простого воспаления легких во всем мире каждый год умирают только 2 миллиона детей. Наверное, еще столько же взрослых, потому что простуживаются все и в любом возрасте.

С этой точки зрения, 30 умерших в Украине, при том, что каждая из этих смертей – горе для близких, небольшая цифра.

Ведь согласно данным региональных бюро Всемирной организации здравоохранения, общее количество лабораторно подтвержденных случаев заболевания людей, вызванных вирусом A/H1N1, в мире составляет 407 тысяч 677, в том числе 4 тысяч 877 - летальных случаев.

Разве это дает нам повод говорить о смертельной угрозе, нависшей над Украиной?

В конце 90-х по южной Украине прокатилась эпидемия холеры. 2 года подряд врачи находили трупы бомжей, объявляли о найденной у них холере и выбивали под борьбу с болезнью. Финансирование. Каждый раз, примерно через месяц, врачи объявляли о победе над эпидемией, и любая информация о холере исчезала. Сами медработники поговаривали, что таким образом чиновники облздравов зарабатывали деньги в условиях, когда медицина хронически недофинансировалась.

Сейчас эта схема может быть использована в масштабах всей страны.

Все из-за денег, или как потратить 5,5 миллиардов

Внимание! В стране нет эпидемии "свиного гриппа". Скорее всего, есть банальная эпидемия гриппа – как и каждый год. Но в результате извращения фактов в Украине объявлена эпидемия совершенно другой болезни. И под этим предлогом правительство решило потратить 5,5 миллиарда гривен.

Дальше можно уже ничего не объяснять. Но детали не хуже, чем суть происходящего.

Очень удивительный факт – скорость, с которой правительство и президент отреагировали на якобы возникшую эпидемию. Об "эпидемии" стало известно 30 октября. И в тот же день были приняты все ключевые решения. Как только стало известно о болезнях, и.о. министра финансов Игорь Уманский и премьер Юлия Тимошенко сказали, что готовы дать деньги на борьбу с болезнью. Нужно лишь знать, сколько.

И о чудо! Уже в тот же день они знали, сколько нужно!

Это само по себе удивительно. При нашей бюрократии и бесхозяйственности, сбор информации от больниц и аптек занял бы минимум неделю. За один день она могла поступить только в двух случаях: либо она была заготовлена заранее, либо ее не было вообще.

"Правительство выделяет 0,5 миллиардов гривен для того, чтобы закупить все необходимые лекарственные средства", - сказала Тимошенко, открывая утреннее заседание правительства в пятницу.

Немного позже в тот же день, на встрече с руководителями западных областей, она назвала уже в шесть раз большую цифру - 3 миллиарда. "Это в два раза больше, чем необходимый объем лекарств. На эти 3 миллиарда гривен будут куплены лекарства, маски, медицинское оборудование, в областях будут созданы специальные лаборатории, будут созданы специальные правительственные группы, которые будут работать в областях", - сказала премьер.

Правда, через какое-то время 3 миллиарда исправили на 500 миллионов. Звучала ли цифра 3 миллиарда, уже никто не может точно сказать. Предлагаем считать, что да. Поскольку в тот же день ее растиражировали многие телеканалы и печатные СМИ.

В обоих случаях Тимошенко не уточнила, из каких источников правительство планирует выделить данные средства. Напомним, сейчас у Кабмина вообще нет денег, и он берет в долг под 30% годовых.

Теоретически, это значит, что деньги должен будет напечатать Нацбанк. И, конечно же, он не имеет права отказать. Тут же дело серьезное.

В понедельник вопрос денег получил интересное продолжение. Виктор Ющенко предложил дофинансировать повышение соцстандартов за счет таинственного источника - "экономии на обслуживании внутреннего долга".

В тот же день Тимошенко подала в Раду поправки к бюджету-2009. В них она предложила профинансировать выделение денег на борьбу со "свиным гриппом" за счет того же источника – "экономии на обслуживании внутреннего долга".

Так вот, речь идет о 5,5 миллиардах гривен. Правительство планировало в этом году потратить на обслуживание госдолга 10 миллиардов гривен. Но по факту потратит лишь 4,5 миллиарда. Дал денег МВФ, плюс на рекапитализацию потрачено гораздо меньше, чем ожидалось.

Конечно, этих денег нет "в натуре". В любом случае, их должен будет "напечатать" Нацбанк. Поэтому должны быть очень веские причины, чтобы Стельмах не мог отказать Тимошенко.

И оказалось, что для этого есть все предпосылки. Только кажется, что до 30 октября Украина жила без "свиного гриппа".

Уже два года в стране и мире постоянно ведется информационная кампания, которая должна была приучить население к двум мыслям. Первая - что эта болезнь существует. Вторая – что она очень опасна.

Кампания работала по принципу закона эпидемии. Поток информации накапливался, но несколько новостей в день на одну и ту же тему нельзя было проанализировать. Поэтому новости работали на создание некого информационного фона и тревоги.

30 октября наступил ключевой момент. В тот день начали говорить все – Минздрав, Тимошенко, Ющенко, Богатырева. Все бросились пиариться на громком информповоде. И тут же у людей сработала глубинная память. Все, чем их пичкали два года, вылилось в психоз. Тут же возникли маски, очереди в аптеках и разговоры о необходимости потратить 500 миллионов, 3 миллиарда и 5,5 миллиардов.

Проанализировав новости в интернете, можно было ожидать, что лекарства будут покупаться у британской GlaxoSmithKline PLC. Но в реальности, оказалось, что выиграет другая фармацевтическая компания.

30 октября секретарь СНБО Раиса Богатырева заявила, что Украина обратится за гуманитарной помощью к странам, у которых есть препараты, чувствительные к вирусу A/H1N1.

Среди всего прочего, в состав гуманитарной помощи должен входить "Тамифлю" - этот препарат рекомендует ВОЗ для борьбы со "свиным гриппом". По словам заместителя министра охраны здоровья, по рекомендации ВОЗ, "если в регионе зарегистрирован хотя бы один случай заболевания гриппом A/H1N1, то лечение становится единым для всех заболевших ОРЗ".

"Тамифлю" - препарат швейцарской компании F. Hoffmann-La Roche LTD. И именно этой компании в ближайшее время потекут сотни миллионов из Украины.

"Тамифлю", а не другие лекарства от обычного гриппа, уже дают всем беременным женщинам, которые живут на западе Украины и имеют глупость обратиться за помощью к врачам после мелкого чиха.

Не хочется комментировать обоснованность решений ВОЗ. Но почему в Украине, где нет эпидемии "свиного гриппа", беременных пичкают именно этим препаратом?

Подведем итоги

Вывод первый. Эпидемия "свиного гриппа" придумана.

Вывод второй. Тем не менее, под нее правительство хочет потратить 5,5 миллиардов.

Вывод третий. Поэтому премьер, президент, глава СНБО и, естественно, Минздрав всячески стимулируют тему эпидемии. Их поддерживают масса разных людей – от международных чиновников и бизнесменов до простых людей, поддавшихся психозу.

Вывод главный. Все это не значит, что болезни нет. Есть, но она другая – обычный грипп. Поэтому защищайтесь от инфекции. Но, покупая маску или "Тамифлю", помните, что в этот момент кто-то зарабатывает на вас миллиарды.

Made for minds.

Matthias von Hellfeld

Schweinegrippe auf dem Vormarsch

DW, 2 Novembre 2009
https://www.dw.com/de/schweinegrippe-auf-dem-vormarsch/a-4850220

Derzeit sind bundesweit mehr als 7000 Personen an der "Schweinegrippe" erkrankt. Bislang sind in Deutschland sechs Menschen an dieser neuen Form der Influenza verstorben. Experten rechnen mit steigenden Zahlen.

…

Ukraine mit Schweinegrippe-Epedemie

Dramatisch ist die Lage in der Ukraine. Dort wurden vorsorglich Schulen und Kindergärten geschlossen und Massenveranstaltungen verboten. Zudem wurde über neun Regionen des Landes eine Quarantäne verhängt. Diese Maßnahmen sind Reaktionen auf drastisch gestiegene Infektions- und Todeszahlen: Die Ukraine meldet 255000 Erkrankungen und 70 Tote. Schwerpunkt der epedemischen Ausbreitung ist vor allem der Westen des Landes um die Stadt Lwiw, dem früheren Lemberg.

Staatschef Viktor Juschtschenko warnte sogar vor Gefahren für die nationale Sicherheit und bat deshalb die benachbarten Länder, die EU und die NATO um Hilfe. Was allerdings das Militärbündnis bei der Bekäampfung der Schweinegrippe leisten könnte, blieb unklar. Offensichtlich denkt der Präsident an Unterstützung bei der Versprühung von Chlor und anderen Chemikalien aus der Luft, um das Virus abzutöten.

Beim Handel mit dem Grippemittel "Tamiflu" ist es in der Ukraine offenbar in einigen Fällen zu Wucherpreisen von einigen Hundert Euro je Tamiflu-Packung gekommen, obwohl der Schweizer Pharmakonzern Roche dem Land das Medikament zu einem Sonderpreis zur Verfügung gestellt hatte. Die Regierung kündigte an, diesen Preis-Wucher auf Kosten der Bevölkerung hart zu bestrafen. Gleichzeitig deckten sich viele Menschen mit traditionellen ukrainischen "Medikamenten" ein: Wodka, Zitronen und Knoblauch.

THE FLU CASE

Ukraine: Influenza or Pneumonic Plague?
The situation is getting worse and worse

The Flu Case, 2 November 2009, 21:37

https://web.archive.org/web/20091106015455/http://www.theflucase.com/index.php?option=com_content&view=article&id=1576:ukraine-unknown-virus-is-killing-people&catid=41:highlighted-news&Itemid=105&lang=en

Ukrainian News Agency "Fraza" reported that, according to informed sources, "it has been confirmed 100 % Pneumonic Plague in Ukraine".

The Agency asserts that "the head physician of the medical institutions has sent out an informal disposal - not to sow panic, to refute the information about the plague, and to speak only of swine influenza".

It is also required to distribute masks at health facilities with 8 levels of protection and anti-plague protection costumes. There is also an informal order not to allow any visitors to see the patients.

According to the "Fraza" agency, "today in Ukraine pneumonic plague is going in parallel with swine flu. The plague has killed over 60 people, and about 14 from the flu.

Meanwhile, the press service of the Ministry of Health of Ukraine reported that there is only one death from "California" virus A/N1N1 in Ukraine.

"In Ukraine there are 22 cases recorded of the virus A/N1N1 disease and there is only one fatal consequence as a result. All other cases of death from influenza has only a speculative attitude to "California" virus," press service reports.

The situation with the epidemic of influenza is a complex and unpredictable because of the propensity of influenza A/H1N1 virus to mutation, said First Deputy Minister of Health Mr. Lazoryshynets on Monday, November 2.

"The situation is complicated and unpredictable. We found a strain of this virus in our laboratory ... This virus is dangerous because it can mutate, and we can get a very different kind of virus, which was in Latin America or in Mexico, now it is European ", - said Lazoryshynets at a press conference, the "Correspondent" magazine informs.

At a press conference Lazoryshynets also said that there are 22 officially confirmed cases of influenza A/H1N1 in Ukraine.

First Vice Prime Minister Oleksandr Turchinov previously stated that as of Monday morning, November 2, there are 64 registered deaths in Ukraine from flu and acute respiratory viral infections.

Meantime, according to official information the highest level of epidemiological risk is declared in Ivano-Frankivsk (Stanislav) area, from 2 November. This decision was made by Ivano-Frankivsk Regional emergency epidemiological commission at the extended session on November 2.

In accordance with the Commission, quarantine will last for all educational institutions in the area until 20 November, a commission to monitor the distribution of medicines is also made, which come in the region as humanitarian aid.

The commission agreed that health workers will provide individual first aid kit. There will be extra transport allocated to visit patients by the district doctors.

According to the Ministry of Health, today in Ukraine there are 255 000 registered cases of influenza and SARS, of whom 15 000 were hospitalized.

Ministry of Transport and Communications of Ukraine introduced a permanent monitoring of the situation on a clear implementation of the planned anti-epidemic measures in public transport.

A special monitoring group studied the transport department on November 2, how the anti-epidemiological measures were applied at the Kiev railway station, central bus station of the capital and the International airport "Borispol".

Polish epidemiologists November 3 arrive in Ukraine for obtaining specimens from patients with the Ukrainians. The experts will arrive in Lviv, where it is supposed to take 190 samples.

Polish epidemiologists are expected to arrive in Ukraine on November 3 to obtain samples from patients. The experts will arrive in Lviv, where 190 samples are to be taken.

Lithuanian Foreign Ministry on November 2 recommended to the residents of Lithuania to refrain from unnecessary trips to the Ukraine.

Department of Monitoring,
Kavkaz Center

УКРАИНСКАЯ ПРАВДА

Эпидемии свиного гриппа нет

Украинская Правда, 2 ноября 2009, 23:51
https://web.archive.org/web/20091105174651/http://www.pravda.com.ua/ru/news/2009/11/2/101204.htm

В Украине нет эпидемии свиного гриппа.

Об этом заявил главный санитарный врач Александр Биловол в эфире телеканала ICTV.

По его словам, "эпидемия гриппа и ОРЗ отмечается в западных регионах". "Особенно в 11 регионах, где практически на 15% превышен порог", - сказал главный санитарный врач.

"В других регионах отмечается предыдущего уровня показатели, которые были в 2007-2008 годах", - заявил Биловол.

Он отметил, что в результате эпидемии, по последним данным, умер 71 человек.

Главный санитарный врач сообщил, что есть 14 лабораторно подтвержденных случаев гриппа A/H1N1.

"У трех человек, которые умерли, выявлен грипп A/H1N1", - добавил Биловол.

Также он заявил, что "100% верификацию этого диагноза в Украине дают две лаборатории, которые оснащены современным оборудованием - это центральная санэпидемстанция и институт Громашевского".

УНИАН

Главный санврач: в Украине нет эпидемии свиного гриппа

– УНІАН, 3 ноября 2009, 08:19
https://www.unian.net/society/284094-glavnyiy-sanvrach-v-ukraine-net-epidemii-svinogo-grippa.html

Gazeta.ua

В Украине нет эпидемии "свиного" гриппа

– Gazeta.ua, 3 ноября 2009, 08:29
https://gazeta.ua/ru/articles/life/_v-ukraine-net-epidemii-quotsvinogoquot-grippa/314224

OBOZ.UA

Епідемії свиного грипу в Україні немає

Oglyadach, 3 листопада 2009, 10:45
https://web.archive.org/web/20091108052333/http://oglyadach.com/news/2009/11/3/214961.htm

Влада врешті-решт здогадалася пояснити українцям, що впали в паніку, що в Україні немає епідемії свиного грипу.

Про це заявив головний санітарний лікар Олександр Біловол в ефірі телеканалу ICTV.

За його словами, "епідемія грипу відмічається в західних регіонах".

"Особливо в 11 регіонах, де практично на 15% перевищений поріг", - сказав головний санітарний лікар.

"У інших регіонах відмічаються попереднього рівня показники, які були в 2007-2008 роках", - заявив Біловол.

Він відзначив, що в результаті епідемії, за останніми даними, померла 71 людина.

Головний санітарний лікар повідомив, що є 14 лабораторно підтверджених випадків грипу A/H1N1.

"У трьох людей, які померли, виявлений грип A/H1N1", - додав Біловол.

ЖИТОМИР info

В Украине нет эпидемии свиного гриппа

Житомир info, 3 November 2009, 10:53
https://zhitomir.info/news_48822.html

В Украине нет эпидемии свиного гриппа. Об этом заявил главный санитарный врач Александр Биловол в эфире телеканала ICTV.

По его словам, "эпидемия гриппа и ОРЗ отмечается в западных регионах. Особенно в 11 регионах, где практически на 15% превышен порог, - сказал главный санитарный врач. - В других регионах отмечается предыдущего уровня показатели, которые были в 2007-2008 годах", - заявил Александр Биловол. Он отметил, что в результате эпидемии, по последним данным, умер 71 человек.

Главный санитарный врач сообщил, что есть 14 лабораторно подтвержденных случаев гриппа A/H1N1. "У трех человек, которые умерли, выявлен грипп A/H1N1", - добавил Александр Биловол.

Также он заявил, что "100% верификацию этого диагноза в Украине дают две лаборатории, которые оснащены современным оборудованием - это центральная санэпидемстанция и институт Громашевского", передает Украинская правда.

Премьер-министр Юлия Тимошенко вчера на совещании с украинскими производителями лекарств также заявила: "Сегодня у нас рассказывают, что есть эпидемия свиного гриппа, тогда как выявлено всего 14 случаев заражения этим вирусом. В Украине эпидемия обычного гриппа", пишет газета "Коммерсантъ-Украина".

Как отмечает издание, Всемирная организация здравоохранения официально подтвердила, что по состоянию на 25 октября в мире зарегистрировано более 440 тыс. случаев заражения человека гриппом A/H1N1, известным также как свиной грипп. Количество летальных исходов превысило 5,7 тыс. В частности, в Северной и Южной Америке заболели 174,5 тыс. человек, из них умерли 4,175 тыс. (в США – 1 тыс.); в Африке – 13,5 тыс. человек, умерли 75; в странах Восточного Средиземноморья – 17,15 тыс. человек, умерли 111. В Юго-Восточной Азии количество заразившихся свиным гриппом составило 42,901 тыс. человек, из них скончались 605. В странах Западного Тихоокеанского региона зарегистрировано 129,509 тыс. заболевших вирусом A/H1N1, из них 465 умерли.

В Европе заболели 64 тыс. человек, скончался 281. За последнюю неделю впервые были зарегистрированы факты смерти больных гриппом A/H1N1 в странах, граничащих с Украиной – Российской Федерации и Молдавии. В России общее количество заболевших превысило 2 тыс. человек, зафиксировано 10 смертей. В Молдавии заболели 19 человек, 1 из них умер. В Венгрии подтверждено 283 случая заболевания гриппом A/H1N1, из которых 4 имели летальный исход. В Румынии зафиксировано 447 заболевших, в Словакии – 149, в Польше – 166, в Беларуси – 38. Однако факты смерти от гриппа в этих странах не зарегистрированы.

По оперативным данным Минздрава Украины, по состоянию на 17:00 2 ноября в Украине зафиксированы больше 255 тыс. больных гриппом или ОРВИ. Из них больше 120 тыс. - дети. Госпитализировано больше 15 тыс. человек. 235 человек находится в тяжелом состоянии. В результате эпидемии умерло уже 70 человек.

Если ранее печальное первенство по заболеванию удерживали только четыре области (Львовская, Тернопольская, Ивано-Франковская и Черновицкая), то теперь к ним быстрыми темпами приближаются Волынская, Киевская, Ривненская и Закарпатская области. ...

RADIO NETHERLANDS WORLDWIDE

Ukraine virus mystery deepens

Radio Netherlands Worldwide, 3 November 2009, 1:02 pm
https://web.archive.org/web/20091106072331/http://www.rnw.nl/english/article/ukraine-virus-mystery-deepens

Ukraine is in a state of hysteria as a mystery flu epidemic grips the country in the run-up to presidential elections. Schools have been closed and there is a ban on public gatherings.

The situation is so bad, the mayor of Kiev is even planning to have the Champions League football match between Dynamo Kiev and Italian side Inter-Milan played behind closed doors on Wednesday evening. At the very least - at the least spectators will be asked to wear face masks.

The country ordered 650,000 doses of the anti-viral drug Tamiflu at the weekend and hundreds of thousands more doses are already on their way. Millions of face masks are also being produced.

The mystery of the unidentified flu virus in Ukraine, first reported by RNW on 29 October, has deepened. The websites of various conspiracy theorists are now even discussing the possibility that biological warfare experiments are the cause.

Rumours no surprise

Given that the Ukraine is still dealing with the consequences of the Chernobyl nuclear disaster ofin 1986, it's unsurprising that such rumours have arisen. But are they just rumours, or is there some substance to the claims?

In August 2009, a man called Joseph Mosse, who claims to be a former microbiologist with the Israeli intelligence agency Mossad, was arrested in Los Angeles, after having made threats against the White House. Shortly after his arrest there were reports that he had called into a radio show with a warning about a biological weapon being prepared in the Ukraine by a company called Baxter International. According to these reports, Mr Mosse said that the weapon would be spread via a flu vaccine.

Facts vs theories

Credence is being given to these reports because Mr Mosse's qualifications as a microbiologist are confirmed by his research profile on this website. There is also a story doing the rounds that a light aircraft has been spotted spraying an unidentified substance over the capital, Kiev, but this has been denied by the country's Office of Emergency Reponse.

However, this is only one of the current theories. Some political analysts believe that talk of a pandemic is hype generated by opposition politicians in the run-up to elections in January, and the Ukrainian government is playing down the claims. The government's stance is supported by the World Health Organisation, which has sent a team to the Ukraine, and reports no evidence of a severe outbreak of flu, beyond the normal level for this time of the year.

Waiting for the outcome

The Ukrainian Health Minister Vasyl Kniazevych told the national radio station that he believes the as-yet unidentified virus could be one that has already been discovered and is known as California A/H1N1 flu. This is thought to be a more virulent strain of the H1N1 virus. The minister says that efforts to identify the mystery virus are expected to take several weeks. The various competing theories will no doubt continue to circulate as Ukraine and the rest of the world await the findings.

Nachrichten.ch

WHO-Expertenteam in die Ukraine gereist

Nachrichten, 3 November 2009, 19:03 h
https://www.nachrichten.ch/detail/412670.htm

Genf/Kiew:
In der Ukraine hat die Zahl der Schweinegrippe-Infektionen epidemische Ausmasse erreicht. Im Westen des Landes kam das öffentliche Leben zum Erliegen.
fest / Quelle: sda / Dienstag,

Schulen und Kindergärten blieben geschlossen, Massenveranstaltungen wurden abgesagt. Bisher sind laut dem ukrainischen Gesundheitsministerium 255'000 Menschen infiziert. Gemäss WHO befinden sich 235 Patienten auf Intensivstationen. Nach letzten Angaben starben in der Ukraine 71 Personen an der Grippe.

Medikamenten-Engpässe
Überall werden Engpässe mit Medikamenten beklagt. Aus Westeuropa treffen immer wieder Lieferungen der dringend benötigten Schutzmasken ein. Die Weltgesundheitsorganisation (WHO) entsandte ein achtköpfiges Expertenteam, welches auch Proben zur Untersuchung nach London schicken wollte. Die WHO erhofft sich, anhand der Epidemie in der Ukraine aufzuzeigen, wie sich der Grippevirus in der nördlichen Hemisphäre in der Winterzeit verhält, insbesondere in Osteuropa.

Grenzübergänge geschlossen
Die Slowakei schloss zwei Grenzübergänge zur Ukraine
An den anderen drei Grenzübergängen wurden die Reisenden stichprobenweise auf Fieber und andere Grippesymptome kontrolliert. Zugleich kündigte das slowakische Innenministerium an, unverzüglich insgesamt 300'000 Schutzmasken in die unmittelbar an der ukrainischen Grenze gelegenen Dörfer zu liefern. Auch andere europäische Länder meldeten neue Fälle von Erkrankungen und Todesfällen. So stieg in Italien die Zahl der Toten durch die Schweinegrippe auf 18.

Höchste Alarmstufe in Korea
Südkorea rief wegen der unaufhaltsamen Ausbreitung der Schweinegrippe die höchste Grippe-Alarmstufe aus. Dies bedeutet unter anderem, dass sämtliche Behörden zum Durchsetzen von Aktionen gegen die Grippe mobilisiert werden können. Die WHO sieht die Schweinegrippe-Impfmüdigkeit in vielen Ländern mit Unbehagen. «Es bereitet schon Sorge wenn Menschen, die Zugang zu Impfstoffen haben, dies nicht nutzen», sagte WHO-Sprecher Gregory Hartl in Genf.

THE FLU CASE

Unconfirmed report that seasonal flu vaccine in Ukraine contaminated with live bird flu virus

The Flu Case, 3 November 2009, 09:11
https://web.archive.org/web/20091106021144/http://www.theflucase.com/index.php?option=com_content&view=article&id=1565:unconfirmed-reports-seasonal-flu-vaccine-in-ukraine-contaminated-with-live-bird-flu-virus&catid=41:highlighted-news&Itemid=105&lang=en

Unconfirmed reports from the Ukraine say that the seasonal flu vaccine used was contaminated by the live bird flu H5N1 virus and that the presence of the artifical virus has resulted in the unusually large numbers of deaths and cases of sick people.

The symptoms reported are consistent with people being infected with the bird flu virus, namely severe lung infections, blood and pneumonia.

The panic caused by the emergence of such a virus will help big pharma, the media and WHO/UN stampede people into taking the swine flu jab.

Other safe and effective measures that offer protection against a lethal virus, such as colloidal silver, MMS, face masks and vitamins are not being mentioned by the mainstream media.

Also, WHO has officially said that the seasonal flu jab can contain a "pandemic" virus, paving the way for big pharma to put in virulent viruses.

WHO supplied Baxter in Austria with the live bird flu virus which Baxter then used to contaminated 72 kilos of seasonal flu vaccine this February.

Because Baxter is obliged to adhere to biosafety level 3 regulations when handling the aritifical bird flu virus, developed by Jeffrey Taubenberg in a US bioweapons lab, an accidental contamination can be ruled out.

Baxter distributed the 72 kilos of contaminated vaccine material with a false label to 16 labs in four countries - Czech Republic, Slovenia, Germany and Austria -- so nearly triggering a bird flu pandemic, according to the Times of India.

A WHO affiliated scientist in France, Professor Bruno Lina, told the local media this summer he was looking for a gene to make the swine flu more virulent.

Injecting the live bird flu virus into people will increase the chances of a lethal virus mutation emerging as happened in Indonesia when a WHO mandated vaccination campaign led to an outbreak of bird flu.

Виктор Лещенко

Что под маской?
Паника проходит, аптеки пустеют, эпидемия идет на спад.
Уроки по-киевски

Беларусь Сегодня, 4 ноября 2009
https://www.sb.by/articles/chto-pod-maskoy-panika-prokhodit-apteki-pusteyut-epidemiya-idet-na-spad-uroki-po-kievski.html

Ситуация в Украине в последние дни будоражила воображение впечатлительных граждан и вызывала в памяти мрачные исторические эпохи, когда страшный мор выкашивал целые города и превращал страны в безлюдные территории. Украинская тема была одной из главных во многих СМИ с прошлого четверга, когда заговорили о жуткой “жатве” свиного гриппа, легочной чуме и неведомом вирусе-мутанте... Все это сваливалось скопом на неискушенного читателя, зрителя, слушателя. И реакция не заставила себя ждать.

Правда, теперь, похоже, информационный туман начинает рассеиваться и проступают реальные детали происходящего. А вчера Интерфакс опубликовал заметку с красноречивым названием “В Киеве стихает паника вокруг эпидемии гриппа”.

Президент и премьер-министр Украины по отдельности побывали в регионах, где была отмечена эпидемия. Они признали, что в стране свыше 200 тысяч больных, но выявлено менее двух десятков случаев заражения гриппом A/H1N1 (так называемый свиной грипп). Главный санитарный врач Александр Биловол сообщил более конкретные цифры: в результате эпидемии умер 71 человек (грипп никогда не обходится без жертв) и есть 14 лабораторно подтвержденных случаев гриппа A/H1N1. Премьер-министр Украины Юлия Тимошенко вчера заявила, что эпидемиологическая ситуация стабилизировалась.

Так чем же болеют у соседей? Как сообщил Минздрав, в Киеве, например, сезонным гриппом и ОРЗ заболели 6357 человек, 129 из них поставлен диагноз грипп, 6228 – острое респираторное заболевание. Умерших вследствие этих недугов нет.

Или другой город – Луцк. Его мэр, как сообщает газета “Корреспондент”, заверил, что в городе до сих пор не выявлены случаи заболевания A/H1N1. В то же время он признал факт эпидемии обычного гриппа и ОРЗ. “В нынешнем году вокруг этой проблемы создан чрезмерный ажиотаж, что стало причиной паники”, – убежден градоначальник Луцка Богдан Шиба.

А паника в Украине на самом деле была. В конце прошлой недели в Киеве люди штурмом брали аптеки. Там, где еще можно было купить какие-либо средства от простуды и гриппа, очереди выходили на улицу. В стране был приостановлен призыв в армию, отменены занятия в университетах, школах, ограничены поездки и перелеты внутри страны, отменены даже массовые политические митинги. И это в самый разгар президентской предвыборной кампании. Некоторые политики даже призывали власти ввести чрезвычайное положение, что означало бы прямой путь к отмене выборов.

В эпидемиологическую ситуацию вмешаться пришлось и спикеру Верховной рады Владимиру Литвину: “Судя по тому, что происходит, если бы не было этой беды, ее стоило бы придумать. Это надо было бы сделать с той целью, чтобы закрыть все остальные темы и списать все остальные проблемы нашей жизни. Нужно возвращаться к спокойному, взвешенному и ответственному разговору”.

Юлия Тимошенко пригрозила владельцам аптечных учреждений уголовными делами: “За двадцать дней был продан полугодовой запас на всех складах и аптеках медицинских препаратов, поэтому возник дефицит препаратов. Кроме того, началась спекуляция. Я уже обратилась к Генеральной прокуратуре провести соответствующие проверки “.

Однако самое страшное в нынешней ситуации, как полагают специалисты, это то, что люди бесконтрольно покупали и употребляли различные препараты, которые могут вызвать нарушения в работе печени и других органов. То есть после того, как эпидемия пошла на спад, медики говорят, что теперь придется лечить украинцев, но уже от других болезней. Простая истина “не употреблять лекарственные средства без назначения врача”, похоже, в последние дни в Украине была отменена “по законам пандемического времени”.

Спираль ажиотажа, паники всегда раскручивается по одним и тем же законам. Это своеобразный вирус, который в считанные дни, а то и часы может охватить даже целые города. И если не принять экстренных мер, то домыслы и слухи начинают расти, как некие фантастические существа, и уже становится практически невозможно понять, что реально происходит. И эта сюрреалистичная картина диктует свои правила поведения, которые далеки от логики и здравого смысла.

Возможно, именно этот вывод и подвиг депутатов Верховной рады на принятие вчера проекта постановления о первоочередных мерах противодействия распространению пандемического гриппа, где речь о разработке единых подходов по информированию населения, обеспечению регионов тест-системами для диагностики, медпрепаратами и контролю за ассортиментом и ценами в аптеках.

Кстати, сегодня в Киеве состоится матч “Динамо” – “Интер”. И руководитель “Динамо” Игорь Суркис на вопросы журналистов ответил лаконично, что лично он марлевую повязку надевать не будет, но всем пришедшим на стадион на входе будут бесплатно их выдавать. И добавил: “Надеюсь, игре ничто не помешает и стадион будет полным”.

The INDEPENDENT

WHO "assumes" Ukraine gripped by swine flu, reports AFP

Independent, 4 November 2009, 01:00 GMT
https://www.independent.co.uk/life-style/health-and-families/health-news/who-assumes-ukraine-gripped-by-swine-flu-1814111.html

(AFP) **Geneva** – The World Health Organisation said Tuesday that it was valid to assume that most of the cases of influenza reportedly sweeping through Ukraine were caused by the pandemic A(H1N1) virus.

Ukrainian authorities on Sunday launched an urgent appeal for help from world powers after it imposed drastic measures to tackle a sudden surge of flu-like illness in the country.

More than 250,000 cases have been reported, according to official Ukrainian figures cited by the WHO.

"Given the potential significance of this outbreak as an early warning signal, WHO commends the government of Ukraine for its transparent reporting and open sharing of samples," the UN health agency said in a statement.

"Laboratory testing in Ukraine has confirmed pandemic H1N1 influenza virus in samples taken from patients in two of the most affected regions," it added.

"As the pandemic virus has rapidly become the dominant influenza strain worldwide, it can be assumed that most cases of influenza in Ukraine are caused by the H1N1 virus."

The highest rates of "acute respiratory illness/influenza-like illness" were found in western areas, while they were also increasing rapidly around the capital Kiev, according to the WHO.

Seventy-one people have died as a result of flu and acute respiratory infections, the Ukrainian health ministry said, but the pandemic A(H1N1) virus has been confirmed in only one of the fatal cases.

The WHO said a team of specialists who arrived in the country on Monday will initially focus on the Lviv region, where reported "severe" cases of acute respiratory illness "have been especially high."

Samples from Ukraine have also been received by the WHO's influenza research laboratory in London for tests.

"Many questions remain to be answered," the WHO said.

"The outbreak in Ukraine may be indicative of how the virus can behave in the northern hemisphere during the winter season, particularly in health care settings typically found in eastern Europe," it added.

Local analysts have suggested that rival Ukrainian leaders may be trying to exploit popular fears in campaigning ahead of January 17 presidential polls, as each candidate seeks to take the initiative in fighting the outbreak.

OBOZ.UA

У Києві зафіксовано першу смерть від свиного грипу

Oglyadach, 4 листопада 2009, 13:56
https://www.obozrevatel.com/news/2009/11/4/215022.htm

Про це повідомила прем'єр-міністр України Юлія Тимошенко.

За її словами, вона щойно отримала підтвердження смерті від грипу A(H1N1) від міністра охорони здоров'я Василя Князевича.

Раніше перший заступник голови Київської міської державної адміністрації Ірена Кільчицька повідомила, що вчора померла жінка від пневмонії.

"Сьогодні є перші підтвердження підозри, що це каліфорнійський грип", - наголосила Кільчицька.

Також вона повідомила, що у Києві на грип та гострі респіраторні вірусні інфекції хворіє 26 тис. осіб, майже половина з них - діти. Епідеміологічний поріг у Києві перевищено на 14%.

Нагадаємо, сьогодні, 4 листопада, в ході селекторної наради Тимошенко повідомила, що до епідеміологічного порогу захворюваності на гострі респіраторні вірусні інфекції та грип наближаються ще 10 областей.

У свою чергу, головний державний санітарний лікар України - перший заступник міністра охорони здоров'я Олександр Біловол повідомив сьогодні в ході селекторної наради, що в Україні виявлено 14 випадків захворювань на грип A(H1N1), з них 3 людини померло.

Також стало відомо, що з підозрою на вірус A (H1N1) госпіталізовані дві людини у Київській обл. Як повідомив під час селекторної наради голова Київської ОДА Віктор Вакараш, хворі з підозрою на вірус A(H1N1) в Переяслав-Хмельницькому і Богуславі були терміново госпіталізовані, а їх аналізи відправлені в лабораторію для підтвердження діагнозу.

У зв'язку з цим прем'єр-міністр дала доручення Міністерству охорони здоров'я України і головному державному санітарному лікарю Олександру Біловолу терміново направити в Київську обл. додатково 10 тис. упаковок препарату "Таміфлю". За її словами, необхідно доправити додаткові ліки до всіх областей, які наближаються до епідеміологічного порогу, повідомляє "РБК-Україна".

Крім того, з підозрою на грип A (H1N1) також госпіталізована одна людина в Умані (Черкаська обл.). Як повідомив голова Черкаської обласної державної адміністрації Олександр Черевко, хвора людина повернулась з Києва.

Тим часом, Всесвітня організація охорони здоров'я припускає, що більшість випадків грипу в Україні викликані вірусом H1N1, оскільки пандемічний вірус швидко став домінуючим у всьому світі.

Нагадаємо, напередодні в сесійній залі Верховної Ради під час доповіді про ситуацію, яка склалася в Україні у зв'язку з поширенням епідемії грипу, Тимошенко оприлюднила дані про те, що за 9 міс. 2009 р. в Україні від грипу померли 4 тис. 720 чоловік (за 9 міс. 2007 р. - 3 тис. 822 особи).

Президент Украины Виктор Янукович
Официальное интернет-представительство

Обращение Президента к Украинскому народу в связи с чрезвычайной эпидемической ситуацией в Украине

Пресс-служба Президента Украины Виктора Ющенко, 4 ноября 2009, 19:00
https://web.archive.org/web/20091107100107/http://www.president.gov.ua/ru/news/15609.html

Дорогие соотечественники!

Обращаюсь к вам, выполняя свою конституционную обязанность на основании статьи 106 Основного закона государства. Причина - чрезвычайная эпидемическая ситуация в стране.

По Украине стремительно распространяются инфекции вирусного происхождения, в том числе вируса гриппа A/H1N1. Об исключительности ситуации говорит масштаб эпидемии: скорость и география ее распространения, молниеносность протекания болезни и исключительное количество смертей. Гибнут люди. Эпидемия убивает медиков. Это - вообще беспрецедентно и немыслимо в XXI веке. Всякие границы перейдены - даже те, которые по Конституции ограничивают мои действия как Президента.

Поэтому руководствуюсь самым важным: безопасностью вашей жизни и вашего здоровья.
Поэтому даю четкую и откровенную оценку ситуации. И вы должны об этом знать.
Мы имеем особые факторы риска, которые осложняют эпидемию именно в Украине.
Об этом свидетельствуют выводы Совета национальной безопасности и обороны Украины, мои многочисленные консультации с национальными и международными экспертами.

Первое.
В отличие от аналогичных эпидемий в других странах в Украине одновременно сошлись три возбудителя тяжелых вирусных инфекций: двух сезонных гриппов и «калифорнийского». По заключениям вирусологов, такое сочетание инфекций, вследствие мутации, может дать еще более агрессивный, новый вирус. Именно поэтому я обратился к Организации Объединенных Наций с просьбой провести вирусологическую экспертизу в Украине и создать соответствующую лабораторию, чтобы заблаговременно принять противоэпидемические меры.

Второе.
«Калифорнийский» вирус чрезвычайно изменчив. В Украине он появился, пройдя половину Земного шара. Это означает, что вирус приобрел особенно болезнетворную силу. Это означает, что медпомощь необходимо срочно усилить средствами экстренного, реанимационного лечения.

Третий фактор риска.
Общеизвестно, что единственным средством предупреждения любой инфекции является вакцинация. Вследствие крайне непрофессиональной и дезорганизованной кампании вакцинации против кори и краснухи, практика вакцинаций в Украине скомпрометирована в принципе. Сегодня можно сказать, по оценкам министра здравоохранения в Украине вакцинировано приблизительно 58% при эффективном уровне от 90% и выше.
Люди прекратили вакцинироваться против чрезвычайно опасных инфекций: туберкулеза, дифтерии и так далее. Это привело к высокому риску распространения инфекций во время прихода в Украину вируса «калифорнийского гриппа», что сделало невозможным профилактическую вакцинацию против двух сезонных гриппов. Все это вместе еще больше осложнило общую эпидемическую ситуацию в Украине.

Как Глава государства прошу вас, дорогие соотечественники, пересмотреть свое отношение к вакцинации и, в случае необходимости, но исключительно, подчеркиваю - исключительно после консультации с врачом, сделать ее.

В то же время, поручаю Правительству, Министерству здравоохранения немедленно развернуть профилактическую и агитационную работу в регионах, где еще нет эпидемии, заботясь прежде всего о группах особого риска.

Требую от Правительства немедленно отменить существующий порядок регистрации средств медицинского назначения, в том числе вакцин.

Изучение этого вопроса на Совете национальной безопасности и обороны выявило, что именно этот порядок дал возможность разным дельцам завозить в страну сомнительные лекарства и вакцины, которые не имеют признания в ВОЗ и других национальных учреждениях. По моему указанию сейчас этот вопрос расследует Служба безопасности.

Четвертый фактор.

А на самом деле - «четвертый реактор».

Это эпидемический, стремительный характер распространения вирусных инфекций на западе страны. Об этом было известно Правительству, руководству Верховной Рады и оппозиции еще в начале октября этого года.

Первое, наиболее эффективное средство профилактики - не допускать скопления людей.

Игнорируя этот принцип, в Киев были завезены сотни тысяч людей из разных регионов - и из эпидемического очага, и из областей, где не было признаков этой эпидемии. Это резко повысило риск распространения инфекции.

Подчеркиваю: это было известно. И это проигнорировали: и руководитель парламента, и лидер оппозиции, и прежде всего Премьер-министр. А свою должностную обязанность не выполнил Главный государственный санитарный врач и его подчиненные в областях, в том числе и в городе Киеве.

Это прямо напоминает первомайскую демонстрацию в Киеве после аварии на Чернобыле.

Это - проявление преступной безответственности политиков и полного равнодушия к людям.

Приведу один пример. 20 октября в Тернополе объявлена эпидемия гриппа, школы, садики закрыты на карантин. «21 октября в Тернополе прекращается обучение в общеобразовательных, начальных школах в связи с ростом заболеваемости гриппом и ОРВИ». Это распоряжение местной администрации.

По состоянию на 20 октября уровень заболеваемости ОРВИ в Тернополе составляет 172,9 случая на 10 тысяч населения, эпидемиологический порог для Тернополя составляет 160 больных на 10 тысяч населения. Другими словами - все службы страны, которые контролируют данный показатель, были информированы и знали об этой ситуации.

Вместе с тем ни один санитарный врач не запретил ни перемещение людей, ни их собрание - в том числе и в городе-герое Киеве, когда 24 октября собрался соответствующий майдан.

Хочу напомнить, уважаемые, к 24 октября 2009 года в самой Тернопольской области уже было зафиксировано 10 смертей, 6 смертей - во Львовской области. И после проведения майдана, через 7 дней Киев получил обстоятельства, при которых был достигнут тот уровень заболеваемости, после которого вводится объявление эпидемии гриппа. Это, казалось бы, простое поведение больших политиков. Элементарное игнорирование средствами, с которых начинается профилактика борьбы с этим заболеванием в любой стране мира, любом обществе. А нам надо шоу проводить, нам надо концерты, так как уже заплачено, 130 млн. уже потрачено.

В этом, уважаемые украинцы, я усматриваю не только моральную, но и уголовную ответственность. Я обратился к Генеральной прокуратуре Украины с требованием возбудить уголовные дела по фактам преступной халатности, которую проявили прежде всего Главный государственный санитарный врач Украины, санитарный врач города Киева, члены правительства, которые имели ежедневную информацию об эпидемической ситуации в стране, но ради политических дивидендов и амбиций не остановились ни перед чем.

Сейчас единственным принципом организации противоэпидемических мероприятий в общенациональном масштабе должен быть следующий: Лечим Запад, всеми силами защищаем Восток, Центр, Север и Юг Украины.

Сейчас я полагаюсь исключительно на профессионализм наших врачей. На сегодня они настоящие герои нашей нации.

Еще раз требую от Правительства выполнить поручение Совета национальной безопасности и обороны - решить вопрос оплаты труда наших медиков в этот сложный для страны период.

Пятый фактор.

Дорогие соотечественники, ключевая угроза, которая многократно осложняет положение, - беспорядок в системе организации здравоохранения и защиты жизни людей.

Сегодня мы должны признать, что Украина не имеет единого пространства здравоохранения. Недопущение, то есть профилактика любых инфекций, в том числе - через вакцинацию, локализация и преодоление последствий эпидемий является исключительной компетенцией Государственной санитарно-эпидемической службы Украины.

Ее возглавляет Главный государственный санитарный врач. Его назначает Премьер-министр.

Действующая Конституция после изменений 2004 года отдала реализацию государственной политики в сфере здравоохранения к исключительным полномочиям Правительства.

Практика применения этих полномочий, как свидетельствует сегодняшний день, провальная.

Исполнительной власти, которая в Украине не подчиняется Президенту, я предлагал целостный план реформы системы здравоохранения и - в течение лет - комплекс поручений и рекомендаций, которые позволяли создать оптимальную модель организации этой системы. Мои замечания подавали исключительно как безосновательное вмешательство в работу Правительства и голословную критику.

Еще в апреле 2009 года я обратился к Правительству с требованием создать специальную межведомственную комиссию против распространения вирусов гриппа, профинансировать Центр гриппа и принять все меры, чтобы защитить страну от гриппа. В том числе, чтобы иметь в наличии надлежащее количество лекарства, масок и всего необходимого.

Частичное выполнение поручений имеет свои результаты.

Проигнорировали не меня - проигнорировали народ, людей. Понятно почему. Так как в Украине до сих пор существует несправедливая система оказания медпомощи - одна для власти, другая - для народа.

Надо менять систему. Надо менять всю систему организации государственной власти в Украине. Но сейчас, в эту минуту, времени для уговоров и ожидания нет. Главным центром принятия решений должен стать Совет национальной безопасности и обороны. Невыполнение его решений будет сопровождаться немедленным представлением в правоохранительные органы.

Напоминаю это всем ответственным лицам и обращаю внимание на все мои поручения, сделанные во Львове четыре дня назад. Через три дня истекает срок выполнения этих поручений.

Своим решением ввожу должности Министра здравоохранения и Главного государственного санитарного врача Украины в состав Совета национальной безопасности и обороны.

Я осознаю свою ответственность. Выражаю глубокие соболезнования семьям и родным умерших. Выражаю глубокую благодарность медикам, которые, рискуя собой, сегодня спасают наших людей. Я поражен этим самопожертвованием. Такая преданность означает, что эпидемия будет остановлена.

Прошу всех вас, дорогие соотечественники, проявить солидарность, взаимную поддержку и строго придерживаться всех средств защиты собственного здоровья и жизни. Государство ни на миг не будет стоять в стороне.

Спасибо за внимание.

President's address to the Ukrainian people on the occasion of flu epidemic in Ukraine

Press office of President Victor Yushchenko, 4 November 2009, 19:00
https://web.archive.org/web/20091108095524/http://www.president.gov.ua/en/news/15609.html

Dear fellow citizens!

I address you in performance of my constitutional duty under the Article 106 of the Basic Law of the state.

The reason is the emergency epidemic situation in the country. Infections of viral origin, including the A/H1N1 flu, are rapidly spreading across Ukraine. The emergency is evident in the scale of the epidemic: the speed and the geography of its spreading, rapid progress of the illness and the exceptional number of deaths. People are dying. The epidemic is killing doctors. This is absolutely unprecedented and inconceivable in the XXI century. All the limits have been exceeded - even those under the Constitution that determine my actions as the President.

Therefore I am motivated by the most important: the security of your life and your health.
Therefore I give clear and frank assessment of the situation. And you should know that.
We have special risk factors that aggravate the epidemic in Ukraine.
The conclusions of the National Security and Defense Council of Ukraine, my numerous consultations with national and international experts show that.

First.
Unlike similar epidemics in other countries, three pathogens of viral infections came to Ukraine at the same time: two of them are seasonal flu and the third is the A/H1N1.
According to virologists, such a combination of infections due to mutation may produce a new, even more aggressive virus.
That's why I have addressed the United Nations with the request to conduct a virologic examination in Ukraine and to establish the appropriate laboratory in order to take timely preventive measures.

Second.
The A/H1N1 virus is easily mutating. It has travelled across half of the globe before coming to Ukraine. This means that the virus has become particularly pathogenic. This means that medical aid must be urgently reinforced by emergency, critical care treatment.

The third risk factor.
It is generally known that the only way to prevent any infection is vaccination. Due to unprofessional and highly disorganized vaccination against measles and rubella in Ukraine the practice of vaccination is compromised in essence. According to the estimates of the Minister of Health approximately 58% of citizens are vaccinated today in Ukraine with the effective level being 90% and higher.

People have stopped getting vaccinated against extremely dangerous infections: tuberculosis, diphtheria, etc. This led to high risk of A/H1N1 infection spread, when the virus came to Ukraine and made impossible preventive vaccination against both strains of seasonal flu. All this made general epidemic situation in Ukraine even more complicated.

As the President I ask you, dear fellow citizens, to reconsider your attitude to vaccination and do it if necessary, but only, I emphasize it - only after consultation with the doctor.

At the same time I instruct the Government and the Ministry of Health to immediately start preventive and promotional work in areas where there is no epidemic, targeting primarily the special risk groups.

I demand the Government to immediately cancel the existing order of registration of medical supplies, including vaccines. Studying this issue by the National Security and Defense Council shown that this procedure has allowed various dealers to bring to Ukraine dubious medicines, which are not recognized by the WHO or other national institutions.

Under my direction the Security Service is investigating the issue.

The fourth factor. In reality it is the Reactor 4.

I mean the epidemic, rapid spread of viral infections in the west of the country. The Government, the leadership of the Parliament and the opposition were all aware of that already in early October.

The first and the most effective preventive measure is avoiding large gatherings of people. Ignoring this principle, hundreds of thousands of people from different regions were brought to Kyiv; from both the areas struck by the epidemic, and those where there was no evidence of this epidemic. This greatly increased the risk of infection.

I emphasize: it was a well-known thing. And it was ignored by the Chairman of the Parliament, by the opposition leader and, first of all, by the Prime Minister. And Chief Sanitary Inspector, together with his subordinates in the regions, including those in the city of Kiev ignored their professional duty.

This directly reminds of the May Day demonstration in Kiev, held shortly after the accident at Chernobyl NPP. This is a display of criminal irresponsibility of politicians and complete indifference towards the people.

Let me cite one example. On October 20 the epidemic of flu was declared in Ternopil with schools and kindergartens closed for quarantine. "From October 21 secondary and primary schools are closed due to the growing rate of flu and ARD sickness". This was the order of local authorities.

As of October 20 the rate of ARD in Ternopil was 172.9 cases per 10 thousand people with epidemiological threshold for the city being 160 patients per 10 thousand people. In other words - all services of the country responsible for monitoring the figure were informed and knew about the situation.

However, not a single Sanitary Inspector has banned either the movement of people, nor their gathering, including those in Kiev on October 24, when people have gathered at the central square.

I would like to remind you, my dear, that on October 24, 2009 10 deaths were known to have occurred in Ternopil region itself and 6 deaths were reported in Lviv region. And in 7 days after the abovementioned gathering Kyiv turned out in the situation, when the rate of sickness demanded the announcement of flu epidemic. This is the behavior of the great politicians. The neglect of elementary means of prevention of a disease in any country in the world, by any society. Because they must conduct a show, they have concerts, because they were paid for and 130 million have already been spent.

In that, dear Ukrainians, I see not only moral but also criminal liability.

I have addressed the Prosecutor General of Ukraine with the request to institute criminal charges of negligence committed by first of all the Chief Sanitary Inspector, Kyiv City Sanitarian and the officials, who, despite having daily information on the epidemic situation in the country, neglected it in pursuit of political dividends and ambition.

Now, the only principle of organizing preventive measures at the national scale should be as follows: We treat the West and defend East, Center, North and South of Ukraine amain.

I now rely solely on the professionalism of our doctors. Today they are the true heroes of our nation.

I once again demand the Government to comply with the order the National Security and Defense Council to resolve the issue of wages for our doctors in this difficult period for the country.

The fifth factor.

Dear fellow citizens, the key threat that is aggravating the situation is chaos in the system of healthcare and protection of lives of people.

Today we must recognize that Ukraine does not have a single healthcare system. Prevention of any infection, including through vaccination, the localization and overcoming the consequences of epidemics is the responsibility of the State Sanitary-Epidemiological Service of Ukraine.

The Service is headed by the Chief Sanitary Inspector. He is appointed by the Prime Minister.

The current Constitution after alterations in 2004 makes the Government solely responsible for conducting state healthcare policy.

The practice of using the power, as evident today, is a failure.

To the executive power, which is not subordinate to the President, I have suggested the holistic healthcare reforms plan and a set of instructions and recommendations that would help create the optimal model of the system for years to come. My remarks were presented as the groundless interference in Government's work and as the unfounded criticism.

Back in April of 2009 I addressed the Government with the request to establish a special interdepartmental commission on fighting the spread of flu viruses, to finance the establishment of Flu Center and to take all measures to protect the country against flu. That included providing adequate availability of medicines, facemasks and all other necessaries.

Partial implementation of the instructions has its consequences.

They were not ignoring me – they were ignoring the people, the citizens. It is clear why. Because Ukraine still has unfair system of healthcare - one is for the power, the other is for the people.

We must change the system. We must change the entire system of government in Ukraine.

But now, in this moment there is no time for waiting or remonstrance.

National Security and Defense Council should become the center of decision-making.

Failure to comply with its orders will immediately result in application to the law enforcement authorities.

I remind all the responsible persons and draw attention to all of my orders, made in Lviv four days ago. In three days the deadline for compliance with these orders expires.

With my decree I put Minister of Health and Chief Sanitary Inspector of Ukraine into the Council for National Security and Defense.

I am conscious of my responsibility.

I express deep condolences to the families and relatives of those who have died.

I express my deep appreciation to doctors, who are saving our people risking their own lives. I am moved by this sacrifice. Such a commitment means that the epidemic will be stopped.

I appeal to all of you, dear fellow citizens, to show solidarity, mutual support, and strictly adhere to all the safety regulations regarding protection of your health and lives.

For not a single moment you will be left alone by the state.

Thank you for your attention.

THE FLU CASE

Ukraine slides into military rule under pandemic pretext

The Flu Case, 4 November 2009, 15:03
https://web.archive.org/web/20091107015145/http://www.theflucase.com/index.php?option=com_content&view=article&id=1605:ukraine-slides-into-military-rule-under-pandemic-pretext&catid=1:latest-news&Itemid=64&lang=en

The Ukrainian government is coming under increasing criticism in the German media for imposing military rule on the country in response to a pandemic.

The Ukraine yesterday said it would close all schools in the country for a week, and suspend basic rights such as the freedom of movement and assembly.

In addition, some border crossings to Slovakia have been closed.

The latest crackdown comes as the government said a planned election might not be held on schedule because of the pandemic.

The President is expected to declare a state of emergency any day heralding the beginning of rule by presidential decree.

Konstantin Bondarenko, head of an insitute in Kiev, told the Russian newspaper "Trud" that the current wave of sickness was no worse than the usual seasonal flu.

He said that there were political forces that wanted to profit from portraying themselves as saviours of the nation, according to a report in the German news magazine Der Spiegel.

Whatever is causing so much sickness in the Ukraine – whether it is a pneumonia plague bioweapon intentionally released or another virus, – it is clear that the government is using the pandemic to undermine democracy in the Ukraine, a country brought to its knees by a corrupt clique of oligarchs in government, who have enriched themselves at the expense of the people and whose grip on power has been shaken by violent protests.

Boursorama

Peste et H1N1 en Ukraine

Bourso Rama, 4 novembre 2009, 12:34
https://web.archive.org/web/20091109034058/http://www.boursorama.com/forum-soitec-silicon-peste-et-h1n1-en-ukraine-392516034-1

J'ai des infos d quelqu'un sur place.
Dans la ville d'Ivanofrankich (désolé pour l'orthographe), plusieurs 10 aines de morts en quelques heures, dont médecins de l'hôpital.
On craint combinaison H1N1 et peste.
Semaine dernière épendage de chimie sur la ville tout le monde porte des masques.
Mes infos viennent d'une personne actuellement sur place, dont un membre de la famille travaille à l'hopital.
Sympa non ?

THE FLU CASE

More reports of pneumonic plague following aerial spraying in the Ukraine

The Flu Case, 6 November 2009, 17:02
https://web.archive.org/web/20091109034058/http://www.boursorama.com/forum-soitec-silicon-peste-et-h1n1-en-ukraine-392516034-1

More and more eyewitness accounts suggest that pneumonic plague has been deliberately released by airplanes spraying towns in the Ukraine, including this post in French relaying information from people on the ground in one of the affected regions:

"I have information from someone who is on the spot," writes the blogger on the town of Ivanofrankich(apologies about the spelling), there were more than 10 deaths in a few hours, including hospital doctors. There are fears of a combination of the H1N1 and the plague.

Last week a chemical discharge on the town.

Everyone is wearing masks.

My information comes from someone who is there right now, who has a member of the family working in the hospital."

THE FLU CASE

Rival: Ukrainian PM using flu scare for politics

The Flu Case, 4 November 2009, 14:54
https://web.archive.org/web/20091107021207/http://www.theflucase.com/index.php?option=com_content&view=article&id=1604:rival-ukrainian-pm-using-flu-scare-for-politics&catid=1:latest-news&Itemid=64&lang=en

Ukrainian Journal, Tuesday, 3rd of November, 2009

The government overreacted to an outbreak of the swine flu in Ukraine to give competitive advantage to Prime Minister Yulia Tymoshenko at the next presidential election, a Tymoshenko rival charged Monday.

The panic triggered by the government's decision to declare the outbreak a major threat, has served to overshadow recent scandals involving Tymoshenko loyalists, Arseniy Yatseniuk, the No. 3 most popular presidential candidate, said. "This is in fact part of the political campaign," Yatseniuk said in an interview with ICTV. "The main thing is to get the presidential office. All efforts and resources have been thrown for this."

At least 71 people, in western regions of Ukraine, were killed by the swine flu over the past three weeks, but the death toll figure has been apparently hovering around levels usually caused by seasonal flu.

Oleksandr Bilovol, a deputy healthcare minister, said Monday the outbreak has been essentially contained in 11 out of 25 Ukrainian regions, with the number of people only 15% exceeding figures reported in previous years. "Figures in other the regions are in line with 2007 and 2008," Bilovol said.

The Tymoshenko government on Friday declared the outbreak as the threat of the third level – the highest possible – to unlock spending of up to 3 billion hryvnias to combat the swine flu. Other measures included shutting down schools and public gatherings for three weeks across Ukraine, with the government also considering introducing restrictions on movement of people between the regions. The measures, some of the sternest in the world, come in sharp contrast with other Eastern European countries that face similar challenges, analysts said.

Margaret Chan, the director general of the World Health Organization, which tracks the swine flu internationally, sees the pandemic as "moderate" in severity with the overwhelming majority of patients experiencing only mild symptoms and a full recovery, often in the absence of any medical treatment.

Yatseniuk said the ban on public gatherings spreads fear and panic helping Tymoshenko to promote herself on television, while hindering other presidential candidates to campaign. Yatseniuk is Tymoshenko's biggest rival as both compete for votes in western regions of Ukraine. He is perhaps the only candidate that may challenge Tymoshenko in the first round of vote on January 17, 2010 to enter the runoff with opposition leader Viktor Yanukovych.

Yatseniuk's rating has been showing negative growth over the past several months, suggesting that Tymoshenko has been winning over voters in the western regions. "Why did the outbreak take place in four western regions? Because there are four battleground regions for the electorate," Yatseniuk said. He said the panic spread by the government helps to put aside issues that are politically damaging to Tymoshenko, including the pedophile and the murder scandals involving Tymoshenko lawmakers, and Ukraine's dismal economic performance caused by mismanagement.

"Now, look what happened," Yatseniuk said. "Does anybody talk about the pedophile scandal? No. Maybe somebody talks about Lozynskiy [a Tymoshenko lawmaker accused of shooting a person to death]? No. Maybe somebody talks about wages? No. Maybe somebody talks about four million unemployed? No. Maybe somebody talks about unpaid natural gas bills? No."

"People that are in fear, that are poor, are easier to be manipulated," Yatseniuk said. "This is what the state apparatus is aimed at – manipulating the people.

ДУРДОМ

Князевич просит уголовное дело за призывы против вакцинации

Дурдом, 4 ноября 2009, 19:34:07
https://durdom.in.ua/ru/main/news_article/news_id/12683.phtml

Министр здравоохранения Василий Князевич просит генпрокурора возбудить уголовное дело в отношении тех, кто выступал против сезонной вакцинации.

Об этом Князевич заявил на заседании, посвященном ситуации с эпидемией гриппа в Украине под руководством президента Виктора Ющенко, сообщает "Интерфакс-Украина".

"Я обратился к Медведько возбудить уголовное дело в отношении тех, кто выступал против кампании вакцинации", - сказал министр.

В свою очередь главный санврач Украины Александр Биловол считает целесообразным проводить профилактическую вакцинацию от сезонного гриппа в тех регионах, где нет пика заболеваемости.

При этом Биловол подчеркнул, что необходимо 15 млн. доз для вакцинирования и в первую очередь, вакцинироваться должны врачи, поскольку среди них заболевших 2674, и умерло 4 человека - 3 врача и 1 медработник со средним медобразованием.

Кроме того, он отметил необходимость вакцинирования беременных женщин.

Биловол уверил, что вакцина против свиного гриппа не будет использоваться, пока не будет протестирована в Украине.

По его словам, в настоящее время есть две вакцины, в том числе, одна российская, против вируса свиного гриппа.

"Пока мы не пройдем все исследования тестирования, мы ни в коем случае эту вакцинацию проводить не будем", - сказал он. При этом Биловол призвал не политизировать вопрос "этой вакцины".

Также главный санврач заявил, что Министерство здравоохранения не исключает объявления карантина еще в ряде регионов Украины.

"В случае пересечения (эпидемического) порога, карантинные мероприятия будут распространяться еще на ряд регионов", - сказал он.

Биловол добавил, что это могут быть Киевская, Полтавская, Одесская, Винницкая и Черниговская области.

Главный санврач также сообщил, что во Львовской области за пару дней несколько стабилизировалась ситуация заболеваемости гриппом.

ДУРДОМ

Князевич просит генпрокурора наказать виновных в "антивакциональной кампании"

Дурдом, 5 ноября 2009, 17:27:05
https://durdom.in.ua/ru/main/news_article/news_id/12716.phtml

Министр здравоохранения Украины Василий Князевич обратился к генеральному прокурору Украины Александру Медведько с просьбой возбудить уголовное дело по фактам "заведомо ложное информирование общества о вакцинации".

Об этом сообщили в Министерстве здравоохранения Украины, Василий Князевич направил на имя генерального прокурора Александра Медведько письмо, в котором просит возбудить уголовное дело по ст. 112 КПК "по фактам заведомо ложного информирования общества о вакцинации как о действиях, которые угрожают гибелью и другими тяжелыми последствиями для людей".

Министр убежден, что действия организаторов и участников "антивакцинальной кампании" подпадают под признаки преступления, предусмотренного статьей 259 Уголовного кодекса Украины, и содержат достаточную доказательную базу в средствах массовой информации в виде выступлений и комментариев на телевидении, в газетах и журналах, в интернете на протяжении 2008-2009 лет.

Бахтеева заявила, что от гриппа и ОРВИ умерли 96 человек

Как говорится в обращении, Министерство готово максимально оказывать содействие в расследовании уголовного дела и предоставлении необходимой доказательной базы.

Напомним, в Минздраве считают нецелесообразным проводить сейчас вакцинацию населения в тех регионах, где наблюдается пик эпидемии гриппа и ОРВИ. "Но в тех регионах, где вероятность заболеваемости высокая, но эпидемии еще нет, конечно же, стоит проводить вакцинацию", - заявил заместитель министра здравоохранения Зиновий Мытник.

В то же время директор Украинского центра гриппа и острых респираторных инфекций Министерства здравоохранения Александр Гриневич сообщил, что от гриппа A/H1N1 граждан Украины начнут вакцинировать лишь через месяц-два, когда вакцины пройдут регистрацию в Украине.

Согласно последним данным Минздрава, по состоянию 5 ноября, в Украине от пневмонии умерли 95 человек. За последние сутки в Украине заболели ОРВИ и гриппом 127254 человек. Таким образом, начиная с 29 октября, в государстве болеют 632877 человек. Кроме того, 4 ноября Министерство здравоохранения заявило, что в Украине зафиксировано шесть случаев смерти от вируса гриппа A/H1N1, лабораторно подтверждены 17 случаев заболевания.

KYIV POST
UKRAINE'S GLOBAL VOICE

Yevhen Komarovsky

Flu panic stoked by political malpractice

Kyev Post, 5 November 2009
https://archive.kyivpost.com/article/opinion/op-ed/flu-panic-stoked-by-political-malpractice-52015.html

Celebrity doctor Yevhen Komarovsky talks about prevention and treatment of viral infection, and gives a thorough analysis of how political incompetence and ensuing panic harms the nation.

I recently talked to a nurse working in a regular polyclinic. She had a call from her boss, who said: "Tomorrow you have to bring three face masks to work with you." Her justified objection that they're difficult to come by was met by the boss' curt reply: "It's your problem. The night is long. There's enough time to sew them."

This information was the last drop for me, and I have decided to talk. It seems I have been talking non-stop since all of last Friday and Saturday [Oct. 30-31]. My phone book has 850 entries, and it seems that every single person in it called me. I realized that if my friends and patients (who are all well-prepared to fight a simple viral infection) are panicking, the general panic must be catastrophic.

I talked to a TV channel manager from Kharkiv on Oct. 30. It turned out it's almost impossible to address the residents of our city because the whole air time is taken up by politicians. On the same night Savik Shuster had a show about flu. This show was one of the greatest shocks of my life: I have never felt so embarrassed for my country.

What is actually happening. Most likely, Ukraine has an epidemic of a respiratory viral infection.

Dear mothers and fathers! People! Please remember that your actions should not depend on the name of the virus. Be it seasonal, swine, elephant, pandemic or no flu at all – it makes no difference. What's important is that it's a virus, and it's airborne and it affects your respiratory organs. And your actions should be based on this understanding.

Prevention

…

Treatment

…

Mistake one: Incompetence

…

Mistake two: See a doctor immediately

…

Mistake three: Unprotected doctors

…

Conclusions

If you correlate the number of those who got sick (and multiply by two because only a half of people come to the doctor), and the number of those who have died, it becomes a confirmed fact that *there is no especially heavy viral disease in Ukraine*. According to the data available by the morning of Nov. 2, officially 200, 000 people got sick, 60 died. The mortality rate is lower than from regular flu…

Yevhen Komarovsky a Kharkiv-based doctor, is the author of books on children's and parents' health. He is also owner of the private hospital Clinicom. …

THE FLU CASE

Get The Facts First-Hand!

The Flu Case, Anoni Canuck, 5 November 2009, 19:42:36
https://web.archive.org/web/20100102043041/http://theflucase.com/index.php?option=com_content&view=article&id=1625%3Aevidence-of-holding-back-vaccine-to-create-panic&catid=1%3Alatest-news&Itemid=64&lang=en

We all need the facts, and - amid the swirling clouds of official disinformation - they are in even shorter supply than the 'miracle vaccine'!

Here's an article and the blog address for a medical expert in the Ukraine...
H5N1: News and Resources about Pandemic Influenza
November 05, 2009

Ukraine: Flu panic stoked by political malpractice
https://archive.kyivpost.com/article/opinion/op-ed/flu-panic-stoked-by-political-malpractice-52015.html

Thanks to the reader who sent the link to this op-ed item in the Kyiv Post: Flu panic stoked by political malpractice. The author, Yevhen Komarovsky, is described as a "celebrity doctor," and the item originally appeared on his blog. (at http://www.komarovskiy.net/)
It's a long piece, including a lot of common-sense medical advice, and his harshest diagnosis is of Ukrainian politicians. Excerpt:

In the first two days of panic and hysteria, the main advisers and teachers of the people were politicians, including deputies, ministers, former ministers, etc. As soon as a doctor appeared on the TV screen, it turned out that politicians are better at talking.
The apotheosis of panic was one presidential candidate's declaration that Ukrainians are dying from lung plague. I will say it again: It wasn't an old granny selling sunflower seeds who said it, but a presidential candidate!
Another presidential candidate was loudly complaining that there is no oxoline ointment [a preventative drug produced in Ukraine], that the criminal pharmaceutical companies failed to import it. Of course, none of those present could explain to the candidate that the effectiveness of this ointment is not proven, and it is imported by neither the United States, nor France, nor any other country.
There are no doctors among presidential candidates, and it must be too expensive to keep a medical adviser on staff. But there are doctors among politicians! One of them kept mixing up Teraflu, an anti-fever drug, and Tamiflu, an anti-flu drug.
When a lawmaker-doctor, who is a secretary of the health committee in the Verkhovna Rada, said that Tamiflu is a drug that only supports the immune system and that we "have decided at the National Security Council meeting that we'll buy ozeltamivir instead," I started to feel scared and embarrassed. If the country's fate is decided by people who have no idea that Tamiflu and ozeltamivir are the same thing, what can we expect?
Who else are the decision-makers going to listen to? Just like somebody else writes speeches for the president and the prime minister, someone else will now decide on the list of drugs sold in drugstores! And tons of useless "medicine" will be shipped to our country, used nowhere else in the civilized world.

Here's my advice to the decision-makers: Ask World Health Organization experts to make a list of compulsory drugs.

Komarovsky concludes by reassuring his readers that "*there is no especially heavy viral disease in Ukraine*. ... The mortality rate is lower than from regular flu."

THE FLU CASE

Ukrainian secret services arrest pandemic blogger

The Flu Case, 5 November 2009, 10:03

https://web.archive.org/web/20100102051626/http://theflucase.com/index.php?option=com_content&view=article&id=1608%3Aukrainian-secret-services-arrest-pandemic-blogger&catid=41%3Ahighlighted-news&Itemid=105&lang=en

The Ukrainian Security Service, the SBU, - the Ukrainian government's secret police - has arrested a 30-year-old man who reported on the unfolding pandemic in the country, specifically on 170 people being hospitalised, trains travelling through Tarnopol without stopping, planes carrying out disinfection missions at night time and the death of students at Tarnopol and Lviv.

The case has gone to court. If found guilty, the blogger can be sentenced to one month of forced labor, have a 20% salary deduction or be fined 15 times the minimum income.

The blogger was arrested for spreading "rumours and fearmongering" under special emergency laws the Ukrainian government is implementing under the pretext of fighting a pandemic.

According to Ukraine's presidential decree and a decision by the Ukrainian National Security and Defence Board of 30 October 2009, the Ukrainian Security Service is to "provide national security during an outbreak of a flu pandemic in Ukraine in case of urgent actions."

- **SBU (służba bezpieczeństwa)** zajęło się osobami odpowiedzialnymi za sianie niepotwierdzonych plotek i paniki. Namierzyli 30-letniego gościa odpowiedzialnego za info o: leżących 170osobach w szpitalu, o pociągach niezatrzymujących się rzekomo w Tarnopolu, nocnej dezynfekcji z samolotów, o zmarłych studentach z Tarnopola i Lwowa i…(to najlepsze) O POLAKACH STARAJĄCYCH SIĘ ZAROBIĆ NA EPIDEMII NA UKRAINIE (jak widać jednak nie była to plotka)!

Najciekawsza jest podstawa prawna na podstawie której działa SBU: Zgodnie z dekretem prezydenta Ukrainy i decyzji Bezpieczeństwa Narodowego i Rady Obrony Ukrainy z 30 października 2009 "W sprawie pilnych działań w celu zapewnienia bezpieczeństwa narodowego podczas wybuchu pandemii grypy na Ukrainie przez Służbę Bezpieczeństwa Ukrainy"

Sprawę gościa skierowano do sądu.
Kara grzywny może wynieść do 15-krotności minimalnych dochodów lub 1- miesięczne prace przymusowe z potrąceniem 20% wynagrodzenia.

- Serwis prasowy administracji Kijowa: Prezydent miasta Czernowiecki zwrócił się do premier Tymoszenko z prośbą o wprowadzenie kwarantanny w Kijowie w celu łatwiejszej lokalizacji ognisk choroby i walki z nią. Liczba chorych na grypę i niewydolność oddechową przekroczyła 26 tyś (4 listopada) a zmarła 1 osoba na H1N1.

interfax-UKRAINE
UKRAINE NEWS AGENCY

Vaccine opponents in the Ukraine to be arrested

Interfax-Ukraina Agency, The Flu Case, 5 November 2009, 09:48
https://web.archive.org/web/20100102012358/http://theflucase.com/index.php?option=com_content&view=article&id=1607%3Avaccine-opponents-in-the-ukraine-to-be-arrested&catid=41%3Ahighlighted-news&Itemid=105&lang=en

… see above

Health Minister Wasilij Kniazevicz asks Prosecutor General to start criminal action against those who opposed seasonal vaccinations.

"I asked Medvedko to start prosecution against those who opposed the protective vaccinations campaign," he said.

Ukraine's Chief Medical Officer Aleksander Bilovol has said that implementing protective vaccinations against influenza in the regions where raise of cases occurred is appropriate. He also emphasized the need for the vaccinations of pregnant women.

The Chief Medical Officer also stated the Health Ministry does not exclude extending the quarantine area to other Ukraine regions.

"In case of epidemic, quarantine area will be enlarged onto a few more regions," he said. [*AIU*]

Minister zdrowia Wasilij Kniazevicz prosi prokuratora o wszczęcia postępowania karnego przeciwko tym, którzy sprzeciwiali się sezonowych szczepieniom.

"Poprosiłem Medvedko o wszczęcie postępowania karnego przeciwko tym, którzy sprzeciwiali się kampanii szczepień ochronnych" – powiedział.

- Główny Lekarz Sanitarny Ukrainy Aleksander Bilovol uznał za odpowiednie przeprowadzanie szczepień ochronnych przeciwko grypie w regionach, gdzie nastąpił szczyt zachorowań.

Podkreślił również potrzebę szczepień kobiet ciężarnych.

Główny Lekarz Sanitarny powiedział również, że Ministerstwo Zdrowia nie wyklucza powiększenia obszaru kwarantanny na inne regiony Ukrainy.

- W przypadku epidemii obszar kwarantanny zostanie rozszerzony na kilka regionów – powiedział.

Bilovol dodał, że może to być Kijów, Połtawa, Odessa, Winnica (rejony).

These areas could include Kijevo, Poltava, Odesa, Vinnytsia, added Bilovol.

THE FLU CASE

Martial Law in the Ukraine

President announces arrests of opponents of forced vaccination and quarantines
WHO carries out coup d' etat under pandemic emergency pretext

The Flu Case, 5 November 2009, 10:47
http://www.president.gov.ua/en/news/15609.html
https://web.archive.org/web/20100102040358/http://theflucase.com/index.php?option=com_content&view=article&id=1609%3Amartial-law-in-the-ukraine-president-announces-arrests-of-opponents-of-forced-vaccination-and-quarantines-who-carries-out-coup-d-etat-under-pandemic-emergency-pretext&catid=41%3Ahighlighted-news&Itemid=105&lang=en

The Ukrainian President Victor Yushchenko has issued a statement strongly suggesting that the government is preparing to carry out mass forced vaccinations with the untested swine flu jab.

In a statement posted on the government website, Yushchenko announced a crack down on political protests and orders for the arrest of public health officials who have opposed mass "swine flu“ vaccinations and quarantines.

"I instruct the Government and the Ministry of Health to immediately start preventive and promotional work in areas where there is no epidemic, targeting primarily the special risk groups,“ he said.

"This means that medical aid must be urgently reinforced by emergency, critical care treatment. It is generally known that the only way to prevent any infection is vaccination,“ he said.

Yushchenko said he had ordered key medical officials who allowed political protests against the government to continue in the city of Kiev to be arrested under the pretext that they were jeopardising public health.

"I have addressed the Prosecutor General of Ukraine with the request to institute criminal charges of negligence committed by first of all the Chief Sanitary Inspector, Kyiv City Sanitarian and the officials, who, despite having daily information on the epidemic situation in the country, neglected it in pursuit of political dividends and ambition,“ he said.

Furthermore, he strongly suggested that democracy in the Ukraine was about to be uprooted and replaced by military rule under a special "interdepartmental commission“ that follows orders from WHO and the UN.

"We must change the system. We must change the entire system of government in Ukraine,“ Yushchenko said.

"Back in April of 2009 I addressed the Government with the request to establish a special interdepartmental commission on fighting the spread of flu viruses, to finance the establishment of Flu Center and to take all measures to protect the country against flu. That included providing adequate availability of medicines, facemasks and all other necessaries. "

This "interdepartmental commission“ to tackle pandemic flus appears to be subordinated to WHO and the UN under provisions in the International Health Regulations 2005.

In addition, he said he had issued a ban on all medicines to treat infections and will allow the use only of toxic and untested swine flu jabs mandated by WHO: the "vaccines“ are classified as bioweapons by EU and US authorities.

"I demand the Government to immediately cancel the existing order of registration of medical supplies, including vaccines.

Studying this issue by the National Security and Defense Council shown that this procedure has allowed various dealers to bring to Ukraine dubious medicines, which are not recognized by the WHO or other national institutions," he said.

In addtion, he said that anyone who did not follow the government's orders on the pandemic would be arrested.

"Failure to comply with its orders will immediately result in application to the law enforcement authorities," he said.

Yushchenko amended the national pandemic plan on October 30th to increase the power of the secret services and police in the event of a pandemic emergency.

In his statement, Yuschenko maintains that the "swine flu" virus may have mutated into something more virulent. Indeed, a WHO affiliated scientist, Professor Bruno Lina, has been actively looking for a gene to make the H1N1 virus more lethal in a laboratory in Lyon.

The implementation of the emergency comes amid allegations that the government, WHO and the pharmaceutical company, Baxter, were involved in the deliberate release of a pneumonic plague pathogen in order to create chaos and confusion and justify a coup d'etat.

Reuters

Sabina Zawadzki

Ukraine leader attacks rivals over flu epidemic

Reuters, 5 November 2009, 5:45 AM GMT+8
https://www.reuters.com/article/americasCrisis/idUSL4279051/

KIEV, Nov 4 (Reuters) - Ukrainian leader Viktor Yushchenko on Wednesday accused opponents running against him in a January presidential election of criminal negligence in the way they have handled an outbreak of swine flu. Yushchenko said bitter rival Prime Minister Yulia Tymoshenko, ex-prime minister Viktor Yanukovich and parliamentary speaker Volodymyr Lytvyn were all aware of a flu epidemic in the week they organised mass rallies for their own campaigns.

The government announced a series of strict measures such as school closures and a ban on public events, including rallies, last week after the first confirmed swine flu death.

Yushchenko, unlikely to win re-election with support at 5 percent of the population or under, was due to hold his rally on Saturday -- after the measures were put in place.

"The first and most effective method of prevention is not to allow mass gatherings of people. But, ignoring this rule, hundreds of thousands of people were brought to Kiev for various events from different regions," Yushchenko told television stations in a broadcast to the nation.

"I want to stress that those who organised these events knew the situation and they've ignored it. The parliament speaker and the leader of the opposition and, most importantly, the prime minister, ignored the facts of the epidemics," Yushchenko said.

"This is completely similar to the May Day rallies in Kiev after the Chernobyl disaster," he said referring to the Soviet cover-up of the 1986 nuclear reactor explosion to Ukrainians who were exposed to radiation for days without knowing of it.

Ukrainian authorities have said at least three people have died of the H1N1 variety of flu. Out of some 450,000 cases of acute respiratory illness registered in the country about 20 or slightly under have been confirmed as swine flu.

More than 80 people have died since mid-October of the flu and other respiratory illnesses and the World Health Organisation has said it assumes most flu cases in Ukraine have been caused by the H1N1 virus.

Both Tymoshenko and Yushchenko have sought to take a lead in handling the flu epidemic -- while the president appealed for aid from neighbouring countries, the prime minister met the first consignment of medicines at the airport on Sunday.

"I see not only moral, but criminal responsibility here. I have asked Ukraine's General Prosecutor's office to start a criminal investigation into the cases of negligence" amongst Ukraine's top health officials and government members, Yushchenko said.

Opposition leader Yanukovich leads the opinion polls with about 28 percent and is expected to face Tymoshenko, with about 20 percent support now, in a final round of voting in February.

Kurt Nimmo

Martial Law
Forced Vaccinations May be Unfolding in Ukraine

Infowars, 5 November 2009
https://unhypnotize.com/community/threads/martial-law-forced-vaccinations-may-be-unfolding-in-ukraine.5435/
https://web.archive.org/web/20091108023256/http://www.infowars.com/martial-law-forced-vaccinations-may-be-unfolding-in-ukraine/

The darling of the globalist NGO "color revolution" in the Ukraine, Viktor Yushchenko, has issued an official statement suggesting as president he will impose martial law on the country, force citizens to take toxic vaccinations, and outlaw demonstrations by the political opposition.

"I instruct the Government and the Ministry of Health to immediately start preventive and promotional work in areas where there is no epidemic, targeting primarily the special risk groups," declared Yushchenko. "This means that medical aid must be urgently reinforced by emergency, critical care treatment. It is generally known that the only way to prevent any infection is vaccination."

In his declaration, Yushchenko made the Ukrainian National Security and Defense Council "the center of decision-making" and said that "failure to comply with its orders will immediately result in application to the law enforcement authorities."

In addition, Yushchenko said demonstrations against the government during the growing flu epidemic would be considered acts of "criminal irresponsibility," a hint that the government will crack down on opposition under the cover of protecting the public. "I have addressed the Prosecutor General of Ukraine with the request to institute criminal charges of negligence" against government officials "who, despite having daily information on the epidemic situation in the country, neglected it in pursuit of political dividends and ambition," said Yushchenko.

On November 4, Yushchenko accused rival Prime Minister Yulia Tymoshenko, ex-prime minister Viktor Yanukovich and parliamentary speaker Volodymyr Lytvyn of ignoring the growing epidemic and organizing mass rallies for their own campaigns. "The first and most effective method of prevention is not to allow mass gatherings of people. But, ignoring this rule, hundreds of thousands of people were brought to Kiev for various events from different regions," Yushchenko said in a televised speech, according to *Reuters*. https://www.reuters.com/article/americasCrisis/idUSL4279051/

In late October, the government imposed a quarantine around the country and public events were banned, including the elections. Police enforced the compulsory wearing of protective face masks and citizens caught not wearing a mask faced harsh legal penalties.

On November 3, Ukraine shut down its schools, universities and cinemas, and banned public gatherings for the foreseeable future. Prime Minister Yulia Tymoshenko said "special regimes" designed to limit the movement of Ukraine's citizens were being introduced in an attempt to prevent the spread of the mystery virus.

On November 2, Infowars Ireland reported that authorities in Kiev were spraying of "aerosolized medication" by aircraft over city. "The office of Emergency Response in the district of Desniansko, Kiev, are tonight (30th Oct.) strongly refuting reports that light aircraft were spraying a substance over the city intended to counter a 'swine flu pandemic' in Ukraine," Infowars Ireland explained. "It was reported that light aircraft were seen over the Forest market area of the city (close to the Forest metro station) and they were spraying an aerosol substance intended to 'counter swine flu,' this of course would constitute forced medication of the population."

The office of Emergency Response in the district of Desniansko strongly refuted the accusation.

After the UN's WHO sent an emergency team to Ukraine to monitor the outbreak which as so far infected 450,000 people and killed more than 80, it was determined the illness has been caused by H1N1 swine flu. British scientists are examining samples of a strain to determine whether the virus has mutated, Sky News reports.

Other health experts believe that the virus may actually be a different pathogen, not H1N1, with some observers suggesting it may be a return of the pheumonic plague, a bacterial infection that can be 100% deadly if not treated quickly.

Earlier today, an outbreak of pneumonic plague was reported in China. "Chinese authorities have put a whole town in quarantine after an outbreak of horrifying pneumonic plague," notes Health Freedom Alliance. "Two people have died from the highly contagious disease, an even more powerful brother of The Black Death – the bubonic plague believed to have wiped out a quarter of the population of Europe in the 14th Century…. Pneumonic plague is one of the most virulent and deadly diseases on earth, usually fatal within 24 hours."

In August, 2008, the Israeli microbiologist Joseph Mosse, who is allegedly connected to the Mossad, said Baxter International had manufactured a bioweapon in the Ukraine. Mosse was arrested for supposedly making threats against the White House. "Shortly after his arrest there were reports that he had called into a radio show with a warning about a biological weapon being prepared in the Ukraine by a company called Baxter International. According to these reports, Mr Mosse said that the weapon would be spread via a flu vaccine," Radio Netherlands Worldwide reported on November 3. "Credence is being given to these reports because Mr Mosse's qualifications as a microbiologist are confirmed by his research profile" on the BiomedExperts website.

Is it possible the events in Ukraine are a precursor of things to come in the rest of Europe and the United States? If the virus currently spreading in Ukraine is a new and more deadly mutation of H1N1 or pheumonic plague, we may very well see enforced quarantines and forced vaccination in the United States.

Martial Law declared in Ukraine over Mystery Epidemic

Prison Planet, 5 November 2009

https://web.archive.org/web/20091108092608/http://www.prisonplanet.com/martial-law-declared-in-ukraine-over-mystery-epidemic.html

Arrest of objectors ordered as President says "We must change the entire system of government in Ukraine".

Ukrainian President Victor Yushchenko has all but declared martial law in the country as he announced yesterday that the National Security and Defense Council will become the supreme ruling authority in the wake of a mystery epidemic sweeping the country.

Yushchenko has made high ranking health ministers members of the NSDC, a government body consisting of the president himself, the chairman of parliament, the prime minister Yulia Tymoshenko (pictured), the head of the Security Service of Ukraine and other high ranking ministers.

Yushchenko told reporters Wednesday night that "the non-fulfillment of its decisions will be prosecuted," adding "We need to change the system. We need to change the whole system of the state power organization in Ukraine. We have no time for remonstrance no time for waiting".

The President reiterated his statements in an official address to the Ukrainian people yesterday, in which he states "Failure to comply with [NSDC] orders will immediately result in application to the law enforcement authorities."

"I instruct the Government and the Ministry of Health to immediately start preventive and promotional work in areas where there is no epidemic, targeting primarily the special risk groups," the address reads.

The address also announced orders for the arrest of public health officials who have allowed public gatherings to continue and failed to ban the movement of people, calling it "a display of criminal irresponsibility".

"I have addressed the Prosecutor General of Ukraine with the request to institute criminal charges of negligence committed by first of all the Chief Sanitary Inspector, Kyiv City Sanitarian and the officials, who, despite having daily information on the epidemic situation in the country, neglected it in pursuit of political dividends and ambition," the statement reads.

A further report from Interfax Ukrainia Agency says the Ukrainian Health Minister Wasilij Kniazevicz has asked the country's top prosecutor to open criminal proceedings against those who are opposed to the implementation of the mass flu vaccination campaign.

Yushchenko's address also issued a ban on all flu medicines not recognized by the Ukrainian government or by the World Health Organization: "I demand the Government to immediately cancel the existing order of registration of medical supplies, including vaccines." the address reads.

The address also implores Ukrainian citizens who have shunned the officially approved vaccinations to reconsider: "It is generally known that the only way to prevent any infection is vaccination," the address reads, "As the President I ask you, dear fellow citizens, to reconsider your attitude to vaccination and do it if necessary, but only, I emphasize it – only after consultation with the doctor."

”People are dying. The epidemic is killing doctors. This is absolutely unprecedented and inconceivable in the XXI century.” the address continues.

“All the limits have been exceeded – even those under the Constitution that determine my actions as the President.” Yushchenko states.

Yushchenko asserts that there are three types of influenza currently spreading throughout the country, two kinds of seasonal flu and the H1N1 strain.

The President states that this “may lead to the emergence of an even more aggressive new virus”.

However, WHO has said that the H1N1 virus in Ukraine appears “no different there than anywhere else” and that any surge there may be due to a more susceptible population.

Other mainstream reports suggest that British scientists are examining samples of the H1N1 strain from Ukraine to determine whether the virus has mutated.

As we reported earlier this week, conflicting reports suggest that the epidemic in Ukraine is down to an unidentified virus, with some indicating the virus constitutes a pneumonic plague.

According to the write up at Chechen news outlet Kavkaz Center, the Ukrainian News Agency Fraza, has reported “it has been confirmed 100% Pneumonic Plague in Ukraine” and that in order to quell panic only talk of swine flu has been sanctioned by the authorities. However, Kavkaz is a questionable source on this matter, given that Ukraine is a tactical and military ally of Russia.

Other reports have suggested that the epidemic is pure hype being played out as part of a political struggle between opposition politicians in Ukraine.

Prime Minister Tymoshenko has attempted to reverse the panic by announcing that there is no swine flu pandemic in the country at all, and that it is down to “media hysteria” and “politicians’ populist statements” in the run up to January elections.

As this article in The Scotsman highlights, Tymoshenko and Yushchenko, once allies in the so called “Orange Revolution”, are now bitter rivals that are set to fight it out in next year’s elections.

“… there is growing suspicion in the country that the H1N1 virus has also succumbed to a bitter battle for political power that now poisons all aspects of political life and threatens to wreak serious damage on the former Soviet state.” Matthew Day writes.

Around 80 people have died in Ukraine from respiratory related illnesses, it has yet to be confirmed how many were as a result of H1N1 influenza.

Whatever is really going on in Ukraine, the news has sparked a flurry of reports from conspiracy based websites that are citing a warning made in August by a man called *Joseph Moshe*, who claimed to be a former Mossad microbiologist.

Moshe hit the headlines when he was arrested after a long standoff with police in LA because he had supposedly made threats against the White House.

Shortly after his arrest, hundreds of comments and reports began to circulate stating that Moshe had called into a radio show to warn people about a biological weapon that was being prepared by Baxter International’s Ukraine plant that would be spread via a flu vaccine and would cause a plague upon it’s release.

Moshe’s identity as a microbiologist does seem to be verifiable, and Baxter certainly does have a presence in the Ukraine, as this page with Baxter’s contact information for it’s Ukraine office confirms.

Whether Moshe’s claims have any basis in truth is up for debate, however, it now seems an incredible coincidence that he fingered Ukraine as the location for a specific outbreak.

THE FLU CASE

Polish Health Minister cut off after accusing WHO of spreading disinformation in Ukraine

The Flu Case, 5 November 2009

https://web.archive.org/web/20100102021401/http://theflucase.com/index.php?option=com_content&view=article&id=1613%3Apolish-health-minister-cut-off-after-accusing-who-of-spreading-disinformation-in-ukraine&catid=41%3Ahighlighted-news&Itemid=105&lang=en

Polish Health Minister cut off after accusing WHO of spreading disinformation in Ukraine. - The Flu Case, 5 November 2009, 11:24

TV transmission of a live parliamentary debate in Poland was cut off for fifteen minutes today after the Polish Health Minister Ewa Kopacz said that WHO was spreading disinformation in the Ukraine concerning the „swine flu“ pandemic.

Kopacz has come under fierce criticism from some quarters after she said she will resist pressure to press ahead with the mass vaccination of the population with untested swine flu jabs that could cause damage and death to more people than the swine flu.

The unexpected interruption of the TV and website transmission of the debate in parliament will fuel fears that portions of the Polish media and government allied to big pharma and banks are censoring critics of WHO and of the toxic and untested swine flu jabs.

The Polish Health Minister was cut off in the middle of answering questions on the „swine flu“ jab and footage of French President Nicholas Sarkozy was shown, it is reported.

Kopacz has been celebrated as a „hero“ by the general public for her stance in putting the health of the general public before the profits of big pharma and WHO.

m&c news

Death toll still rising in Ukraine's flu outbreak

M&C, 5 November 2009, 12:38 GMT
https://web.archive.org/web/20100104132539/http://www.monstersandcritics.com/news/health/news/article_1511572.php/Death-toll-still-rising-in-Ukraine-s-flu-outbreak

Kiev - The death toll in Ukraine's flu outbreak continued to rise on Thursday.

A total of 95 persons have died from flu-related symptoms since the disease struck Ukraine's western provinces late last month, said Zinovy Mytnik, vice health minister, in comments reported by the Interfax news agency.

A total of 633,877 Ukrainians nationwide have registered with health authorities as suffering from the flu, though some have recovered since the disease's late October outbreak, Mytnik said.

Ukraine's Ministry of Health on Wednesday gave a total of currently infected at some 470,000.

The particularly virulent A/H1N1 flu strain, or swine flu, was likely responsible for a significant proportion of the infections, based on laboratory testing thus far, Mytnik said, speaking at a Kiev press conference.

Since the beginning of the flu outbreak, Ukraine's Health Ministry had sent 31 samples from persons infected with flu to a British laboratory to be checked for the presence of swine flu, of which 15 tested positive.

A former Soviet republic, Ukraine lacks a modern public health infrastructure and, since the beginning of the flu outbreak in late October, has seen severe shortages of even simple medical supplies such as protective masks and flu remedies.

No Ukrainian laboratory is capable of testing for the presence of swine flu, Mytnik said.

International medical assistance continued arriving in Ukraine on Thursday, with European Union nations taking the lead. Top contributors were Slovakia, Austria, Hungary and Poland - the last being the first country to respond to a Ukrainian October 31 appeal for foreign aid, according to an Intefax report.

EU-donated medical supplies en route or already in Ukraine included protective masks, respiration equipment and surgical gloves.

Emergency shipments of the swine flu treatment Tamiflu, produced in Switzerland, first began arriving by cargo plane to Ukraine on Sunday.

Ukrainian Prime Minister Yulia Tymoshenko, on a visit to the western city of Chernovtsy, near the epicentre of the flu outbreak, said government efforts to control the flu's spread were working.

There is no need to to invoke a national emergency,' she said, according to a Korrespondent website report.

Tymoshenko's government has attempted to control the flu outbreak with the imposition of a partial quarantine of eight western provinces most badly hit by the disease, a military-style mobilization of state-owned fabric and clothes factories to mass-produce protective masks, and limits to allowable public gatherings.

In the midst of a campaign for Ukraine's presidency, Tymoshenko has, since the beginning of the flu outbreak, repeatedly attacked the private health industry, accusing drug manufacturers of inflating prices artificially and pharmacists of hoarding medical supplies.

A government consumer protection agency in Lviv, one of the worst-hit cities in the flu outbreak, on Thursday filed a class-action suit against local health officials, accusing them of conspiring with private health suppliers to price-gouge consumers of medical supplies, the Unian news service reported.

INFOWARS IRELAND

Vaccine opponents in the Ukraine to be arrested

Infowars Ireland, 6 November 2009

https://web.archive.org/web/20091109005419/http://info-wars.org/2009/11/06/vaccine-opponents-in-the-ukraine-to-be-arrested/

Critics in the Ukraine of vaccines are to be prosecuted by the government under criminal laws, according to a report from Interfax Ukrainia Agency.

The report says the Ukrainian Health Minister Wasilij Kniazevicz has asked the country's top prosecutor to open criminal proceeedings against those people who are opposed to the implementation of the mass flu vaccination campaign also with the toxic and untested swine flu jab, sparking fears that the authorities are about to carry out wave of arrests.

The government's Chief Medical Officer Aleksander Bilovol said that the government is planning to implement a mass vaccination campaign with pregnant women an especial target.

In addition, the Health Ministry is considering extending quarantine areas in the Ukraine, which could lead to the isolation of large regions and the virtual imprisonment of populations.

It has been reported that a key Ukrainian civilian public health body has been dissolved and integrated into the army, raising fears of forced mass vaccinations by the military.

Key functions in the Ukrainian government appear to have been taken over by officials from WHO and the UN under the pretext of fighting a pandemic emergency.

Many thanks to Krzysztof Tarnawski and Mareck Podlecki from Grypa666 for the translation of the report from Interfax-Ukraina Agency.

President of Russia

Dmitry Medvedev instructed the Healthcare and Social Development Ministry to help Ukraine battle the flu epidemic

Kremlin, 6 November 2009, 20:28
http://en.kremlin.ru/events/president/news/48781

The President issued this instruction at a meeting with Healthcare and Social Development Minister Tatyana Golikova. The Minister reported that a decision has already been taken to send Russian anti-flu medicines to Ukraine as humanitarian aid, and the ministry has also proposed sending specialists to Ukraine to help carry out necessary tests.

Regarding the flu situation in Russia, Ms Golikova said that the number of cases is similar to past years and that vaccinations against the new virus would begin on November 9.

Also discussed at the meeting was the production in Russia of strategically important medicines to ensure the country's independence from foreign suppliers in this area. Mr Medvedev noted that he will comment on this issue in his Annual Address to the Federal Assembly (parliament).

Responding to Ms Golikova's observation that the flu season has sparked speculative tendencies on the medicines market, the President promised to instruct the Federal Anti-Monopoly Service and the Prosecutor General's Office to monitor developments on the pharmaceuticals market and to launch criminal proceedings in cases of unjustified price hikes. The necessary legislation for such action is already in place.

Mr Medvedev issued a relevant instruction to Prosecutor General Yury Chaika immediately following the meeting.

КОМСОМОЛЬСКАЯ ПРАВДА RU

Андрей Рябцев

Александр Лукашенко: "Мы перестали кукарекать, а теперь завизжали по-свинячьи"

Комсомольская Правда, 6 ноября 2009, 17:32
https://www.kp.ru/daily/24389/568366/

Батька провел научно-популярную лекцию для украинских журналистов

Президент Белоруссии, как выясняется, весьма сведущ не только в вопросах политики и экономики. Лукашенко во время визита в Киев вывел на чистую воду тех, кто разводит истерию вокруг свиного гриппа. Недуг, как известно, бушует на Украине. В основном, в западных ее областях.

- Я знаю, что происходит в этой суперкоррумпированной среде, бандитской среде торговли и производства лекарствами, - с загадочным прищуром начал издалека Батька.

- Давайте говорить откровенно - давно мы перестали кукарекать по поводу «птичьего» гриппа. Кукарекал весь мир.

Журналисты удивленно переглядывались: кто именно из присутствовавших был замечен в кукарекании.

- Наверное, все уже продали, - продолжал разоблачать Батька, имея ввиду лекарства, которые в период эпидемии расхватывают как пирожки. - Что касается птичьего гриппа, теперь завизжали по-свинячьи. А завтра, наверное, замурлыкаем или замычим?

Ну, неужели вы не понимаете, что происходит? Этот грипп, пусть даже свинячий, - это не чума и холера, которые неизлечимы, он абсолютно излечим.

Лукашенко был возмущен тем, что вполне обычную болезнь он вынужден обсуждать на своем высоком президентском уровне.

- Человек серьезно заболел и начинает лечится малиной, вареньем лечится - когда уже поздно и до сорока температура, вместо того чтобы пройти в больницу, - объяснил Батька причину летальных исходов.

- Мы в состоянии сами справиться, и Украина справится. Не надо бояться, нагнетать ситуацию и обстановку, - утешил всех Лукашенко.

Коммерсантъ
УКРАИНА № 192 от 06.11.2009, ПТ

Юлия Ъ-Рябчун

Украина займется самолечением
С гриппом будут бороться отечественные фармацевты

КоммерсантЪ, 6 ноября 2009
https://web.archive.org/web/20091107182442/http://www.kommersant.ua/doc.html?docId=1268514

Премьер-министр Юлия Тимошенко вчера провела совещание с украинскими производителями лекарств. Руководители фармацевтических предприятий убедили премьера в том, что способны самостоятельно производить препараты для лечения свиного гриппа. В итоге госпожа Тимошенко поручила Министерству здравоохранения в течение двух дней заключить соответствующие контракты.

Перед началом совещания его участники оживленно обменивались мнениями об эпидемии гриппа. Некоторые жаловались на то, что противовирусных лекарств и одноразовых масок нет даже в аптеке Кабмина, на что звучал ответ: "А зачем вам маски, разве вы ездите в метро? Их надо носить только в общественном транспорте". В одноразовой маске на совещании была только глава Государственного комитета по вопросам регуляторной политики и предпринимательства Александра Кужель.

Премьер-министр Юлия Тимошенко пришла без опоздания – в 11.00. По ее словам, возникшая нехватка медпрепаратов и масок обусловлена "политизированностью ситуации" и "мародерскими действиями со стороны аптечных сетей". Премьер призвала политиков не спекулировать на теме гриппа и не создавать "искусственного ажиотажа". "Сегодня у нас рассказывают, что есть эпидемия свиного гриппа, *тогда как выявлено всего 14 случаев* заражения этим вирусом. В Украине эпидемия обычного гриппа",– подчеркнула госпожа Тимошенко. После этих слов многие участники заседания начали кашлять.

Примечательно, что часом позже в Министерстве здравоохранения состоялся брифинг, посвященный эпидемии гриппа A/H1N1 в Украине. На нем первый заместитель министра здравоохранения Василий Лазоришинец заявил, что в настоящее время официально подтверждены 22 случая заболевания гриппом A/H1N1.

Премьер-министр перечислила медицинское оборудование, которое будет закуплено правительством на бюджетные средства для борьбы с эпидемией гриппа – аппараты искусственного дыхания, кардиомониторы, отсосы для легких. Кроме того, госпожа Тимошенко пригрозила собственникам аптек, в которых не будет представлен минимальный перечень лекарств против гриппа, или на них будут завышены цены, отзывом лицензий.

В подтверждение этих слов председатель Государственной налоговой администрации Сергей Буряк сообщил о результатах проверок аптечных сетей за последние два дня, уточнив, что налоговые инспекторы проверяют аптеки на предмет наличия лекарств против гриппа и объективности установления цен на них. По словам господина Буряка, было выявлено 1 тыс. 872 нарушения. "Это повлечет за собой штрафы на сумму около 6,5 млн грн",– отметил он.

Между тем угроза применения санкций за слишком высокие цены на лекарства подействовала далеко не на всех производителей. В частности, генеральный директор ОАО "Фармак" Филя Жебривская, заявила, что дорогостоящие клинические исследования, которые проводит ее компания, не позволяют снижать отпускную цену на противовирусные препараты. На вопрос Юлии Тимошенко о причинах трехкратного повышения цен на медикаменты в фирменных аптеках "Фармак", госпожа Жебривская ответила: "До тех пор, пока фармацевтическая отрасль не будет финансироваться должным образом, у нас не будет оснований для снижения цен".

Заместитель генерального директора ЗАО "Борщаговский химико-фармацевтический завод" Людмила Безпалько начала свое выступление с громкого заявления: "Мы, работники украинской фармацевтики, не даром хлеб едим!" С этими словами она достала из своей сумочки пузырек, наполненный изумрудно-зеленой жидкостью. "Это новая разработка нашей компании – гель-антисептик на спиртовой основе,– объяснила госпожа Безпалько.– Он поможет сохранить стерильность рук и до 90% снизить риск заболевания гриппом. К сожалению, названия мы еще не придумали, поэтому можем заняться этим прямо сейчас. У меня уже есть два варианта: 'Смерть гриппу' или 'Чистые руки'".

Эти слова вызвали улыбку у всех участников совещания. Тем временем Людмила Безпалько показала еще одну новинку отечественной фарминдустрии – профилактический препарат "Альтамол", который, по ее словам, способен бороться с A/H1N1 "не хуже разрекламированного Tamiflu – при этом цена его гораздо ниже". Помощь в борьбе с эпидемией предложил и генеральный директор столичного завода "Буревестник" Игорь Синицкий. Он заявил, что до конца года завод готов поставить в больницы 300 аппаратов искусственного дыхания собственного производства по минимальной цене.

Подводя итоги, Юлия Тимошенко поручила Минздраву в течение двух дней в обязательном порядке заключить контракты на закупку производящихся в Украине медикаментов.

Ситуация с заболеванием A/H1N1 в мире

Всемирная организация здравоохранения официально подтвердила, что по состоянию на 25 октября в мире зарегистрировано более 440 тыс. случаев заражения человека гриппом A/H1N1, известным также как свиной грипп. Количество летальных исходов превысило 5,7 тыс. В частности, в **Северной и Южной Америке** заболели 174,5 тыс. человек, из них умерли 4,175 тыс. (в США – 1 тыс.); в **Африке** – 13,5 тыс. человек, умерли 75; в странах **Восточного Средиземноморья** – 17,15 тыс. человек, умерли 111. В **Юго-Восточной Азии** количество заразившихся свиным гриппом составило 42,901 тыс. человек, из них скончались 605. В странах **Западного Тихоокеанского региона** зарегистрировано 129,509 тыс. заболевших вирусом A/H1N1, из них 465 умерли.

В **Европе** заболели 64 тыс. человек, скончался 281. За последнюю неделю впервые были зарегистрированы факты смерти больных гриппом A/H1N1 в странах, граничащих с Украиной – Российской Федерации и Молдавии. В **России** общее количество заболевших превысило 2 тыс. человек, зафиксировано 10 смертей. В **Молдавии** заболели 19 человек, 1 из них умер. В **Венгрии** подтверждено 283 случая заболевания гриппом A/H1N1, из которых 4 имели летальный исход. В **Румынии** зафиксировано 447 заболевших, в **Словакии** – 149, в **Польше** – 166, в **Белоруссии** – 38. Однако факты смерти от гриппа в этих странах не зарегистрированы.

ВЗГЛЯД
ДЕЛОВАЯ ГАЗЕТА

ВОЗ:
Грипп A/H1N1 чаще всего проходит без серьезных осложнений

Взгляд, 6 ноября 2009, 18:00
https://vz.ru/news/2009/11/6/346014.html

Заболевание пандемическим гриппом вируса A/H1N1 в большинстве случаев протекает без серьезных осложнений, заявил руководитель Международной миссии ВОЗ Юкка Пуккила.

«Я хочу подчеркнуть, что как и в случаях сезонного гриппа, в случаях пандемического гриппа A/H1N1, заболевания у большинства людей протекают без серьезных осложнений и даже без потребности в медикаментозном лечении», - сказал он на пресс-конференции в пятницу.

В то же время представитель ВОЗ подчеркнул, что определенная часть людей заболевает тяжелыми формами пандемического гриппа.

При этом основными симптомами является боль в грудной клетке, выкашливание крови или окрашенной мокроты, осложненное дыхание и изменения в сознании человека. «В таких случаях необходимо срочно обращаться в больницу», - сказал эксперт.

Вместе с тем он подчеркнул, что препарат «Тамифлю» не следует давать людям, которые не больны тяжелой формой пандемического гриппа, а также тем больным, у которых не выявлен этот вирус гриппа.

«Действительно, «Тамифлю» не должен даваться людям, у которых не тяжелая форма заболевания, которые не относятся к группам риска, и людям, у которых точно известно, или скорее всего, заболевание гриппом A/H1N1. Об этом есть достаточно четкая рекомендация ВОЗ», - сказал Пуккила.

Главный государственный санитарный врач Украины Александр Биловол также подчеркнул, что препарат «Тамифлю» «дает очень высокий эффект» при лечении, однако он не является профилактическим средством.

Отвечая на вопрос, для чего Украина закупает такое огромное количество препарата «Тамифю», А.Биловол сказал: «Вы видите, что в этой ситуации у нас повышен эпидпорог заболевания на ОРВИ, вы видите, что в рекомендациях ВОЗ отмечено, что практически эффективность этого препарата при всех формах гриппа, в том числе и гриппа A/H1N1, который мигрирует у нас».

«Вторая особенность этого препарата - он может эффективно влиять на комплексные комбинированные инфекции, которые на сегодняшний день есть в Украине», - добавил Биловол, передает «Интерфакс».

Radio Free Europe
Radio Liberty

Official: Ukrainian Election may be Postponed due to Swine Flu

Radio Free Europe, 6 November 2009
https://web.archive.org/web/20091109032309/http://www.rferl.org/content/Official_Ukrainian_Election_May_Be_Postponed_Due_To_Swine_Flu/1871510.html

Ukrainian President Viktor Yushchenko is considering postponing the country's presidential election scheduled for January due to the spread of swine flu in the country.

The deputy head of Yushchenko's secretariat, Ihor Popov, made the announcement on November 6, saying "if the government fails to control the situation" with the flu epidemic the poll could be pushed back until the end of May.

Health officials in Ukraine said that 109 people have died from the flu epidemic, though only 14 of those were confirmed to have contacted swine flu.

Nationwide, some 763,000 people are reported ill with flu and respiratory infections.

Merkur.de

Ukraine erwägt offenbar Verschiebung der Wahl wegen Schweinegrippe

Merku, 6 November 2009, 21:53 Uhr
https://www.merkur.de/politik/ukraine-verschiebung-wahl-wegen-schweinegrippe-zr-519395.html

Kiew (AP) In der Ukraine wird wegen der zunehmenden Zahl an Schweinegrippeerkrankungen offenbar eine Verschiebung der für Januar geplanten Präsidentenwahl erwogen.

Igor Popow, ein Berater von Staatspräsident Viktor Juschtschenko, sagte der Zeitung «Ukrainskaja Prawda» am Freitag, die Regierung werde möglicherweise den Notstand ausrufen und die Wahl auf den 30. Mai verschieben.

«Die Epidemie hat den Wahlkampf radikal verändert», sagte Popow. «Das Verbot öffentlicher Veranstaltungen hat die Oppositionskandidaten getroffen.»

Präsidentschaftskandidaten mit einem Regierungsjob könnten sich weiter frei bewegen und auch Regionen besuchen, in denen eine Quarantäne gelte, sagte Popow. Oppositionskandidaten könnten das nicht und fühlten sich deshalb diskriminiert. Insgesamt 16 Kandidaten treten bei der Wahl an. Die Zahl der bestätigten Grippetoten in der Ukraine stieg inzwischen auf 109.

RHEINISCHE POST

Ukraine erwägt offenbar Verschiebung der Wahl wegen Schweinegrippe

Merkur // Rheinische Post, 6 November 2009, 21:53 Uhr
https://www.merkur.de/politik/ukraine-verschiebung-wahl-wegen-schweinegrippe-zr-519395.html
http://www.rp-online.de/public/kompakt/politik/779814/Verschiebung-der-Wahl-wegen-Schweinegrippe.html

La France en Ukraine

Epidémie en Ukraine: l'ensemble des régions de l'Ukraine recensent officiellement des cas mortels. Neuf régions sont soumises à quarantaine.

La France en Ukraine, 6 November 2009

https://web.archive.org/web/20091126013341/http://www.ambafrance-ua.org/france_ukraine/spip.php?article1548

La Commission spéciale de lutte contre l'épidémie s'est réunie vendredi 20 novembre et à décidé de rouvrir les établissements d'enseignement sans que les dates de reprise aient été précisées dans le détail, les autorités locales étant également concernées. Des mesures sanitaires sont prévues avant l'accueil des élèves. L'Ecole française devrait donc rouvrir ses portes la semaine prochaine

L'Ambassade de France invite la communauté française en Ukraine à éviter les rassemblements publics et à appliquer les mesures de précaution (point 2.2 du présent message).

- 1/Situation en Ukraine au 20/11/2009
- 2/ Conseils de l'Ambassade de France
- 3/ Campagne de vaccination
- 4/ Information générale
- Médecins francophones agréés auprès de l'Ambassade de France

1/Situation en Ukraine au 20/11/2009

Une épidémie de grippe est déclarée en Ukraine. Celle-ci s'est déclenchée dans trois oblasts de l'ouest de l'Ukraine (Lviv, Ternopil, Ivano-Frankivsk). Les oblasts de Vinnytsia, Volhynie, Transcarpathie, Khmelnytskyï, Tchernivtsi, Rivne, Odessa, Donetsk, Poltava, Zaporijjia, Tchernihiv, Jytomyr, Mykolaïv, Soumy, Kiev, et la ville de Kiev (la région et la ville sont deux entités distinctes et font l'objet de compilations statistiques spécifiques) ont progressivement été touchés au cours des deux premières semaines de novembre. Aujourd'hui, les 27 entités administratives d'Ukraine sont atteintes avec l'annonce officielle, par le Ministère de la Santé d'Ukraine (MOZ) des premiers cas mortels dans les régions de Dnipropetrovsk, Kirovohrad, Louhansk et dans la ville de Sébastopol. L'épidémie concerne désormais l'ensemble du territoire ukrainien.

French embassy indicates possible pneumonic plague in Ukraine

The Flu Case, 6 November 2009 16:20

https://web.archive.org/web/20100102051552/http://theflucase.com/index.php?option=com_content&view=article&id=1664%3Afrench-embassy-indicates-possible-pneumonic-plague-in-ukraine&catid=1%3Alatest-news&Itemid=64&lang=en

A note on the website of the French embassy in the Ukraine appears to support reports from doctors in the region that people there have died from the pneumonic plague.

The confirmation that people have contracted "acute respiratory infections" will fuel fears that pneumonic plague bacteria have been released to infect people and so give the appearance of a deadly swine flu pandemic as some observers have claimed.

The deadly swine flu pandemic is then being used, in turn, to justify martial law by the Ukrainian authorities.

The French embassy website states: "According to the information available, the epidemic combines the regular flu, the virus of influenza (the virus H1/N1 having been identified) and an acute respiratory infections..... whose exact nature has not yet been established, and which would be responsible for the majority of deaths."

=> 1/Situation en Ukraine au 6/11/2009 ...

Flue death toll in Ukraine: 109 dead

ZiK, 6 November 2009, 21:05
https://web.archive.org/web/20091227013649/http://zik.com.ua/en/news/2009/11/06/203624

Since the start of the flue outbreak, 109 Ukrainian have died from severe cases of the cold and flue, a high-ranking ministry for emergencies official announced Nov. 6. According to the health ministry, samples from 28 cases were confirmed by a London lab and 13 Ukrainian died, the official said.

Meanwhile, the flue outbreak has spread from Ukraine's western oblasts to the east, with its proportions crossing the epidemic threshold in four more oblasts of the country, Donetsk, Chernihiv, Zhytomyr and Kyiv, Ukraine chief sanitary doctor Oleksandr Bilovol told journalists Nov. 6.

The government has declared the state of medical emergency in these oblasts and the capital Kyiv, the official confirmed.

Bilokon said the total of 33,979 sick Ukrainians had been taken to hospitals, 97 of whom had died.

The official stressed the need for vaccination as a means of flue prevention in the oblasts where there is no influenza epidemic.

INFOWARS

Kurt Nimmo

Pneumonic Plague Drill Held in Illinois

Infowars // The Flu Case, 6 November 2009, 10:31
https://web.archive.org/web/20100102034217/http://theflucase.com/index.php?option=com_content&view=article&id=1681%3Apneumonic-plague-drill-held-in-illinois-reports-kurt-nimmo-&catid=1%3Alatest-news&Itemid=64&lang=en

In Lake in the Hills, Illinois, police will conduct a drill to combat a fictitious pneumonic plague on Saturday. “The Lake in the Hills Police Department is carrying out the test as part of a grant from the McHenry County Department of Health for its emergency health plan. In case of a biological terrorist attack or widespread disease outbreak, the site would be able get medicine to the community, Lake in the Hills Chief of Patrol Services David Brey said,” reports the Northwest Herald. Brey said officials picked pneumonic plague for the scenario “so it would have nothing to do with the swine flu.”

In Ukraine, the pneumonic plague is not fictional, although officials in that country insist the disease is a mutated version of the H1N1 virus, not pneumonic plague. Over the period of six days, the mystery disease has afflicted more than 500,000 people. The plague or virus in the Ukraine has 10 times the mortality rate than the normal swine flu. In late October, officials in Ivano-Frankivsk, a city located in southwestern Ukraine, characterized the outbreak as pneumonic plague. Pneumonic plague is caused by bacterium and is more virulent and less common than bubonic plague.

Official Ukranian sources place the number of death at 33 (as of November 5) and the news website ZIK claims a total of 97 deaths. Deutsche Presse-Agentur put the number at 95 and reported on November 5 that 633,877 Ukrainians nationwide have registered with health authorities as suffering from the flu. Doctors in the region, however, dispute this and say thousands have died.

Residents of Kiev claim light aircraft sprayed a mysterious substance on residents of the city, according to Radio Netherlands Worldwide. The spraying was denied by the country’s Office of Emergency Response.

Reports from Ukraine on the mystery illness are contradictory and confusing. “While the mainstream media is reporting that it is a surge in H1N1 influenza, alternative media sources are reporting that it is a new unidentified virus, while other reports cite witnesses in Ukraine who say there is no evidence of a pandemic at all,” Steve Watson wrote for Infowars on November 2.

On November 5, it was reported by the alternative media that a town in China was locked down after 2 people died from an outbreak of pneumonic plague. In August, the Associated Press reported on a deadly outbreak of pneumonic plague in a remote farming town in northwestern China.

It should be emphasized that at this time there is no conclusive evidence that Ukraine is suffering from an outbreak of pneumonic plague. Experts note that if the country was indeed suffering from the illness the death rate would be much higher.

However, it is odd that a preparedness drill in the United States would use the pneumonic plague as its fictional predicate. It is not explained why officials in Lake in the Hills have chosen to avoid basing their drill on the H1N1 virus.

Lake in the Hills has ranked high in Illinois cities taking federal money for “homeland security” initiatives, according to a survey conducted by the Daily Herald.

It is not known if the Department of Homeland Security is involved in the drill to be conducted this weekend.

FROMTHEOLD

New strain of swine flu in Ukraine, Swine flu H1N1 might have mutated, pneumonic plague

From The Old, 6 November 2009, 13:35

https://web.archive.org/web/20091109014648/http://fto.co.za/news/new-strain-swine-flu-ukraine-swine-flu-h1n1-might-have-mutated-pneumonic-plague-2009110615731.h

The first deputy minister of Health in Ukraine said in a statement that they have a different h1n1 swine flu than the rest of the world and US. In 6 days 500 000 people have been infected, 93 confirmed deaths. Statements from a lot of departments and officials seem to disagree but the fact is that if this is the h1n1 it might of either mutated or this is another swine flu strain.

The reason for this is obviously as stated above and that the strain in the Ukraine has a much bigger rate of filling the lungs with blood. This can be blamed on lack of public health but according to sources this is not the case. The plague or virus in the Ukraine has 10 times the mortality rate than the normal swine flu.

In a paper published in microbioligy news called resurecting influenza pandemic strains. The author regonized 5 strains of weaponized flu.

Confirmation that this is a mutated version: (or not a mutation of h1n1 but a viral pneumonia which is something different)

1. 250 000 to 500 000 infected in one day, way faster than any other country the h1n1 has been
2. Many cases of viral pneomonia where the lungs fill with blood, a much higher viral pneomonia rate than any other country
3. Ukraine Health minister said himself that "swine flu has mutated"
4. Much bigger death rate than normal

The most cases are in the rural north west area of the Ukraine. That statistics are not unusual for a few months but this is for a few days.

On the ground though, unconfirmed reports say that people are going on as normal, they also say that this is fear mongering. (speaking to locals)

WHO needs to confirm that the genes have are different, if they are not that means the swine flu has not mutated.

Everyone is waiting for the gene sequences which will confirm whether this has been hyped up, a real mutated h1n1 or just bad health services in the Ukraine.

FROMTHEOLD

Airplanes sprayed mysterious substance over Ukraine days before pneumonic plague outbreak

From The Old, 6 November 2009, 15:22

https://web.archive.org/web/20091109014651/http://fto.co.za/news/airplanes-sprayed-mysterious-substance-ukraine-days-pneumonic-plague-outbreak-2009110615732

Kiev, Ukraine - Authorities in the town of Kiev, Ukraine denied any spraying of "aerosolized medication" by aircraft over the city. This after it was reported that light aircrafts were seen flying over the forest market area that sprayed a aerosol substance to fight h1n1 or swine flu.

5 Sources confirms this and the local newspapers of Kiev also received hundreds of phone calls from residents and business owners close to the area the planes were spraying the suspicious substance. Not only that but local businesses and retailers were "advised" to stay indoors during the day by the local authorities.

As if that is not enough, the government authorities also pushed the radio stations in Kiev to deny the reports. Online on forums, websites and blogs reports came in about eye witness accounts that confirms this. There was also reports of helicopters spraying aerosols over Kiev, Lviv, Ternopil and throughout Ukraine.

30th October the Ukraine president Viktor Yushchenko ordered the army or Ministry of Defense to establish mobile hostpitals to provide “essential medications” for people infected with H1N1 (swine flu).

Then just recently the entire Ukraine was put under martial law, more shocking is the statement before the serious pneumonic plague broke out “Due to the complex epidemiological situation in the western regions of Ukraine, where tens of thousands of people have become ill, thousands are in hospital, and dozens have died.”

УКРАЇНСЬКА ПРАВДА

Илона Петрик

Клиническая картина "свиного психоза" Или почему человек существо стадное

Украинская Правда, 6 ноября 2009, 09:22
https://www.pravda.com.ua/rus/articles/2009/11/6/4512289/

В демократичних спільнотах процес, що спрямований на формування індивідуальної свідомості людини, призводить до утворення масової свідомості. Це протиріччя між метою та наслідком не є алогічним.

Адже індивідуалізоване суспільство хоч і культивує особистий розвиток кожної людини, її неповторність, унікальність, свободу вибору, проте, забуває про важливий факт, сучасна людина – істота соціальна.

Фрейд, досліджуючи психологію людини в одній зі своїх праць, стверджує: "В психологічному житті людини завжди присутній "інший". Він, як правило, є взірцем, об'єктом, помічником чи супротивником, саме тому психологія особистості з самого початку є одночасно також і психологією соціальною в цьому широкому, але цілком обґрунтованому значенні".

Самоствердження людини в соціумі відбувається за допомогою її соціальної включеності і залежить від того, наскільки соціальний конструкт реальності індивіда співпадає з соціальним конструктом реальності інших.

Геніальні художники, музиканти, письменники є видатними не тільки тому що володіють унікальними талантами, але й тому що їхні твори шедеврами визнали інші. Тобто, людина і соціум знаходяться в стані постійної взаємозалежності.

В сучасності найбільший вплив на форму та зміст взаємодії індивіда та соціуму має глобалізація. Такий фактор як фактично не обмежений доступ до інформаційної мережі Інтернет є наслідками глобалізаційного процесу. І саме він є однією з причин формування масової свідомості суспільства.

Така свідомість легко піддається маніпуляції, адже її критичний рівень є достатньо низьким. В ролі маніпулятора виступають суб'єкти, які мають в своєму розпорядженні певні владні ресурси.

Оскільки однією з головних цілей влади, в тому числі і політичної, завжди було задоволення владних інтересів, то відповідно маніпуляція масовою свідомістю вдало використовується як інструмент досягнення цих інтересів.

В даному випадку, необхідно згадати про мету самої влади. У рамках якого б політичного режиму не розглядалося розуміння влади, сутність її залишається незмінною. Основна ціль влади – задоволення власних інтересів.

А от зробити так, щоб владні інтереси співпадали з інтересами суспільства, чи хоча б створити ілюзію того, що вони тотожні – це основні завдання влади при будь-якому політичному режимові.

Для цього влада і використовує інструменти маніпуляції свідомістю.

"Політична маніпуляція – це система засобів ідеологічного і духовно-психологічного впливу на масову свідомість з метою нав’язати певні ідеї, цінності, вплинути на громадську думку і політичну поведінку для спрямовування її у заданому напрямі", – пише експерт Центру політичної кон’юнктури Росії Автандил Цуладзе у своїй праці "Политические манипуляции или покорение толпы".

Політичні маніпуляції свідомістю існують двох видів: міжособові та масові. Для здійснення міжособових маніпуляцій важливо знати типові риси характеру особистості, оскільки, саме з їх урахуванням чиниться вплив на людину.

Для такого виду маніпулятивного впливу необхідний фактичний зв'язок маніпулятора з об’єктом маніпуляції. Тому для маніпуляції на суспільному рівні влада часто використовує інший вид впливу – маніпуляцію масовою свідомістю.

Масова свідомість суперечить раціональній свідомості індивіда, вона має такі особливості, що дозволяють майже без перешкод управляти нею за допомогою маніпулятивних методів.

Політична свідомість мас не може формуватися за допомогою практичної діяльності людей і завжди буде існувати у вигляді колективних уявлень, в походженні яких провідну роль відіграє не особистий досвід, а зовнішній вплив.

Так, на сьогодні неконтрольований потік інформації формує свідомість людини і викликає цілком необґрунтовану паніку.

В Україні право людини на інформацію забезпечується на рівні законів. Але враховуючи існування всесвітньої мережі Інтернет, таке право обертається проти критичного мислення індивідів.

Користувач Інтернету отримує величезний потік інформації, який його свідомість не встигає раціонально обробити. Особистість найкраще сприймає ту інформацію, яка не потребує складних розумових зусиль, саме цей факт вдало використовує маніпулятор.

Головна умова успішної маніпуляції полягає саме в тому, що переважна більшість громадян не хоче витрачати ні розумових зусиль, ні часу, щоб засумніватись в отриманому повідомленні. Причина цього полягає в тому, що пасивно отримувати потік інформації легше, ніж критично переробляти кожен її сигнал.

Часто люди переживають звуження свідомості: отримавши повідомлення, вони одразу ж з абсолютною впевненістю приймають одне-єдине його пояснення. В маніпуляції ефективно використовуються природні почуття людини. Їх можна викликати в підсвідомості індивіда завдяки інформації, яку він отримує.

Для маніпуляції свідомістю можна використати будь-яке почуття, якщо воно допомагає хоч на хвилину відключити критичну свідомість індивіда. Дуже часто маніпулятори використовують страх, ненависть, любов. Все це підсилюється ефектами правильного

психологічного використання маніпулятором кольорової гами фонів та малюнків на сайтах в Інтернеті тощо.

Сучасна людина отримує необмежений потік інформації, який не можливо обробити критично. Саме така людина і є жертвою політичної маніпуляції свідомості. Така маніпуляція набуває масового характеру, бо має необмежені можливості масового поширення інформації, завдяки технологіям сучасності.

В результаті, поширення інформаційних технологій, все більша кількість людей буде залучена до інформаційного поля, яке використовується маніпуляторами для формування масової свідомості та маніпуляції нею.

Утвориться "психологічний натовп" – маса об’єднана не спільним простором, а за допомогою, наприклад, засобів масової інформації, яка є об’єктом масової маніпуляції свідомістю, що полягає у нав’язуванні своєї волі методом прихованого впливу.

"Жертва маніпуляції не усвідомлює самого факту здійсненого впливу на неї. Такий ефект досягається завдяки впливу на підсвідомість об’єкта маніпуляції", – зазначає вище згаданий Цуладзе. Все це призведе до тотального контролю свідомості людей, зниження їхньої критичної здатності.

Цей самий процес сьогодні відбувається і з епідемією грипу A/N1H1, інформаційний потік необмежний, критичний поріг українців низький, все це породжує паніку та ірраціональні дії.

В даних умовах необхідно заспокоїтись, обміркувати ситуацію, спокійно та виважено проаналізувати обставини, і не піддаватись масовому психозу, в межах розумного, вжити дії для захисту власного здоров’я та здоров’я своїх близьких.

УКРАЇНСЬКА ПРАВДА

Константин Матвиенко

Эпидемия, как политтехнологичный метод победы "против всех"

Украинская Правда, 6 ноября 2009, 09:47
https://www.pravda.com.ua/rus/articles/2009/11/6/4512290/

Кого там, іще спіткало затоварення медичними засобами та препаратами? Панове, не полишайте свій бізнес на одинці із тим лихом! Звертайтеся, ласкаво просимо! Звертайтеся до нашої влади. У цій справі вам стануть у нагоді усі її гілки, гілочки і, навіть, сучки та сучечки.

Перш за все, звісно, виконавча гілка. Вона – виконавча гілка влади, зовсім недорого попрацює задля вашого зиску. Перш за все заволає на усю країну: "Громадяни, тільки без паніки, без паніки, людонькиии!!! Усе під контролем! Усім усього вистачить: і ліків і індивідуальних засобів захисту!"

Вона турботливо повідомить з екрану, у скільки шарів слід згортати марлю, особисто зустріне в аеропорті вантаж ліків, заморозить ціни у такий спосіб, що люди умить скуплять весь ваш товар, навіть у аптеках Кабінету Міністрів та Верховної Ради.

Влада працюватиме цілодобово. У телевізорі.

У безмежжі своєї щирісінької довіри до неї, влади, наші громадяни миттю розметуть ваші кількарічні товарні поклади – на складах вітер гулятиме. Ажіотажний попит дасть роботу підприємствам на території усієї Євразії та інших континентів.

Україна перетвориться на одного з провідних імпортерів лимонів. Добре, що й вітчизняний виробник не лишиться без прибутку. Бабці на ринках хутко збуватимуть часник, цибульку, дуже зросте попит на редьку, хрін, топінамбур. А щоб їм не заважали усілякі часникові контрабандисти, то пильна влада поставить тим злодюжкам заслін.

А тим часом, епідемія розвиватиметься своїм шляхом і в Україну полинуть міжнародні чиновники від медицини, які мужньо вивчатимуть ситуацію у самісінькому джерелі інфекції, підтверджуючи перед телекамерами її – влади – обґрунтовану стурбованість та не забуватимуть пропонувати свої вакцини, можливо також із ваших складів.

Від телевізійного ґвалту перелякаються сусіди і їхні прикордонники вдягнуть маски, попри те, що рівень захворюваності в середині їхньої великої країни є вищими у рази, ніж в Україні.

Скориставшись приводом, влада скасує на три тижні заняття та осінній призов до армії. Вчителям та викладачам рекомендуватимуть взяти відпустки за рахунок літніх – економія державних коштів, як і у випадку із призовом.

Знову таки зайва бюджетна копійчина для закупівлі у вас, панове фармацевти, того, що потрібне для боротьби за життя й здоров'я населення. Не погребуйте!

І, хоча, марлеві маски носитиме абсолютна меншість громадян, у аптеках потрібні засоби та ліки лишатимуться у дефіциті, а лікарі з ніг збиватимуться, часто через необґрунтовані виклики громадян, усе одно, разом із вами – суспільно відповідальними вітчизняними та закордонними підприємцями – епідемію владою буде успішно подолано.

У телевізорі.

Ні, ви ж лишень не подумайте, що наший гарант та наша, відома своєї безкорисливістю опозиція, залишать владу наодинці із епідемією, із бюджетними і вашими грошима та з телевізійною перемогою.

Ні у якому разі.

Президент підставить своє плече. Опозиція взагалі буде робити те, що у Мексиці та Болгарії робили поліція та армія – роздаватиме марлеві пов'язки.

Щоправда у тих країнах маски роздавали на вулицях усім людям, а в Україні – у парламентських кулуарах депутатам та журналістам. І правда, вони ж так само – люди!

Втім, мирному населенню також трохи перепаде від партійно-депутатської щедрості. В агітаційних наметиках роздаватимуть пов'язки разом із листівками та газетками. І то хліб.

Не пастимуть задніх у цій справі й ЗМІ, коли у вас, наприклад, виникла затовареність очними краплями, то вам допоможуть масові газети, під рубрикою "PR", повідомляючи своїм читачам, що від грипу можна рятуватися й тими ліками (газета "Сегодня" від 3 листопада, архів номера в електронному вигляді відсутній, але у паперовому є).

Для того, аби громадяни лишалися у тонусі, телевізор постійно їм нагадує, скільки осіб вже пішли із життя через грип.

Добре, що хоча б не додумалися якимось особливим чином відзначати перехід порогу у сотню смертей.

Інформаційне суспільство зіграло із українською владою злий жарт. Чиновники-політики перетворюються на шоуменів й від того ефективність їхньої адміністративної роботи множиться на нуль.

Політика, зокрема й політика охорони здоров'я, підміняється політичними технологіями, засобами іміджмейкінгу та реклами. Дедалі частіше це технології "чорні", засновані на роздмухуванні паніки, настроїв ксенофобії, дезінформації та брехні.

Натомість системна, зокрема, і науково-аналітична робота щодо випрацювання стратегії, наприклад, боротьби з епідеміями не має попиту у політиків. Вони є клієнтами політтехнологів.

Кандидати у президенти та їхні посіпаки, кидають одне одному люті звинувачення, водночас подаючи себе, як єдино спроможну команду, здатну вивести країну "звідкілясь кудись", але громадяни, відірвавшись від телевізора та вийшовши на вулицю чудово усвідомлюють, що лишаються сам на сам з епідемією, злочинністю, сваволею хабарників та елементарним здирництвом бізнес-влади. Роздратування та зневіра ростуть.

Політикани і політтехнологи дружно й злагоджено руйнують та закопують нинішню систему суспільно-політичних взаємин країни, разом із собою. Загалом туди їм і дорога – і політиканам і системі – "всіх панів до одної ями...", але...

Ті, хто з понтом намагаються позиціонувати себе, як нові й здорові сили, насправді є породженням того ж хворого організму українського політичного середовища. Їхні мотивації до політичної діяльності та цінності, а також, що вкрай важливо, – їхні капітали сформовані завдяки тій самій системі яку вони, нібито намагаються зруйнувати.

У їхній обслузі ті самісінькі політтехнологи. Прихід до влади цих молодих та задиракуватих означатиме не злам, а консервацію корупційного консенсусу некомпетентної еліти.

Щоб убезпечити себе від суспільної дискредитації політичні банкрути спробували вилучити з виборчого бюлетеня рядок "Проти усіх". Щось там не зрослося і цю позицію наразі залишено.

Отже, поставимо суто теоретичне запитання: коли у другому турі виборів президента кількість тих, хто проголосує проти обох кандидатів перевищуватиме суму голосів поданих за них разом узятих, то на яку суспільну підтримку спиратиметься проголошений президент?

Що тоді взагалі являтиме собою влада з точки зору суспільної легітимності?

УКРАЇНСЬКА ПРАВДА

Ігор Попов,

Выборы ведут к "свиному" сценарию

Украинская Правда, 6 ноября 2009, 14:01
https://www.pravda.com.ua/rus/articles/2009/11/6/4512365/

Епідемія грипу радикально змінила хід виборчої кампанії в Україні. Змінено пріоритетність питань порядку денного, поламано плани агітаційних кампаній, штаби терміново переглядають набір технологій для просування своїх кандидатів.

Для розуміння наслідків грипозного ефекту на кампанію необхідно розділяти фактор власне масових захворювань, фактор паніки серед населення, та перші спроби політичних спекуляцій на темі грипу.

Скандальний та кризовий характер цієї виборчої кампанії був прогнозований. Останні кампанії 2006, 2007, а також київських виборів 2008 року – базувалися на спекуляціях жадібністю виборця.

Основними трендами були змагання обіцянок щодо розміру соціальних виплат або навіть суми прямих проплат виборцям за голоси. Фінансова криза зробила використання цих методів неможливими. А спроби керівника уряду обіцяти підвищення зарплат всім категоріям виборців, боротьба опозиції за закон про соціальні стандарти – не дали різкого росту рейтингів. Виборець почав розуміти, що ці обіцянки або не будуть виконані, або лише приведуть до інфляції і обвалу курсу нацвалюти.

Перші обміни компроматними ударами також не дали ефекту, що також було прогнозовано. Фальшиві дипломи, дачні будиночки в Межигірї чи навіть депутати-педофіли – стали серіями мильних опер, але не дали голосів упертого електорату.

Залишався єдиний інстинкт, на якому можна заробити електоральні дивіденди – страх. Завезені з півночі технологи кількох кандидатів вважають гексогеново-терористичні сценарії 1999 року одним із еталонів зламу виборчої кампанії.

Прихід каліфорнійського штаму грипу в Україну виявився дуже вчасним. Без інформаційної кампанії навколо цього порядок кандидатів у рейтингу навряд чи змінився би і до 7 лютого. Саме криза, всеохватна, з залученням кожного громадянина, з емоціями і панікою – може реально вплинути на результат виборів.

Одразу відкинемо версію про штучний характер епідемії. Фахівці доводять, що вона таки є, і що дійсно хвороба серйозна і боротися нам з нею не один тиждень. На жаль, прихід епідемії ми проспали, так само як і прихід фінансової кризи.

Перші десять днів боротьби з грипом – 10:0 на користь епідемії. Система влади реагує досить повільно і часто непрофесійно, у боротьбі більше політики а не фаховості.

Якщо далі піде так само, і кількість хворих зростатиме, неодмінно постане питання введення надзвичайного стану. У цьому питанні має бути мінімум суб'єктивізму та політиканства.

Якщо в діючих правових умовах влада не впорається – треба вводити надзвичайні умови щодо правил, процедур та менеджменту.

Надзвичайний стан дозволить взяти під контроль внутрішніх військ та підрозділів МНС розподіл ліків, дотримання обов'язковості заборони масових заходів, виконання рішень РНБО без політичних дискусій, і нарешті мінімізує появу політиків з коментарями щодо медичних нюансів. Менеджмент операції через єдину вертикальну систему штабів із чітким підпорядкуванням прибере бюрократичні перепони та конкуренцію відомств.

Будемо сподіватися, що Уряд справиться з епідемією і без надзвичайного стану, але якщо вірус і паніка не будуть погашені – керівник уряду стане перед серйозною дилемою.

Випустити ситуацію з-під контролю – це пряма загроза національній безпеці. Зробити подання про надзвичайний стан – це перенесення виборчої кампанії та втрата шансів на перемогу.

Епідемія вже ставить питання щодо рівності кандидатів та прав виборців. Режим карантину діє в областях одного політичного "кольору" і не діє в інших, що впливає на доступ виборців до інформації.

Заборона масових заходів більше вдарила по опозиційних кандидатах, бо кандидати при владі можуть відвідувати карантинні області, зустрічатися з активом, із пресою у рамках боротьби з епідемією, опозиційні кандидати таким чином є дискримінованими. Спірними з точки зору закону можуть виглядати роздачі медикаментів та масок кандидатами, хоча з моральної точки зору ми їх розуміємо. Презентація програм і дискусії навколо змісту програм стали просто нецікавими.

Масова захворюваність призупинила постановку агітаційних наметів та відмінила інші методи особистої агітації виборців. Зараз можуть виникнути проблеми з набором кандидатів у виборчі комісії та з кворумом у комісіях.

ЦВК сподівалася провести роботу по уточненню реєстру виборців, яка не була проведена за два роки, в останні місяці перед виборами. Але в умовах карантину зробити це буде важко, що посилить і так існуючу проблему якості списків. Навіть явка виборців може бути меншою на 15-20% через хвороби та відмову відвідати дільниці – місця масового скупчення людей.

Маючи більше ніж 2 місяці до дня голосування, цілком можливо подолати першу хвилю каліфорнійського грипу і не допустити наступні хвилі. Проте в разі оголошення надзвичайного стану вибори треба буде не призупиняти, а переносити.

В разі дії режиму надзвичайного стану протягом двох місяців, нова дата виборів може припасти на 30 травня, одночасно з місцевими виборами, що до речі зекономить державі мільярд гривень. Одночасні вибори ускладнюють роботу комісій, проте в умовах економічної кризи потрібно економити.

Звичайно, тема епідемії відвернула увагу громадськості від пустого бюджету, невдалого газового контракту, відключеного опалення, такфірських терористів та навіть розслідування

педофілгейту. Проте паніка не буде триматися всі три місяці, що показує світовий досвід проходження і пташиного грипу, і коров'ячого сказу, і появи свинячого грипу в інших країнах.

Нові кризи можуть принести нові радикальні повороти в сценарії виборів. За новітньою традицією, кожного Нового Року ми з друзями крутимо крани на газовій трубі, а Європу посилаємо в баню.

Якою буде газова війна цієї зими і хто на ній виграє – залишається питанням. Проте це питання можна зняти і зараз, якщо уряд доб'ється письмової фіксації змін до контракту січня 2009 року, щоб Україна була впевнена у відсутності штрафних санкцій за недобір газу, тому що поки ми маємо лише усні обіцянки.

Знову найближчим часом постане інша проблема - як уряд боротиметься з українською економікою: доб'ється друкування коштів чи перестане платити зарплати? Сподівання, що зарплати за листопад-грудень ми отримаємо прямо з бюджету МВФ на зарплатні картки – поступово розсіюються.

Звичайно, дехто пам'ятає вибори в Росії в 1996 році, коли міжнародних банкірів залякали комуністичним реваншем, і кредити привозили одразу готівкою у ящиках з-під ксерокса, проте повторюсь – "Україна не Росія"…

І якщо ці кризи не зламають хід виборів, є в запасі ще і погроза: "Навіть якщо ти виграєш вибори, спробуй виграти суди". Коли в лютому нам набридне грип, ми можемо запустити революцію, суди, і історія яка в 2004 році була драмою, за класикою жанру виглядатиме в рімейку по іншому.

Я пишаюся нашими виборами. І навряд чи можуть нас чомусь навчити ті, хто максимум що міг придумати під свої вибори – нещасна "прослушка" в готелі "Уотергейт" чи шашні Білла з практиканткою. Хоч у чомусь наші технології – високі. І ми зможемо хоча би їх експортувати. Якщо за цими іграми збережемо країну.

KYIV POST
UKRAINE'S GLOBAL VOICE

U.S. to donate 930,000 doses of H1N1 vaccine to Ukraine in early December

Kyev Post, 7 November 2009, 21:10
https://web.archive.org/web/20091108013250/http://www.kyivpost.com/news/nation/detail/52093/

"In an effort to stop the global spread of pandemic 2009 H1N1 influenza virus, the United States is planning to donate 10 percent of US domestic H1N1 vaccine supply, as it becomes available, to a WHO-led H1N1 vaccine initiative. The US donation to WHO, equivalent to 25 million doses of vaccine, would be valued commercially at approximately $10 million," the embassy said in a statement.

As part of the first phase of this initiative, Ukraine is scheduled to receive 930, 000 doses of H1N1 vaccine in early December, the embassy said.

"Planning to complement this donation with a broad range of interventions to support the safe delivery and deployment of the vaccines, the US government will be working closely with the government of Ukraine in the days ahead to identify needs and agree on a package of immunization-related commodity and technical support that can be implemented rapidly to support H1N1 immunization," the statement reads.

Besides, the US government is prepared to make available immunization ancillary materials such as syringes, needles, and vaccine safety disposal boxes, to provide technical support for immunization planning as well as for logistics and assistance to transport the vaccine, to train vaccinators and other professionals, and to prepare communications materials in support of the immunization campaign

THE FLU CASE

Will the US supply the Ukrainian government with swine flu jabs for forced vaccinations?

The Flu Case, 7 November 2024
https://web.archive.org/web/20100102011633/http://theflucase.com/index.php?option=com_content&view=article&id=1680%3Awill-the-us-supply-the-ukrainian-government-with-swine-flu-jabs-for-forced-vaccinations&catid=1%3Alatest-news&Itemid=64&lang=en

The American media is full of stories about how a shortage of swine flu vaccine is driving up demand, and yet according to this report in the Kyiv Post, the US has a "domestic reserve" of swine flu jabs big enough to allow 930,000 doses to be donated to the Ukraine in early December, around the time when a Ukrainian forced mass vaccination campaign as indicated by Prime Minister Viktor Yushchenko could start.

The swine flu jabs Pandemrix and Focetria are classified as bioweapons by EU and US regulators, according to biopharma databases, giving the mass vaccination campaign conducted under martial law the character of biological warfare.

ALGEMEEN / BUITENLAND

Slowakije sluit grens met Oekraïne om griep

NU.News, 7 november 2009, 16:57
https://web.archive.org/web/20100106024625/http://www.nu.nl/buitenland/2118199/slowakije-sluit-grens-met-oekraine-griep.html

BRATISLAVA - Slowakije sluit op één na alle grensovergangen met Oekraïne vanwege de Mexicaanse griepepidemie. In Oekraïne zijn bijna 900.000 mensen besmet geraakt, van wie er ten minste 135 zijn overleden.

Bij de belangrijkste grensovergang Vysne Nemecke, die open blijft, worden artsen en hygiënisten gestationeerd.

Zij moeten iedereen die de grens over wil, controleren op griepverschijnselen. Wie mogelijk besmet is mag niet verder.

De grens tussen Slowakije en Oekraïne is de oostelijke grens van de Europese Unie. Wie Slowakije binnenrijdt, kan via de open grenzen verder reizen naar de meeste landen in de EU, waaronder Nederland.

THE FLU CASE

Ukraine closes all borders to Slovakia (and EU) due to the swine flu

The Flu Case, 10 November 2009, 20:41
https://web.archive.org/web/20100102035426/http://theflucase.com/index.php?option=com_content&view=article&id=1673%3Aclusters-of-hemorrhagic-h1n1-pneumonia-in-ukraine&catid=1%3Alatest-news&Itemid=64&lang=en

BRATISLAVA - Slovakia closes all but one border to Ukraine because of the flu outbreak. In Ukraine there are now more than 900.000 people infected and 135 have died so far.

At the only open border at Vysne Nemecke, doctors are stationed to check EVERY PERSON for flu symptoms. Anyone who exhibits signs of flu symptoms is not allowed in the country.

The border between the Ukraine and Slovakia is the East border of the EU. When a person enters this border, free travel within the EU is possible without checkpoints.

THE FLU CASE

Clusters of Hemorrhagic H1N1 Pneumonia in Ukraine

The Flu Case, 7 November 2009
https://web.archive.org/web/20100102035426/http://theflucase.com/index.php?option=com_content&view=article&id=1673%3Aclusters-of-hemorrhagic-h1n1-pneumonia-in-ukraine&catid=1%3Alatest-news&Itemid=64&lang=en

Recombinomics Commentary, 4 November 2009, 11:54
Ivano-Frankivsk Oblast

All the six dead young people had symptoms of severe hemmorhagic pneumonia. The disease starts slowly, with temperature rising to 37.2 - 37.3 degrees, slight cough and pain in joints. Nasal catarrh developed at the end of the second or third day. Autopsy revealed that the lungs were soaked with blood, the oblast chief specialist said.

The above comments are from an early story describing cases in Ukraine. The clustering of hemorrhagic cases raised concerns. The concern was increased by anecdotal reports citing a high frequency of such cases in Lviv (see map). The recent WHO announcement that they were initially focusing of severe acute respiratory illness in Lviv also increased concerns.

Hemorrhagic pneumonia was also observed in the 1918 pandemic and was thought to be linked to cytokine storm. Consequently, those with robust immune systems (previously health young adults) disproportionately died, which has also been seen in the current outbreak (Mexico, US, and worldwide). However, the cases in Ukraine appear to be clustered, raising concerns that the virus has changed.

However, the change may be minor, since the current H1N1 has produced the above symptoms in earlier cases. More severe cases may be linked to a higher viral load, which could be linked to minor genetic changes, or simply due to concentration of virus in schools. In the US the spread of the virus has been linked to school openings, which lead to an explosion of cases and subsequent student deaths. However, now there are increases in fatalities in teachers and administrators, increasing concerns worldwide.

In Ukraine, weather changes and heating issues may have led to a surge in cases, and increased concentrations of virus could have produced conditions favoring high viral loads and increased cytokine storms.

Samples have been sent to Mill Hill, and sequence data should be released shortly. Similarly, investigations on hemorrhagic pneumonia in lviv should help resolve the mechanism for the high concentration of such cases in western Ukraine.

However, H1N1 spread in Kiev has been noted, and other countries such as Belarus have announced additional H1N1 suspect or confirmed fatalities.

Sequence analysis of these cases and an update on the frequency of hemorrhagic pneumonia in Ukraine and worldwide would be useful.

THE FLU CASE

Opposition party candiates banned from travelling in the Ukraine
Elections to be postponed

The Flu Case, 7 November 2009, 09:55

https://web.archive.org/web/20100102035502/http://theflucase.com/index.php?option=com_content&view=article&id=1675%3Aelections-in-ukraine-may-be-postponed-under-pandemic-pretext&catid=41%3Ahighlighted-news&Itemid=105&lang=en

The Ukrainian government could soon declare a national emergency, and postpone elections due to be held on January 17th until May 30th under the pretext of fighting a pandemic, Ihor Popov, an advisor of President Viktor Yuschenko, said yesterday.

"The pandemic has radically changed the election campaign," Popov told Ukrainskaja Prawda» on Friday.

"The prohibition against public meetings affects candidates of the opposition parties," he added.

Candidates of the incumbent ruling party who have a government job will still be allowed freedom of movement and be able to visit regions under quarantine and conduct election rallies, unlike candidates for parties challenging the incumbents in the upcoming elections.

"The flu has become a new political technology in the Ukraine," the Ukrainian edition of the Russian newspaper Izvestia said.

The head of the government Julia Timochenka, who is trailing in opinion polls, was the first to put on a face mask, and is omnipresent in the local media, according to the AFP.

"Timochenko is playing the role of the chief epidemiologist of the country," said Volodymyr Fesenko, driector of the political research center Penta.

Timochenko has appealed to all Ukrainians to wear face mask. Last, week she also met in person an airplane bringing 16 tonnes of Tamiflu drugs from Switzerland.

Mykhaïlo Brodski, an independent candidate in the elections, has said that the pandemic hysteria is being used to "turn people's attention away from real problems."

"The election campaign has already offered us (...) paedophila and the plague. The next attacks will probably be dedicated to cannabilism and vampires," said a popular Ukrainian blogger.

The presidential campaign has been tarnished with accusation of paedophila against three deputies associated with Julia Timochenko and the suspicion that the opposition party is going to be robbed of an electoral victory.

the Source is not known - AFP / 02 novembre 2009 18h10

“La grippe est devenue une nouvelle technologie politique en Ukraine”, ironisait lundi l’édition ukrainienne du quotidien russe Izvestia.

La chef du gouvernement Ioulia Timochenko, qui figure en deuxième place dans les sondages, a été la première à monter au créneau, devenant omniprésente dans les médias.

“Timochenko joue le rôle de l’épidémologiste en chef du pays”, raille Volodymyr Fesenko, le directeur du Centre de recherches politiques Penta.

Puis, durant le week-end, Mme Timochenko a pris le chemin des plateaux de télévision, appelant les Ukrainiens à se munir de masques chirurgicaux, quitte à les fabriquer eux-mêmes.

Infatigable, elle est allée accueillir personnellement dans la nuit de dimanche à lundi un chargement de 16 tonnes d’antiviral Tamiflu, commandé d’urgence en Suisse.

“Ce sont des héros”, note, sarcastique, sur son blog Mykhaïlo Brodski, un candidat indépendant à la présidentielle, accusant les dirigeants ukrainiens de jouer sur “l’hystérie pour détourner l’attention des gens des problèmes réels”.

“La campagne électorale nous a déjà offert (…) +la pédophilie+ et +la peste+. Les prochaines attaques seront probablement dédiées au cannibalisme et aux vampires”, résume, cinglant, un autre bloggeur populaire ukrainien.

Car le début de la campagne présidentielle a déjà été terni par des accusations de pédophilie contre trois députés proches de Mme Timochenko et des soupçons de viol visant M. Ianoukovitch.

FROMTHEOLD

Trail leading to Pneumonic plague in Ukraine involved "chemtrails" or mysterious spray, fears of vaccine

From The Old, 8 November 2009, 09:48
https://web.archive.org/web/20091110232904/http://fto.co.za/news/trail-pneumonic-plague-ukraine-chemtrails-spray-fears-vaccine-2009110815746.html

In 2002 the US military was acused of “conducting a chemical weapons research and development program in violation of international arms control law” Whereby they replied

“JNLWD's [US Department of Defense's Joint Non-Lethal Weapons Directorate] secret program is not focusing on highly lethal agents such as VX or sarin. Rather, the emphasis is on "non-lethal" chemical weapons that incapacitate. JNLWD's science advisors define "non-lethal" as resulting in death or permanent injury in 1 in 100 victims.(1) JNLWD's Research Director told a US military magazine "We need something besides tear gas, like calmatives, anesthetic agents, that would put people to sleep or in a good mood." These weapons are intended for use against "potentially hostile civilians", in anti-terrorism operations, counterinsurgency, and other military operations.

The major focus of JNLWD's operation is on the use of drugs as weapons, particularly so-called "calmatives", a military term for mind-altering or sleep inducing chemical weapons.”

March 26 (2009) it was reported that Vaccine side effects scare grips Ukraine as thousands of Ukrainians refused the vaccinations being scared of diseases like diphtheria, mumps, polio, hepatitis B, tuberculosis, whooping cough among others.

Then the Health officials said that the fear of getting these vaccinations could lead to disease outbreaks spreading through out the Soviet republic and beyond. Health officials around the world then said they are struggling with the repercussions of the vaccination fears as they were unwarrented and dangerous

June 26 (2009) Suspicious aircrafts were forced to land. A US operated AN-124 changed its call sign from civillian to military which then triggered a response from the IAF upon entering Pakistani air space, the plane was forced to land in Mumbai while the second one was forced down by Nigerian figther jets that also arrested the crew.

According to reports China (China’s People's Liberation Army Air Force) contacted the Indian and Nigerian intelligence officials about the presence of these US operated Ukranian aircrafts amidst growing concern that the United States were spreading "biological agents" in the Earth's atmosphere also which some Chinese officals believed to be a attempt to mass genocide via the spread of h1n1 swine flu.

The strange thing about these reports and arrests as well as the forcing down of the planes were that these aircrafts were carrying "waste disposal" systems that could spray up to 45000kg or 100pounds of aerial type mist from sophisticated network of nano pipes that led throughout the trailing edges of the wings thereby dispersing whatever was in these tanks through a mist.

Airplane registration was UR-CAK;

People usually call these chemtrails.

19 September (2009) A Chicago researcher dies working with Yersinia pestis (the plague) (which is now supposedly spreading through Ukraine)

A University of Chicago researcher died Sun., Sept. 13, at the Medical Center's Bernard Mitchell Hospital from an infection which may be attributable to a weakened laboratory strain of Yersinia pestis, the bacteria that causes the plague.

The researcher studied the genetics of harmful bacteria, including a weakened strain of Yersinia pestis that lacks the bacteria's harmful components. This strain is not known to cause illness in healthy adults and has been used in some countries as a live-attenuated vaccine to protect against plague. It has been approved by the Centers for Disease Control and Prevention (CDC) for routine laboratory studies. The weakened strain does not require the special safety precautions required for work with virulent strains.

Though there does not appear to be a threat to the public, and no other illness related to this case has been reported, the Medical Center infection control team is working with the Chicago Department of Public Health (CDPH), the Illinois Department of Public Health (IDPH) and the CDC to investigate the case and take all appropriate precautions.

“This death is a tragic loss to our community,” said James L. Madara, MD, Dean of the Biological Sciences Division and Pritzker School of Medicine, and CEO of the Medical Center. “We are all saddened to lose a valued colleague.”

The patient's initial autopsy showed no obvious cause of death except for the presence of bacteria. Routine cultures of the patient's blood grew the weakened strain of Y. pestis. Whether the attenuated strain caused the fatal illness in this researcher remains uncertain. Additional studies to assess the connection are underway.

Nevertheless, once the attenuated strain of Y. pestis was identified on Sept. 18, Medical Center officials immediately notified the CDPH. As a precautionary measure and in cooperation with the CDPH, Medical Center personnel began notification of family, friends, colleagues and health care personnel who may have had contact with the patient.

People exposed to Y. pestis typically develop symptoms within 2 to 10 days. None of the potential contacts has reported illness. The weakened strain is not believed to be dangerous to healthy individuals, but underlying health conditions could potentially increase susceptibility. Anyone who might have been exposed will be offered antibiotics as a precaution.

While rare in the United States, plague remains a significant problem in the developing world, where up to 3,000 cases are reported every year. U.S. cases still occur in parts of California, Colorado, Utah, Arizona, Nevada and New Mexico. The last known case of person-to-person transmission of plague in the United States occurred in 1924.

Then **LAST WEEK** Airplanes sprayed mysterious substance over Ukraine days before pneumonic plague outbreak => https://web.archive.org/web/20091109014651/http://fto.co.za/news/airplanes-sprayed-mysterious-substance-ukraine-days-pneumonic-plague-outbreak-2009110615732

Kiev, Ukraine - Authorities in the town of Kiev, Ukraine denied any spraying of "aerosolized medication" by aircraft over the city. This after it was reported that light aircrafts were seen flying over the forest market area that sprayed a aerosol substance to fight h1n1 or swine flu.

5 Sources confirms this and the local newspapers of Kiev also received hundreds of phone calls from residents and business owners close to the area the planes were spraying the suspicious substance. Not only that but local businesses and retailers were "advised" to stay indoors during the day by the local authorities.

As if that is not enough, the government authorities also pushed the radio stations in Kiev to deny the reports. Online on forums, websites and blogs reports came in about eye witness accounts that confirms this. There was also reports of helicopters spraying aerosols over Kiev, Lviv, Ternopil and throughout Ukraine.

30th October the Ukraine president Viktor Yushchenko ordered the army or Ministry of Defense to establish mobile hostpitals to provide “essential medications” for people infected with h1n1 (swine flu).

Then just recently the entire Ukraine was put under martial law, more shocking is the statement before the serious pneumonic plague broke out “Due to the complex epidemiological situation in the western regions of Ukraine, where tens of thousands of people have become ill, thousands are in hospital, and dozens have died.”

So what exactly is going on here? Coincidence or not?

THE FLU CASE

Ukraine first and Austria second for martial law?

The Flu Case, 8 November 2009, 14:13
https://web.archive.org/web/20100102024057/http://theflucase.com/index.php?option=com_content&view=article&id=1697%3Aukraine-first-and-austria-second-for-martial-law&catid=1%3Alatest-news&Itemid=64&lang=en

On a cold, overcast December afternoon in 2004, I briefly met with Viktor Yuschenko, the Ukrainian President.

He had been treated for poisoning at a hospital in Döbling and when he was released, he held a press conference surrounded by doctors and attended by scores of journalists.

Yuschenko stood there barely saying a word, looking haggard and with a bluish pallor: his face was pock marked and his hair was an unnatural colour; his eyes were full of mistrust and fear even though the private Rudolfinerhaus clinic held few threats.

Five years on, this shattered looking individual, who was once the head of a pro democracy movement, is about to proclaim himself a dictator.

Ukraine is the first country to come under the control of the WHO and the UN under the International Health Regulations 2005, and the reality is that Yuschenko and his Prime Minister Julia Timoschenko are just carrying out the orders from WHO and the UN when they suspend civic rights and democracy under the pretext of fighting a pandemic emergency.

Whatever is left of freedom in the Ukraine is about to be extinguished:
- Elections in January are set to be suspended.
- Demonstrations have been banned.
- Political opponents have been prohibited from travelling inside areas put under quarantine.
- Borders have been partly closed already.
- Critics of a mass vaccination campaign are facing criminal prosecution and goal.
- Huge swathes of land have been put under quarantine.

Plans are in the works for the forced vaccination of people with a toxic and untested swine flu vaccine. The US government is planning to send nearly a million doses of the jab. a substance classified as a bioweapon, to the Ukraine by early December…..

Pregnant women and children are the first to be given the jab which Yuschenko using the twisted logic and lies worthy of the Nazi Propagandist Josef Goebbels has said must be administered to them to "protect their health".

Tents belonging to Eurolab have sprung up in Kiev offering treatment against the flu http://ukrainiantranslator.blogspot.com/.

Eurolab appears to be the diagnostic department of the German scandal-hit coporate giant Siemens in yet another private government partnership. http://clinic.eurolab.ua/en/eurolab/

Yuschenko has justified implementing martial law on behalf of WHO by the sudden appearance of a pneumonic plague in the western part of the Ukraine that appears to be artificially engineered.

There have been reports of planes spraying towns before the appearance of the plague. WHO was part of an exercise on plague bioterrorism just a month before the actual plague appeared. Baxter has a facility in the Ukraine.

WHO and the international corporate crime syndicate that fund them, may have decided that they could not go ahead with their plan to trigger a pandemic in Europe and the USA because the public awareness of the dangers of the vaccine jab has become too great, not least as a result of WHO and Baxter being caught contaminating 72 kilos of vaccine material with the live bird flu virus in February.

Miniscule numbers of people have gone to take the swine flu vaccine across Europe. In Sweden the numbers might also be as low as a few thousand because the government only counts how many doses of the swine flu have been distributed (1.4 million) and not how many jabs have actually been given.

The Ukraine may, therefore, have seemed like a better place to test their model and carry out their plan of generating a plague, panic, confusion, declaring a mutated virus, inserting the virus into vaccines, and waging biological warfare against defenceless civilian population eventually using Ukraine's own army and military through a forced vaccination programme.

Expect WHO, which is examining the Ukrainian mystery virus, to announce the swine flu has morphed into the bird flu to spread panic. This will be an excuse for WHO to insert the live bird flu virus into vaccines, and so spread the pandemic even further.

WHO has been preparing for years for a bird flu pandemic, after all. The bird flu is an artificial lab virus reconstructed from the Spanish Flu pandemic virus by US scientists in a bioweapons lab.

The Austrian corporate media – controlled by the same corporate crime syndicate that pull the strings of WHO – are preparing the people here for the idea that the pandemic could soon spread. Five flights a day land from Kiev and there are no precautions to test infected people in place, pipes an Austrian newspaper.

How long until the Austrian newspapers declare the plague or bird flu has reached Austria? How long until we see the attempt by the government at the brutal implementation of martial law preceding forced vaccinations and quarantines?

The number of police and private security forces patrolling on the streets in Austria has certainly increased dramatically recently. There are even uniformed, private security guards now patrolling Vienna University's libraries, something totally new. Extra police have been put in the airports and border crossings. The army command structure has been centralized.

Special army units based in Korneuburg, the same place where Baxter has its facilities, have bene practicing pandemic emergency exercises and quarantining patients in hospitals.

The Austrian government is facing protests from students and an ecomonic collapse engineered by the corporate crime syndicate that funds big pharma and WHO. The government has saddled the Austrians with huge debts to the banks that will suck out of the economy huge amounts of money leaving even less for students, pensioners as Depression comparable with the 30s approaches.

The evidence of crimes committed by members of the government is so great that if the Justice Minister Claudia Bandion Ortner were not herself so corrupt, then most of the parliament would be in gaol.

How long until the Austrian government, corrupted to the core, threatens people with martial law under the pretext of a pandemic to avoid having to face accountability for their crimes?

How long until WHO and UN officials following the orders of the banksters and pharma companies take over the health service and the police and mandate forced vaccinations and quarantines in Austria?

With a bridgehead in western Europe for their pandemic plans, WHO could then attempt the same tricks in other countries as in Austria.

newsru.com

Минздрав Украины завалил страну препаратами "Тамифлю" и теперь не знает, что с ними делать

News.Ru, 9 ноября 2009
https://www.newsru.com/world/09nov2009/tami.html

Министерство здравоохранения Украины делает неоправданно масштабные закупки препарата "Тамифлю", справляющегося с вирусом свиного гриппа. Уже закуплено 500 тысяч доз - этого количества хватит для лечения 700 тысяч человек. Однако, по официальной статистике на понедельник, гриппом A/H1N1 в стране болеют 65 человек.

Несмотря на это, ожидается поставка еще 400 тыс доз лекарства, и, таким образом, всего на его закупку будет израсходовано 60,3 млн грн из 115 млн, выделенных правительством именно на обеспечение противогриппозными лекарственными препаратами, пишет "Дело".

Главный санитарный врач Украины Александр Биловол сообщил, что Минздрав уже потратил 70% из общей суммы в 500 млн грн, выделенных на борьбу с эпидемией гриппа. Зачем министерство осуществляет такие масштабные закупки препарата "Тамифлю", Биловол объяснить не смог. Более того, он подтвердил, что для профилактики свиного гриппа это лекарство использовать нельзя.

Ранее врачи предупредили, что "Тамифлю" необходимо использовать только после консультации с врачом, поскольку его неправильное применение может быть очень опасным для организма человека, отмечает NEWSru.ua.

Этот препарат уже вызвал нарекания в России. Директор НИИ гриппа РАМН Олег Киселев не рекомендовал давать его детям, у которых может возникнуть ряд побочных эффектов: рвота, бессонница, диарея, головная боль, кашель и боль в животе.

Отметим, впрочем, что по многим заявлениям врачей, "Тамифлю" пока является единственным в мире препаратом, способным бороться со свиным гриппом. Однако Всемирная организация здравоохранения (ВОЗ) подтвердила уже 39 случаев заражения вирусом, который оказался устойчивым к "Тамифлю". Последний такой случай зарегистрирован на прошлой неделе в Нидерландах.

Впрочем, "запасливость" украинского Минздрава может оказаться полезной: глава ВОЗ Юкка Пуккила прогнозирует, что страна может столкнуться со второй волной эпидемии гриппа A/H1N1, которая может продолжаться более длительный период.

THE FLU CASE

Ukrainian Prime Minister tells supporters to carry "infection" to every village and city

The Flu Case, 9 November 2009

https://web.archive.org/web/20100102045109/http://theflucase.com/index.php?option=com_content&view=article&id=1707%3Aukrainian-prime-minister-tells-supports-to-carry-qinfectionq-to-every-village-and-city&catid=41%3Ahighlighted-news&Itemid=105&lang=en

Ukrainian Prime Minister Julia Tymoschenko appears to have told supporters attending a recent election rally that she is sure they will carry an „infection" back home in a clip on Youtube.

According to a Ukrainian blog, Tymoschenko said to supporters: "*And I know that when each one of you goes home, that you will carry a part of this good, wonderful infection of battle for freedom into every village and city. Will you be able to do that?*"

The Ukrainian blogger speculates whether it was a slip of the tongue or whether the clip is taken out of context and the word "infection" had another metaphorical meaning. The clip is certain to fuel fears that the pneumonic plague that appeared mysteriously in western Ukraine was engineered by Tymoschenko and Ukrainian President Viktor Yuschenko in order to declare martial law and retain power with an election on the horizon.

=> in German

Beim Treffen im Café war auch ein neuer Typ dabei, den ich nicht kannte. Ein Marketing-Experte. Ich habe ihn nebenbei zu seinen Eindrücken zum Thema Grippe in der Ukraine befragt.

Erstens meinte er, dass seine Schwester vor einer Woche in Iwano-Frankiwsk war, also im Westen der Ukraine, wo sie herkommt. Es waren dort keine Medikamente erhältlich, weil die Leute aus Panik alles aufgekauft haben. Die Ärzte hätten dadurch angeblich auch keine Patienten mit wirklichen Beschwerden behandeln können. Danach ist seine Schwester in die Karpaten zum Skifahren gefahren. Sie ist immer noch dort und meinte zu ihm, dort wäre alles ganz ruhig und man könnte wirklich ganz normal Urlaub machen.

Dann meinte er, dass die Grippe jetzt als Ablenkungsmanöver herhalten muss, weil die Partei von Julia Tymoschenko (und wir befinden uns ja im Wahlkampf) gerade einen schweren Imageverlust durch einen Pädophilie-Skandal einiger Parteimitglieder erlitten hatte. Außerdem eignet sie sich ganz gut dazu, Massenveranstaltungen zu verbieten, was es den Konkurrenten von Tymoschenko sehr schwer macht, eigene Wahlkampfveranstaltungen durchzuführen. Sie selbst hatte ihren Massenauflauf auf dem Unabhängigkeitsplatz und ihre Konzert-Tour gerade hinter sich gebracht. Dann zeigte er mir noch einen YouTube-Clip mit ihr als Beweis für einen Freudschen. Ich glaube aber, dass dieser Ausschnitt genauso gut aus dem Kontext gerissen gewesen sein könnte. Im Video klingt es so, als wäre ihr das Wort "Infektion" herausgerutscht, aber es kann auch sein, dass sie es davor als Metapher eingeführt hatte. Ich bin bestimmt kein Fan, aber anhand dieses kurzen Ausschnitts würde ich persönlich so etwas nicht einfach so unterstellen.

Hier wäre jedenfalls das Video: [deleted]

Der Text dazu lautet: "*Und ich weiß, dass wenn jeder von Euch zu sich nach Hause fährt, ihr einen Teil dieser guten, wundervollen Infektion des Kampfes für die Freiheit in jedes Dorf und in jede Stadt tragen werdet. Werdet Ihr das machen können*?"

Jedenfalls waren R. und ich danach noch essen, und es scheint sich zu beruhigen. Im Lokal hatte nur das Personal Masken. Wieder einmal waren selbstgemachte dabei. Ich glaube, sie sind immer noch ausverkauft. Zumindest konnte die Dame vor mir gestern in der TAS-Apotheke keine bekommen.

recombinomics
elegant evolution

Total Destruction of Lungs in Ukraine Fatal H1N1 Cases

Recombinomics, 9 November 2009, 04:22
https://web.archive.org/web/20091112093144/http://www.recombinomics.com/News/11090903/Ukraine_Lungs.html

The symptoms are observed at different stages of disease - a fever with a temperature over 38 C, cough, respiratory disorders. When cough was characterized by negligible allocation phlegm or dry unproductive cough with blotches of blood. All the patients come to hospital on average by 3-7 days of onset, were in serious condition. Period of time from onset to death averaged from 4 to 7 days. In all patients during a hospital for signs of respiratory insufficiency of various degrees, which quickly rose and manifested accelerated respiration rate, shortness of breath and effectiveness of independent breathing. X-ray studies were performed on 1-2 day hospitalization. Most patients experienced a double-headed particles of lower lung lesion, followed by a trend towards total destruction.

The above translation is from an announcement today from the Ukraine Ministry of Health describe 90 fatalities (see map) associated with community acquired pneumonia. The full report included the age distribution, which exactly match distribution reported previously by other countries for swine H1N1. 52/90 fatalities were in the age group of 19-40, followed by 26/90 in the 41-55 age group.

Coughing up blood followed the "total destruction" of lungs again gives a clinical picture of hemorrhagic pneumonia caused by H1N1 swine flu.

However, although the 90 recent fatalities described above are clearly due to H1N1, many reports continue to cite a low number of H1N1 lab confirmed cases, which is more reflective of limited testing than actual cases.

Earlier reports cited pneumonia deaths not associated with the influenza/ARI category and the basis for the classification of approximately half of such deaths into a separate category remains unclear.

The above description of these fatalities increase the need for the immediate release of sequences from H1N1 isolated from the lungs of these fatal cases.

Samples were sent to Mill Hill a week ago and only a minimal description (no "large" changes and no anti-viral resistance) of the sequence data. As the number of reports of sequences with receptor binding domain changes in isolates from lungs of fatal H1N1 cases increase, the need for full and rapid disclosure of sequences from large outbreaks such as the one in Ukraine become a major health care imperative.

THE FLU CASE

Bird Flu Pandemic

The Flu Case, 12 November 2009

https://web.archive.org/web/20100102014837/http://theflucase.com/index.php?option=com_content&view=article&id=1760%3Ahas-the-swine-flu-virus-mutated-to-become-more-like-the-spanish-flu&catid=41%3Ahighlighted-news&Itemid=105&lang=en

Has the H1N1 swine flu virus in Ukraine mutated to become more like the 1918 Spanish flu that killed 50 to 100 million people across the globe? Just like the current H1N1 swine flu virus sweeping the globe, the 1918 Spanish flu was a virus strain of subtype H1N1. Just like the current H1N1 swine flu virus, most of the victims of the Spanish flu were healthy young adults. Now news has come out that the patients that are dying in Ukraine are experiencing the total destruction of their lungs – just like the 1918 Spanish flu.

Recombinomics has posted a translation from an announcement by the Ukraine Ministry of Health that describes what is happening to these patients and how their lungs are being absolutely destroyed by this virus:

The symptoms are observed at different stages of disease – a fever with a temperature over 38 C, cough, respiratory disorders. When cough was characterized by negligible allocation phlegm or dry unproductive cough with blotches of blood. All the patients come to hospital on average by 3-7 days of onset, were in serious condition. Period of time from onset to death averaged from 4 to 7 days. In all patients during a hospital for signs of respiratory insufficiency of various degrees, which quickly rose and manifested accelerated respiration rate, shortness of breath and effectiveness of independent breathing. X-ray studies were performed on 1-2 day hospitalization. Most patients experienced a double-headed particles of lower lung lesion, followed by a trend towards total destruction.

Reports such as this, along with the fact that the WHO has not released the sequences from the samples taken from patients in Ukraine is leading Recombinomics and others to fear that the H1N1 swine flu virus has indeed mutated and become more like the 1918 Spanish flu.

In fact, infectious disease expert Dr. Donald Lau claims that the odds of the Ukrainian pandemic virus being the exact same H1N1 virus that is infecting the rest of the world are extremely low: "The statistical probability of this being the same H1N1 virus are infinitesimally small."

In any event, the situation in Ukraine is quickly becoming worse. As we reported yesterday, almost 1 million people in Ukraine have now reported flu-like symptoms. In addition, 6 health care workers have died and more than 2000 other health care workers are now seriously ill in Ukraine with flu-like symptoms.

But what is most striking is how incredibly similar the virus ravaging Ukraine is to the 1918 Spanish flu. Recent reports from Ukraine indicate that victims of the virus have been bleeding from every orifice. Now consider the following description of the 1918 Spanish flu from Wikipedia:

"One of the most striking of the complications was hemorrhage from mucous membranes, especially from the nose, stomach, and intestine. Bleeding from the ears and petechial hemorrhages in the skin also occurred."

Not only that, but pneumonia has been so prominent in Ukraine that it led many to speculate that it was actually pneumonic plague that was killing people there. In addition, one of the most prominent features of the virus in Ukraine is that it causes massive hemorrhaging and destruction in the lungs.

Considering that, check out how Wikipedia describes the deaths that were caused by the 1918 Spanish flu:

The majority of deaths were from bacterial pneumonia, a secondary infection caused by influenza, but the virus also killed people directly, causing massive hemorrhages and edema in the lung.

So has the H1N1 swine flu virus mutated to become more similar to the 1918 Spanish flu? If not, it sure is acting a whole lot like the 1918 Spanish flu.

And that would be really, really bad news. The 1918 Spanish flu killed approximately 3 percent of the world's population. Tens of millions of people died.

Nearly a hundred years later, humanity circulates around the globe so much faster thanks to our amazing advances in transportation. Therefore, a truly horrific virus could spread to virtually every corner of the globe in record time.

In addition, if the H1N1 swine flu virus has mutated, it is likely that the swine flu vaccine will not do an ounce of good to fight the mutated virus. Instead, many natural health experts are warning that taking the H1N1 swine flu vaccine will fry your immune system and make it even more likely that you will catch the next virus to come along.

Not only that, but reports of adverse reactions to the swine flu vaccine are quickly coming in from all over the globe. In particular, pregnant women who have taken the vaccine (remember they were pushed to the front of the line for the vaccine) are reporting absolutely horrific miscarriage stories. This whole thing is quickly becoming a total worldwide health disaster.

THE FLU CASE

Ukrainian Health Ministry figures on flu raise questions

The Flu Case, 10 November 2009, 08:08

https://web.archive.org/web/20100102004953/http://theflucase.com/index.php?option=com_content&view=article&id=1715%3Aukrainian-health-ministry-figures-on-flu-raise-questions&catid=1%3Alatest-news&Itemid=64&lang=en

The Ukrainian Health Ministry said on November 8th that 155 people had died due to the mysterious flu while nearly a million people – 969.247 – are sick with the flu or an acute respiratory illness. This is nearly four times as many people as six days before. On November 2nd, 255,516 people were reported to have the flu.

According to the figures of the Ukrainian Health Ministry, the number of victims of the mysterious flu, therefore, double every three days.

At this rate, about two million people will be infected by November11th, four million by November 14th, eight million by November 17th, sixteen million by November 20th and 32 million by November 23rd.

MED НОВОСТИ

Михаил Алексеев

Только без паники

MED Новости, 11 ноября 2009, 21:18
https://web.archive.org/web/20091116002821/http://medportal.ru/mednovosti/main/2009/11/11/nopanic/

Вирус A/H1N1, ставший на прошлой неделе доминирующим штаммом гриппа в России и мире, неуклонно распространяется по территории нашей страны. Согласно официальной статистике, сейчас эта инфекция лабораторно подтверждена у 4,5 тысячи россиян. Быстрый рост числа заболевших заставил Россию приступить к вакцинации против нового гриппа на несколько недель раньше запланированного срока. Минздрав и другие ведомства делают все возможное, чтобы убедить сограждан в том, что ситуация с гриппом находится под контролем и причин для паники нет.

Все в норме

По словам министра здравоохранения и социального развития Татьяны Голиковой, уровень заболеваемости всеми разновидностями гриппа и ОРВИ в Российской Федерации находится на уровне прошлых лет, а летальных исходов в первые девять месяцев 2009 года зафиксировано даже *меньше, чем в прошлом году*. Впрочем, доступная в настоящее время статистика ограничивается данными, собранными по сентябрь включительно, тогда как резкий скачок заболеваемости гриппом пришелся на октябрь и начало ноября.

…

Помощь ближним

Несмотря на то, что острый дефицит противовирусных средств ощущается в нескольких регионах России, правительство РФ выразило готовность уже на этой неделе поделиться российским “Арбидолом” с братской Украиной. Уже на этой неделе туда будет безвозмездно направлено 200 тысяч упаковок российского лекарства.

Ситуация с гриппом на Украине действительно тяжелая: с конца октября там зарегистрировано более 1,2 миллиона случаев ОРВИ и гриппа, более 90 тысяч людей госпитализированы, сотни скончались. Так что сейчас украинские власти принимают любую помощь не только от США, Евросоюза и ВОЗ, но и вообще откуда угодно.

По словам Татьяны Голиковой, в будущем Россия, возможно, сможет поделиться с Украиной и своими вакцинами против гриппа H1N1. Один из отечественных препаратов уже проходит регистрацию в украинском Центре иммунобиологических препаратов. Впрочем, учитывая темпы вакцинации в России, к моменту, когда в нашей стране появятся излишки вакцин, украинская эпидемия может уже закончиться.

THE FLU CASE

Stephen Lendman

Suspected Hemorrhagic Pneumonia Outbreak Hits Ukraine

The Flu Case, 11 November 2009, 10:27

https://web.archive.org/web/20100102044323/http://theflucase.com/index.php?option=com_content&view=article&id=1729%3Asuspected-hemorrhagic-pneumonia-outbreak-hits-ukraine-by-stephen-lendman-&catid=1%3Alatest-news&Itemid=64&lang=en

On October 29, the Australian web site zik.com.ua reported that: "Western Ukraine was hit by a severe epidemic of unidentified influenza, tentatively diagnosed by doctors as viral pneumonia. The number of dead has climbed dramatically. Doctors advise Western Ukrainians to stay home and use preventive medicine." https://web.archive.org/web/20091101012920/http://zik.com.ua/en/news/2009/10/29/202374

On October 30, Jane Burgermeister's theflu.com reported that: "More than 30 people have died in the Ukraine as a result of a mysterious new virus that has an affinity for the lungs," according to Swiss reports. Ukraine's Health Ministry said the virus' origin is unknown and showed "no signs of mutating to become more virulent." So far, 40,000 people were reported sick and 951 hospitalized.

https://web.archive.org/web/20091103080745/http://www.theflucase.com/index.php?option=com_content&view=article&id=1459:origin-of-new-virus-in-ukraine-unknown-says-government&catid=1:latest-news&Itemid=64&lang=en

On October 30, healthfreedomalliance.org reported that Ukraine's Health Minister, Vasyl Knyazevych, said two laboratories diagnosed 11 of 33 samples tested as "highly influenza A/H1N1." As a result, he considered declaring a nationwide quarantine, even though western areas alone were affected.

Since October 19, 30 deaths, including one child, from "acute respiratory infections," were reported, at first called SARS (severe acute respiratory syndrome, a serious form of pneumonia caused by a virus). Influenza A virus affects birds and some mammals like pigs.

WHO Fear Mongering

The WHO says Swine Flu is similar to seasonal strains. Most cases are mild, and many people recover unaided. Yet it called the virus "unstoppable" and, on June 11, declared its highest phase 6 alert, saying: "The world is now at the start of the 2009 influenza pandemic." On July 13, it stopped just short of mandating mass vaccinations to halt the pandemic's spread.

On its November 1 "Pandemic (H1N1) 2009" update, it said "more than 199 countries and overseas territories/communities have reported laboratory confirmed cases of pandemic influenza H1N1 2009, including over 6,000 deaths."

On November 3, it reported the outbreak in Ukraine, "confirmed (as) H1N1 (based on) samples taken from patients in two of the most affected regions," and concluded that "most (Ukraine influenza) cases are caused by the H1N1 virus.

Infectious disease expert, **Dr. Donald Lau**, disagrees, saying: "The statistical probability of this being the same H1N1 virus (is) infinitesimally small." He believes a highly virulent new strain is to blame. Public health authority, Dr. Leonard G. Horowitz sees a deadly connection between governments and the drug cartel over dangerous, toxic vaccines.

On You Tube, he recently warned that: "These vaccinations contain highly unstable viruses that easily mutate, because they are 'live active' laboratory mutants that are being administered....People shed these 'live' viruses up to three weeks following vaccination. That means if you haven't been vaccinated, and you get near someone who has and then sneezes, you can get their H1N1 laboratory infection."

He explained that anyone contracting H1N1, from vaccinations or other Swine Flu-infected persons, risks combining it with other internal or environmental viruses, creating a lethal mix that can kill. He expressed great concern about vaccines used to transmit dangerous viruses, capable of mutating into deadly ones, believes this may be happening in Ukraine, and thinks America and other nations may be next.

Ukraine Reports of Overhead Aerosol Spraying

On October 31, Kiev newspaper editors got dozens of calls about light planes doing aerosol spraying during the day. In refuting the claims, the district's Emergency Response office said "no permission had been granted for small aviation aircraft to fly within the city limits." Yet eye-witness accounts from Lviv, Ternopil, and other Ukraine cities said the same thing.

On November 8, the South African web site fto.co.za reported that last June 26:

"Suspicious aircraft were forced to land. A US operated (Russian-made long-range heavy transport) AN-124 changed its call sign from civilian to military which then triggered a response from the IAF (Indian Air Force) upon entering Pakistani air space (forcing) the plane to land in Mumbai while (a) second one was forced down by Nigerian fighter jets that also arrested the crew."

"According to reports, China's People's Liberation Army Air Force contacted the Indian and Nigerian intelligence officials about the presence of these US operated Ukrainian aircraft amidst growing concern that the United States was spreading 'biological agents' in the Earth's atmosphere, which some Chinese officials believed to be an attempt to (commit) mass genocide via the spread of H1N1 swine flu."

These aircraft "were carrying 'waste disposal' systems that could spray up to 45,000kg (nearly 100,000 pounds) of aerial type mist from sophisticated....nano pipes" in the planes' wings - called chemtrails. "Then last week, (aircraft) sprayed (an unknown) substance over Ukraine days before the (mysterious) plague outbreak."

Quarantine and Martial Law Declared

On October 30, president Viktor Yushchenko quarantined nine regions, ordered mobile military hospitals established throughout the country, and was expected to declare martial law. Reports from western Ukraine said a "severe outbreak of UNIDENTIFIED Influenza, (is) suspected by doctors to be a form of viral pneumonia."

On November 4, in a nationwide address, Yushchenko cited:

- an "emergency epidemic situation in the country," caused by "infections of viral origin, including A/H1N1 flu (that are) rapidly spreading across Ukraine;"
- "People are dying; the epidemic is killing doctors;"
- "three pathogens of viral infections came to Ukraine at the same time: two of them are seasonal flu and the third is the A/H1N1; according to virologists, such a combination of infections due to mutation may produce a new, even more aggressive virus;"
- "It is generally known that the only way to prevent any infection is vaccination;" Dr. Viera Scheibner, the world's foremost vaccine expert, calls it the worst way as vaccines often cause the diseases they're designed to prevent;
- "in early October," it was known that "viral infections in the west of the country" were spreading;
- "The current Constitution after alterations in 2004 makes the Government solely responsible for conducting state healthcare policy....(by) my decree I put" the National Security and Defense Council (in charge) of decision-making;"
- "Failure to comply with its orders will immediately result in application to the law enforcement authorities."

In other words, Yushchenko declared martial law. He also ordered a crackdown on political protests, the arrest of public health officials opposed to mass Swine Flu vaccinations and quarantines, arrests of anyone not complying, and a ban on all infection medicines except Swine Flu vaccines.

By November 6, Deputy Health Minister, Zinovy Mytnyk, said "633,877 people (were) suffering from flu and acute respiratory infections," and "95" had died.

On November 7, healthfreedomalliance.org updated the totals to "871,037 Influenza/ARI (acute respiratory infection) cases, 39,603 hospitalized, and 135 deaths, and asked if Baxter released a bioweapon in Ukraine, saying "Evidence appears to suggest" it. It cited a February 24 bloomberg.com report that "Baxter Sent Bird Flu Virus to European Labs by Error (containing) contaminated (virus) samples...." =>

https://web.archive.org/web/20091105021337/http://www.theflucase.com/index.php?option=com_content&view=article&id=1534:has-baxter-international-released-a-biological-weapon&catid=41:highlighted-news&Itemid=105&lang=en

https://web.archive.org/web/20110715234330/http://www.bloomberg.com/apps/news?pid=newsarchive&sid=aTo3LbhcA75I

The problem was discovered when inoculated ferrets in a Czech lab died. Austrian health minister, Sigrid Rosenberger, confirmed that Baxter supplied batches "infected with a bird flu virus." Company spokesperson, Christopher Bona, blamed "human error." Others were skeptical, including Austrian journalist Jane Burgermeister.

On June 10, she filed sweeping criminal charges with the FBI in addition to earlier April 8 ones with the Vienna State Prosecutor's Office against Baxter AG, Baxter International and Avir Green Hill Biotechnology AG, "for manufacturing, disseminating, and releasing a biological weapon of mass destruction on Austrian soil between December 2008 and February 2009 with the intention of causing a global bird flu pandemic virus and of intending to profit from that same pandemic in an act that violates laws on international organised crime and genocide."

Baxter operates Biosafety Level 3 (BLS-3) labs that take strict precautions to assure against accidental H3N2 (human influenza) and H5N1 (bird flu) co-mingling contamination. Letting it happen suggests something more nefarious than an accident.

BLS-3 personnel are trained in handling pathogenic and potentially lethal agents and are supervised by competent, experienced scientists. In addition, these labs have specially engineered design features for added safety.

By combining H3N2 and H5N1 viruses, "*Baxter produced a highly dangerous biological weapon* with a 63 per cent mortality rate. The H5N1 virus is restricted in its human-to-human transmissibility, especially because it is less airborne."

"However when....combined with seasonal flu viruses (easily transmitted by air), a new flu virus is created which is unknown to the human immune system and which will have a severe impact on an unprotected population. A deadly virus of this kind could spread around the world in a short time and (potentially) infect millions (or) even billions of people."

Baxter (via Avir) "distributed (72 kilos of) contaminated (live bird flu) vaccines using false concealment and false labels to 16 laboratories in Austria and....other countries at the end of January/beginning of February, potentially infecting at least 36-37 laboratory staff, who (were) treated preventively for bird flu and ordinary flu." On the same day, 18 Avir employees were as well at Vienna's Otto Wagner Hospital.

Burgermeister cited a Baxter-Avir 2006 contract with Austria's Health Ministry for 16 million vaccine doses in case a bird flu pandemic was declared. This "laboratory incident shows that national and international authorities are not able to fulfill their obligations to ensure the safety of the Austrian people," and indicates they engaged in a cover-up.

"If a pharmaceutical company can breach laws – and almost trigger a bird flu pandemic, which (potentially could spread worldwide) – without being made accountable for it....then there is, de facto, no rule of law on Austrian territory."

She also contends that Baxter's production system, "namely, the use of 1200 liter bioreactors and vero cell technology," meets "the technical criteria to be classified as a secret dual purpose large-scale bioweapon production facility (able to produce) a huge amount of contaminated vaccine material....rapidly."

"If (this) material were added to the 1200 liter bioreactors, it would replicate and infect the entire batch of vaccine material in (it). Contaminated material could (then) be distributed among sections of the population using false labels and secretly marked batches (able to) infect millions of people."

Burgermeister accused high-level Austrian Health and other Ministry officials of knowledge and support of this practice. Otherwise, controls would have prevented it. In June, she named drug

producers Baxter, Novartis and Sanofi Aventis; world agencies, including the WHO, UN, and CDC; and high-level officials in Austria, other European countries, and America.

Did Baxter Release a Bioweapon in Ukraine?

Baxter has a facility in Ukraine. Given the above evidence, it may be behind the current outbreak. A November 1 David Rothscum infowars.com article headlined: "Has Baxter International released a biological weapon," in citing an earlier Huffington Post report on a man named Joseph Moshe, a Mossad biological warfare expert. True or not, he warned, on an August radio program, about "a biological weapon....being made by Baxter International('s Ukraine facility) that would be spread through vaccine and would cause a plague upon its release." Having reported this two months before the outbreak lends credence to his story.

https://web.archive.org/web/20091105021337/http://www.theflucase.com/index.php?option=com_content&view=article&id=1534:has-baxter-international-released-a-biological-weapon&catid=41:highlighted-news&Itemid=105&lang=en

In August, Ukraine was almost influenza free. On October 30, earthtimes.org said only two cases of Swine Flu had been reported. According to fto.co.za, on March 26, reports were that "thousands of Ukrainians refused" to be vaccinated, because of fears about "diphtheria, mumps, polio, hepatitis B, tuberculosis, (and) whooping cough among others. Health officials said (this) could lead to disease outbreaks...." Perhaps unleashing a "biological weapon" is how to convince them and millions elsewhere.

Rothscum confirmed Moshe's credentials, noting that "massive numbers of microbiologists have been dying bizarre deaths." Among them:

- Stephen Lagakos, Professor of Biostatistics and AIDS researcher at Harvard's School of Public Health, died in an October auto collision;
- Malcolm Casadaban, reknown molecular geneticist, died of plague in September;
- Wallace Pannier, noted germ warfare scientist, died in August of respiratory failure;
- August "Gus" Watanabe, former Eli Lilly and Company Executive Vice President of Science and Technology and former head of its Research Laboratories, died of apparent self-inflicted wounds from a .38-caliber handgun; a note left behind cited depression over his daughter's death;
- Caroline Coffey, Cornell University post-doctoral biomedicine researcher, died in June from massive cuts to her throat; and
- Nasser Talebzadeh Ordoubadi, a Mind-Body-Quantum medicine pioneer and discoverer of an antitoxin treatment for bioweapons, died in February of "suspicious" causes.

On November 7, theflucase.com asked: Is the Ukraine outbreak "the plague? A mutated virus? Or is the plague the cover for introducing a mutated virus?" Citing the South African web site fto.co.za., it wondered if the Ukraine Swine Flu strain "might have mutated (to) pneumonic plague."

It reported Ukraine's Deputy Minister of Health saying his nation has a different H1N1 strain than the rest of the world because of how many were infected so fast. Other officials disagree and suggest this one may have mutated to something else because it "has a much bigger rate of filling the lungs with blood....The plague or virus in the Ukraine has 10 times the mortality rate (attributed to) normal swine flu."

However, unconfirmed reports are that "people are going on as normal....they also say this is fear mongering" to promote voluntary vaccinations. "Everyone is waiting for the gene sequences which will confirm whether this has been hyped up, a real mutated H1N1, or just bad (Ukraine) health services." Perhaps exaggerated illness and death reports to stoke fear and be a pretext for what followed.

Ukraine is now under martial law. Civil liberties are suspended. By government edict, anyone may be criminally prosecuted. Scheduled January elections may be delayed or cancelled. Public demonstrations are banned. Political opponents are prohibited from traveling in quarantined areas. Borders are partially closed. Mandated vaccinations are coming. WHO fear-mongering is hyping the danger. A month before the outbreak, it took part in a bioterrorism plague exercise. On November 7, Lake of the Hills, IL police conducted their own against pneumonic plague as part of the McHenry County Department of Health's emergency planning.

Burgermeister suggests that Baxter, the: "WTO and the international corporate crime syndicate that funds them may have decided they could go ahead with their plan to trigger a pandemic in Europe and the USA because the public awareness of the dangers of the vaccine has become too great, not least as a result of WHO and Baxter being caught contaminating 72 kilos of vaccine material with the live bird flu virus in February."

Opposition to Vaccinations in Europe

Across the continent, opposition is widespread. Few are showing up to get it. On November 7 in Paris, a public demonstration against them was held. As of November 5, less than 0.1% of the French population was inoculated despite a mass vaccination campaign. 90% of Greek health workers oppose them. Reports from Portugal say vaccine centers are nearly empty, and doctors and nurses won't take them. Sources expect a "revolution" if they're mandated.

A mid-October Der Spiegel article reported an "open rebellion" among general medical professionals and child physicians across Germany over dangerous Swine Flu vaccines. Dieter Ludwig, drug commission chairman of the German medical profession, said health authorities colluded with drug companies to promote them.

In Denmark, most public officials and healthcare workers won't take them, citing the danger and saying H1N1 is no different from seasonal flu. Throughout Scandinavia, sentiment is the same with up to 75% opposition. In Sweden, as few as several thousand have gotten them. Across the continent also, in the Netherlands, Spain, Belgium and elsewhere. Also large segments of the US, Canadian and UK populations voice strong opposition. Open protests are occurring in Austria. In other countries as well. Millions know the toxicity and won't touch them. Ukraine's outbreak may be a counteroffensive to force them, first there, then globally.

Ukraine Outbreak Spreads

On November 6, innworldreport.net headlined, "Pneumonic Plague Outbreak in China Follows Outbreak in Ukraine." The town of Ziketan (population 10,000) reported two deaths and a dozen others infected. The "area inside a 17-mile radius" was quarantined to contain it. The "highly contagious disease, one of the most virulent and deadly diseases on earth, (is) usually fatal within 24 hours. It attacks the lungs and kills nearly everyone who catches it unless treated rapidly with antibiotics."

On the same day, **Belarus President Alexander Lukashenko** called the panic over Swine Flu artificially created by drug companies. He urged people not to panic, and said authorities are monitoring the situation in neighboring Ukraine. Ten deaths were reported in the Minsk, "preceded by flu-like symptoms."

Radio Free Europe/Radio Liberty disseminates US propaganda in 20 countries, including Russia, Ukraine, Iran, Iraq, and Afghanistan. On November 4, it headlined, "Swine Flu Fears Spread from Ukraine to Afghanistan," then reported, true or false, incidences showing up in Iran, Belarus, Turkmenistan, Serbia, and other Balkan countries. "Afghanistan has declared a nationwide public health emergency and closed all educational institutes for three weeks."

On November 2, the Chinese web site sina.com reported that authorities in a southeast Bulgarian district declared an A/H1N1 epidemic, according to local media accounts. The "sick rate" rose "to 200 per 10,000 people," and in some towns is approaching epidemic levels. A later report said 210 per 10,000. Two deaths were reported, and Bulgaria's chief health expert, Tencho Tenev, said "at least two million Bulgarians, or 30 percent of (the) population, could become infected with the flu virus over the coming months."

On November 9, thebirdflupandemic.com headlined, "Russia, Belarus and Bulgaria On The Verge Of A Flu Epidemic As Cases in Ukraine Near 1 Million."

Same day Ukraine reports said 1,031,597 people are sick with flu-like symptoms, 52,742 have been hospitalized, and 174 people have died. On November 6, Russia's Chief Health Official, Gennady Onishchenko, said most regions in the country "are on the verge of a flu epidemic."

"Disturbing reports are beginning to surface in western Europe. In Austria, special army units based in Korneuburg (where Baxter's facilities are located), have been conducting pandemic emergency exercises and quarantining patients in hospitals. Are they expecting something to happen?"

WHO "Whole-of-Society Pandemic Readiness Guidelines for Pandemic Preparedness and Response in the Non-Health Sectors"

Prepared in April 2009, the same month Swine Flu was reported in Mexico, it was revised in July and now easily accessed coincidently with the Ukraine outbreak. Its aim is:

"to prepare the whole of society, beyond the health sector, for pandemic influenza....including public and private sector organizations and essential services."

The flucase.com says it "outlines how WHO will take over a country's essential services, including water and sanitation; fuel and energy; food; health care; telecommunications; finance; law and order; education; and transportation under the pretext of a pandemic emergency."

The "guidelines" state:

"National inter-ministerial pandemic preparedness committees should map out the central government's roles, responsibilities, and chain of command and designate lead agencies," answerable to the WHO that's perhaps enforceable during a "health emergency." It may work like this.

Vaccine law **attorney, Alan G. Phillips** says:

"....underlying laws.... allow states to mandate vaccines in an emergency....throw out exemptions, (and) impose quarantines and isolation outside of our homes."

US laws are similar. They can mandate vaccinations and let states isolate and quarantine influenza victims if authorities call the disease infectious and life-threatening. Under the 2006 Public Readiness and Emergency Preparedness (PREP) Act, the HHS Secretary may declare any disease an epidemic or national emergency requiring mandatory vaccinations, quarantine, or other protective measures. It's a short step to empowering WHO with authority over most nations in short order.

Its "guidelines" also want Defense Ministries to designate military assets to enforce vaccinations and quarantines under pandemic conditions. They also say:

"Ministries of Justice should consider what legal processes could be suspended during the pandemic and make alternate plans to operate courts" while it continues.

According to theflucase.com:

"leaked (French) documents show that the Minister of Justice has ordered the suspension of the most basic rights, and people can be incarcerated for up to six months without having to appear before a judge in a pandemic emergency."

Might America and other nations order similar measures under a "pandemic emergency," real or bogus.

Internal 2006 IBM Document Reveals Advance Knowledge of a Planned Pandemic

Titled, "Services & Global Procurement pan IOT Europe, Pandemic Plan Overview," it was distributed to upper-level management in France. It predicted a "100% chance (of a) planned (pandemic) occurring within the next 5 years," covering quarantines and operational procedures to be taken after an official WTO announcement. This document suggests what many believe - that governments and the drug cartel, in collusion with the WTO, orchestrated the current crisis, choosing Ukraine as the lead target. The situation there deserves close monitoring because of what may happen globally.

Advance Pandemic Warning and Early Preparations .

Replikins, Ltd. is a small Boston-based biotech firm that "develops and markets....predictive products and vaccines....based upon the company's discovery of Replikins, a new group of peptides related to the rapid replication function in viral and other diseases (capable of) predicting the emergence of virulent strains of particular diseases."

On April 7, 2008, a year before the reported Mexican H1N1 outbreak, it published a "FluForecast" stating the following:

"Replikins, Ltd. has found that the Replikin Count of the H1N1 strain of influenza virus has recently increased to 7.6 (plus/minus 1.4), its highest level since the 1918 H1N1 pandemic....A rising Replikin Count of a particular influenza strain, indicating the rapid replication of the virus, is an early warning which has been followed consistently by an outbreak of a specific strain. The current increase appears to be specific to H1N1; there was a concurrent 80% decline in the Replikin Count of (seasonal) H3N2, for instance."

"The current H1N1 appears to be rapidly replicating simultaneously in the US and Austria....However, the same virus replikin structures detected by FluForecast software in all three previous pandemics, namely 1918 H1N1, 1957 H2N2, and 1968 H3N2, as well as in H5N1 (Avian Flu), have not yet been detected in the currently evolving H1N1."

In an October 24, 2007 press release, the US Treasury Department discussed the "preliminary results of the industry-wide pandemic flu exercise....More than 2,700 organizations registered to participate anonymously (which) began in September and ran for three weeks." Involved were banks, insurance companies, securities firms and exchanges, and state and federal regulators.

"The exercise simulated a pandemic wave with a peak absenteeism rate of 49 percent....President Bush directed Treasury in May 2006 to coordinate with the banking and finance sector to better prepare its response to a pandemic crisis."

On December 12, 2007, FEMA Region I (for New England) hosted a joint federal-state exercise "to strengthen contingency plans for an influenza pandemic. Operation PANEX 07 is the first functional exercise of its type in this country designed to determine best practices for a coordinated multi-agency response to an outbreak."

Participating agencies included the Department of Homeland Security (DHS), Health and Human Services (HHS), and Defense (DOD) "in partnership with their counterparts in the six New England states."

On July 28, 2009, CNN reported that the Pentagon will "establish regional teams of military personnel to assist civilian authorities in the event of a significant outbreak of the H1N1 virus this fall, according to Defense Department officials....The plan calls for military task forces to work in conjunction with (FEMA)."

Consider the implications. On October 23, Obama declared a H1N1 national emergency. The Pentagon will be in charge if conditions warrant it. Civil liberties may be suspended. Martial law may be declared. Mandatory toxic, dangerous vaccinations may be ordered, known to cause auto immune diseases ranging from annoying to debilitating to life-theatening. The situation in Ukraine bears watching. It may signal what's soon heading everywhere.

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Also visit his blog site at sjlendman.blogspot.com and listen to The Global Research News Hour on RepublicBroadcasting.org Monday – Friday at 10AM US Central time for cutting-edge discussions with distinguished guests on world and national issues. All programs are archived for easy listening.

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Population Reduction: Globalist Endgame Begins?

SkyWatch Canada / Infowars, 12 November 2009

https://web.archive.org/web/20100102111945/http://www.infowars.com/population-reduction-globalist-endgame-begins

Ukraine's Prime Minister Yulia Tymoshenko wears a protective mask as she visits a hospital in Ivano-Frankivsk November 3, 2009.

On October 30th, 2009 editors of local papers in Kyiv, Ukraine received a flood of phone calls from citizens reporting low flying aircraft spraying an unknown aerosolized substance over L'viv, Ternopil and other cities. On October 27th of the Ukrainian media broke the story that on October 26th, in Ternopil an unknown flu had killed seven people, and that over the past few days about 6 thousand people had sought out medical attention in regards to flu like symptoms.

From this first report through to the 9th of November over 1 million people inside the Ukraine people have contracted some form of flu like illness. This is almost double the number of 'confirmed' H1N1 cases worldwide in all other countries. There have also been over 155 deaths reported due to influenza during this time. This outbreak is unprecedented yet it has received minimal coverage in the western media. It just seemed to get lost amidst all of the swine flu coverage, and written off as just more cases of H1N1 before any lab samples had been processed.

In the Ukrainian and Russian media however the outbreak has been treated more seriously and has been referred to as 'pneumonic plague'. On October 29th, a report came out of Ukraine describing the deaths of 6 young people in the Ivano-Frankivsk Oblast. After the autopsies were performed it was recorded that the cause of death in these individuals was "severe hemorrhagic pneumonia".

Also unconfirmed reports from bloggers in the Western Ukraine that doctors were seeing that this was a new form a flu that killed much faster than the regular H1N1 virus. Soon Ukrainians started to panic, and the stores emptied of masks and all forms of flu medication. Even onions, garlic, and lemons became scarce in so me cities.

As a countermeasure to this outbreak 9 Oblasts (cities) were placed under quarantine by the government. The WHO sent a team of experts to take samples of this new flu and send them back to the Mill Hill lab in London to determine the gene sequences of this flu, and to discover if this was in fact the same Californian/Mexican A/H1N1 virus. On November 3rd the WHO announced that the samples had been received at Mill Hill, yet almost a week later there have been no reports issued and no gene sequence data released. If these were typical samples it seems that an announcement would have been made already. The silence is deafening.

It should also be noted that rumors of the doctors being told not to disseminate any information about the new flu cases that would incite any panic, were later confirmed by statements made by the Ukrainian government that police have been told to confiscate hospital reports on patients who have recently contracted the flu.

All things considered, it would not be a surprise if this unidentified virus turned out to be far more serious than the mild A/H1N1 circulating the globe. Two unconfirmed reports, one in 2002 and one in 2009 by alleged government insiders revealed that at some point that live 1918 Spanish flu would be released on a large scale in the form of a vaccine, for the purpose of mass genocide. The August 2009 report by Joseph Moshe revealed that he was involved with Baxter in a plan to release the 1918 virus in the Ukraine.

Not only was it confirmed that he was a microbiologist, his claim was also substantiated by the current Ukrainian outbreak. After a number of deaths in September the Ukrainian government "banned the use of the H1N1 vaccine. This would make it quite difficult to release the 1918 virus as described by Joseph Moshe."

It now seems as though the vaccine ban will be lifted and h1n1 vaccines will be forced on the people of Ukraine. On November 9th the "Globe and Mail" published a story that revealed, despite "previous claims" by the Ukrainian Government that they had not authorized the use of aerosolized medication on the public as a response to the outbreak, that they in fact "sprayed the city with the necessary products".

Was this in fact medication or disinfectant? If so why would the government deny this? “Was the spraying in fact a release of the mystery flu? Was the original intention to release it via the vaccine? Was the aerosol release the plan B after the Ukrainian government banned the use of the vaccine?

A blog post from a Lviv resident claimed that his mother who works for the city council received a text message the night of Oct 29th from a colleague warning her to keep her windows closed as something was to be sprayed. The context wasn’t crystal clear. It could have been a warning regarding a street disinfecting procedure as is often done during typhoid outbreaks. The government’s denial is not irrefutable proof of a bio-attack, but it is suspicious.

As reported by SkyWatch Canada on September 15th , the frequency of low flying aircraft with unusual flight patterns have caught the attention of Canadians living in the Nation’s Capital. Is there a chance that Canadians are being acclimated to these types of flight patterns for a future bio-release?

In 1994 such an event took place in the town of Oakville, Washington where there were confirmed reports of a clear gel like substance raining form the sky and making residents horribly ill.

Readers should also be reminded of the report given on the Power Hour radio show in March 2009, about truckloads of “bird flu” being delivered throughout America to underground missile silos orchestrated by the department of homeland security.

Several of those loads were delivered into the back of a military C-130 (an aircraft often equipped with an aerosol dispersal system).

Was this multi-million dollar operation conducted for the purpose of spreading the mild and basically insignificant H1N1 demi-flu ? Or has the final phase of the operation yet to occur? Has the event to justify the recent American National Emergency yet to occur? Will the CDC finally make use of their scores of mass graves and plastic caskets? Will the military be deployed to put the country under pandemic lockdown, as we have seen in the Ukraine? Far too much has been put into the H1N1 fiasco for it to amount to a mere outbreak of the common cold. It seems like many pieces of a plan have been put in place. Will the NWO put the people in check? Will the virus 'Mutate'? Is this the beginning of the Globalist Endgame of population reduction ?

There are reports now coming from Romania, India, Bulgaria, Belarus, Turkey, Norway that the rate on increase of flu is increasing rapidly. In Norway foe example 300,000 residents contacted the flu in a single week. Whatever disease has been released is moving across Europe fast. This bug has spread too widely to be a Ukrainian election scam.

Readers should note that just before the outbreak in Ukraine, the government was running pneumonic plague drills. In early November, there were also pneumonic plague drills being run in Illinois. Connect the dots. Notable there have also been reports of heavy supply and personnel movement in and out of known D.U.M.B.s (Deep Underground Military Bases) very recently. According to an unconfirmed report the parking lots of these bases are full and haven't been this full since just after 911. What is going on? Will this fast moving disease be released in America? Listen for low flying aircraft. Shut your windows at night. Stock up on colloidal silver, antibiotics and high quality vitamins. Please watch the skies!

{Matt Zuvela}

Containing illness

Deutsche Welle, 12 November 2009
https://www.dw.com/en/eastern-europe-on-alert-as-suspected-swine-flu-cases-rise-in-ukraine/a-4883012

While Ukraine continues to combat what the UN health agency has called a "rapidly evolving" influenza outbreak, governments in the region have stepped up efforts to keep the virus from crossing the border.

Ukraine's European neighbors took action to prevent the fast-moving flu from spreading outside the country, where the Ukrainian Health Ministry reported at least 174 deaths and more than 1 million infections due to acute respiratory illness as of Tuesday.

The World Health Organization (WHO) assumes the majority are swine flu cases, according to a statement.

Slovakia, which reported its first swine flu death on Friday, announced it would close most road crossings in the east along its shared border with Ukraine, while Russia plans to examine people entering the country from Ukraine at checkpoints along its western border.

The decision to shut down border crossings in Slovakia goes beyond WHO guidelines for combating swine flu, which do not advocate travel restrictions and border closures.

"This is the flu," Dr. David Mercer, head of WHO Europe's communicable diseases unit, told Deutsche Welle. "Efforts at containing it are not going to succeed."

The WHO urged caution before another potential surge in infections in Ukraine, though new reports cite a drop in new cases. Dr. Mercer called such predictions "premature."

"We are expecting, in fact, that there will be an increase in cases and a fairly high disease burden for weeks," he added.

Ukraine's call for help

Polish Prime Minister Donald Tusk appealed to the European Union to provide aid for Ukraine in a bid to contain the outbreak. Poland borders western Ukraine, a region that has seen the biggest spike in "influenza-like illness."

"A team of EU experts are in Ukraine to oversee the delivery of the EU assistance," European Commission health spokesperson Nina Papadoulaki told Deutsche Welle.

The Commission is in regular contact with the EC delegation in Kyiv and WHO Europe, and Papadoulaki said member states have set up several meetings to address the situation.

Both Slovakia and Poland have responded to Ukrainian President Victor Yushchenko's request for medical supplies.

Ukraine's government has already taken steps to curb the spread of swine flu, including school closures, travel restrictions and cancellations of public gatherings. Officials are also contemplating full or partial quarantines across the country.

At the request of the Ukrainian Health Ministry, the WHO dispatched a nine-person team to areas hardest hit by what the agency suspects is the H1N1 swine flu virus. Experts were sent to Lviv and Zhytomyr, a city west of the Ukrainian capital of Kyiv where almost 20,000 cases of acute respiratory illness were reported during the first week of November.

On Tuesday, Ukraine's deputy health minister confirmed 67 cases of swine flu and 14 deaths due to the virus.

Eastern Europe by the numbers

The move coincides with WHO reports of "increasing and active transmission" of swine flu across Northern and Eastern Europe. Belarus and Bulgaria were among 10 European countries reporting high H1N1 pandemic activity in an update released Monday by WHO Europe.

In Moldova, 615 suspected H1N1 infections were reported as of Monday, as well as three deaths, according to statistics collected by the European Centre for Disease Control and Prevention (ECDC)

The WHO expects at least 80 percent of viral influenza to be caused by H1N1 this winter, according to Dr. Mercer, who said the virus is replacing seasonal flu strains. "We don't expect that to change during this season at all," he told Deutsche Welle.

A region at risk

Harsh winter conditions and less-developed health care systems could heighten the risk of pandemic influenza in Eastern Europe. "Health systems there might not have as many resources as in Western Europe," the WHO's H1N1 spokesperson Gregory Hartl told Deutsche Welle.

Plans to dispatch WHO teams to other Eastern European countries would happen on a "one-to-one basis," Hartl said, depending on requests by individual governments.

A WHO statement praised Ukraine's openness in reporting the recent outbreak, which is seen as a potential "early warning signal" and model for how the virus might behave in countries throughout Eastern Europe during an early start to the flu season.

MIGnews media international group

Doctors learned why Ukrainians dying!

MIGnews.com.ua, 13 November 2009, 14:24
https://web.archive.org/web/20091115093350/http://mignews.com.ua/en/articles/378759.html

All victims of the virus in Bukovyna (22 people at the age of 20-40) died not from bilateral pneumonia, as was previously thought, but as a result of viral distress syndrome, i.e the total destruction of the lungs.

At first the cardio-pulmonary insufficiency comes, and consequently cardiogenic shock is developed, which causes cardiac standstill and death, told the chief of bureau of the Chernivtsi regional forensic examination, doctor of science, Professor Viktor Bachynsky, UNIAN reports.

"During a bilateral pneumonia some morphological picture is observed. As of data of deaths, there is no such morphological picture. The virus, which causes death, is very aggressive, it does not strike the trachea, but immediately gets into the lungs and causes heavy swelling and solid hemorrhage. Mixed types of parainfluenza and influenza A/N1N1 lead to this state. This is a very toxic strain, which has not yet answered to the treatment of the Ministry of Health", - said Viktor Bachinsky.

According to him, there is a need to change the treatment standards, because those which were used earlier, resulted in nothing – doctors failed to save all people infected with the virus in the reanimation. The belt ventilators did not help also.

For this reason, a group of professors of Chernivtsi Medical University appealed to the Ministry of Health and National Security and Defense Council with a demand to review the standards of treatment of patients in Bukovyna. Scientists-morphologists sent to Kyiv reports, studies and analysis of critically ill patients and people who died of virus.

Viktor Bachinsky noted that the virus is extremely toxic, it is able to penetrate not only through respiratory apparatus but also through the eyes. Chernovtsy scientists recommend in any case use masks and even wear protective spectacles. An important condition to prevent deterioration of the situation is also the observance of quarantine regime.

06:19 p.m. Ministry of Health does not consider it is necessary to publish data on the number of confirmed cases of influenza pandemic in the laboratory. "Ukraine is in the A/N1N1 influenza pandemic, and now it does not matter how many of these cases will be detected, we should treat everybody equally," - said Deputy Minister of Health Vasyl Lazoryshynets at a briefing on Friday.

Vasyl Lazoryshynets also reminded that in Ukraine since the beginning of the epidemic 1,25 mn people became ill with pandemic influenza, influenza and acute respiratory diseases, including 61,000 people - over the past day, which is by 8,500 less than the previous day. 65,615 people are treated in hospital, including 392 - in the reanimation, 60 have artificial pulmonary ventilation.

Since the beginning of the epidemic in Ukraine 239 people died, including 26 people during the last day, most of them are in the Ivano-Frankivsk, Chernivtsi, Lviv and Ternopil Regions. He also said that according to the laboratory data, 14 people died of pandemic influenza, Interfax-Ukraine reports.

06:25 p.m. To date, swine flu in Ukraine is dominant, but not the only strain, said the head of mission of the World Health Organization in Ukraine Yukka Pukkila.

Yukka Pukkila said that the strain of pandemic virus is detected in 22 cases of 34 samples sent to the control laboratory, which collaborates with WHO in London.

At the same time, Yukka Pukkila stressed that, besides Californian flu in Ukraine there is a large number of varieties of acute respiratory viral diseases and many other viruses that infect the respiratory system, reports Liga.

KYIV POST
UKRAINE'S GLOBAL VOICE

F. William Engdahl
(Author of Full Spectrum Dominance: Totalitarian)

Democracy in the New World Order

Kyev Post, 13 November 2009, 7:27 pm.
https://archive.kyivpost.com/article/content/ukraine-politics/the-market-oracle-ukraine-who-and-the-geopolitics-52745.html
http://www.marketoracle.co.uk/Article15015.html

Latest reports of what is being called a deadly Swine Flu outbreak in Ukraine according to on sight reports appear to be a political concoction by a threatened government to avoid election defeat and possibly declare martial law. The details indicate how convenient the current WHO "Swine Flu" H1N1 "pandemic" scare is for regimes in trouble.

Worldwide media reports in recent days have painted a picture of Ukraine as being under the Black Plague or worse. One of the most egregious panic-mongers has been Pittsburgh Swine Flu "mapper" Dr Henry Niman who earlier falsely predicted H5N1 Avian Flu would mutate into a deadly human-to-human pandemic. It didn't.

Niman's map of the spread of alleged H1N1 Swine Flu since April has given WHO, the US Government and CNN and major media a convenient graphic to create the image of a new type of "bubonic plague" threatening mankind unless we react with massive doses of untested vaccines from such unscrupulous pharma bigs like GlaxoSmithKline or Novartis or Roche with its dangerous Tamiflu drugs.

Early on Niman reported about events in Ukraine: "The rapid rise in reported infections, hospitalizations, and deaths in the past few days raise concerns that the virus is transmitting very efficiently the spike in fatalities and the frequency in hemorrhagic cases in Ukraine have raised concerns." Niman added the alarming note, "The number of infected patients has almost doubled to just under million, compared to the report two days ago."

That's pretty scary stuff. It conjures images of the reports of the Black Death in 1348 which is said to have killed up to 60% of Europe's population. Though that history has been challenged, the image as well as the equally terrifying if incorrect panic image of the so-called Spanish Flu of 1918, are being applied in Ukraine.

Reality check?

The WHO, the de facto criminal organization responsible for declaration of the H1N1 Pandemic last summer, allowing Governments like the USA and Ukraine to declare martial law and a national state of emergency, suspending all rights and imposing arrests and detentions, has validated the dubious Ukraine claims of out-of-control spread of Swine Flu. A WHO press statement November 3 declared, "Laboratory testing in Ukraine has confirmed pandemic H1N1 influenza virus in samples taken from patients in two of the most affected regions. As the pandemic virus has rapidly become the dominant influenza strain worldwide, it can be assumed that most cases of influenza in Ukraine are caused by the H1N1 virus."

The WHO added, "The outbreak in Ukraine may be indicative of how the virus can behave in the northern hemisphere during the winter season, particularly in health care settings typically found in Eastern Europe. Given the potential significance of this outbreak as an early warning signal, WHO commends the government of Ukraine for its transparent reporting and open sharing of samples."

The samples have been sent to the WHO Mill Hill Influenza Reference Lab in London, not exactly inspiring confidence in a scientifically honest report given the record of UK health authorities in manipulating data to please the vaccine giants like GlaxoSmithKline.

WHO "strongly recommends early treatment with the antiviral drugs, oseltamivir or zanamivir, for patients who meet treatment criteria, even in the absence of a positive laboratory test confirming H1N1 infection." That means Tamiflu, the highly dangerous drug whose major shareholder includes former Pentagon head Don Rumsfeld. And it means GlaxoSmithKline, maker of the reportedly equally dangerous rival Relenza drug. The drugs produce precisely the symptoms of severe lung complications found in flu and in some cases have reportedly caused death.

Ukrainian election geopolitics

The bizarre developments in Ukraine over the past two weeks are being blamed inside the country on intense Ukrainian election politics. In four months national elections in Ukraine are due. Among rival candidates are Prime Minister Yulia Tymoshenko and her chief rival, Arseniy Yatseniuk.

Since Washington financed and organized the 2004 Orange Revolution that brought a pro-NATO Victor Yushchenko in as President, Ukraine politics has been a geopolitical tug-of war between Moscow and Washington. How the current political games around allegations of H1N1 panic play into that tug of war is not yet clear.

The recent speech in Warsaw by Vice President Joe Biden offering Poland and the Czech Republic a "new and improved" version of US anti-missile defense against Russia only four weeks after Obama announced the US was backing out of a controversial earlier missile defense plan for the two eastern European countries underscores the shambles of US strategic policy towards Russia. Russia has been quick to take advantage as might be expected, as a US missile shield on its borders, as I detail in Full Spectrum Dominance: Totalitarian Democracy in the New World Order, gives the US a long-sought nuclear primacy over its only potential strategic rival on the planet. At that point the resistance of the rest of the world to incalculable or objectionable US policies, whether in Iraq, Afghanistan, Georgia or wherever, becomes moot.

It's clear Moscow has been working quietly to bring Ukraine, an original part of Kiev Rus, and a strategically essential part of the Russian economy, back into a more friendly "NATO-free" relationship after five years of Orange Revolution chaos in Ukraine under Yushchenko.

Yatseniuk, a 35 year old former banker and aide to Washington's darling, President Viktor Yushchenko, has charged that Tymoshenko is deliberately fostering unnecessary panic in order to impose martial law and suspend elections that she might well lose to Yatseniuk.

There definitely are political games going on by one or another faction in the economically devastated Ukraine. Oleksandr Bilovol, Ukraine's Deputy Minister of Health, claims the outbreak of flu cases in Ukraine has been essentially contained in 11 out of 25 Ukrainian regions, with the number of people allegedly stricken with H1N1 only 15% higher than figures reported in previous years. "Figures in other the regions are in line with 2007 and 2008," Bilovol said. As well the number of reported deaths is also in line with deaths annually attributed to ordinary influenza.

Tymoshenko declared the outbreak as the threat of the third level the highest possible to unlock spending of up to 3 billion hryvnias to combat the swine flu. Among measures imposed by the decree include shutting down schools and public gatherings for three weeks across Ukraine, with the government also considering introducing restrictions on movement of people between the regions.

Yatseniuk said the ban on public gatherings spreads fear and panic helping Tymoshenko to promote herself on television, while hindering other presidential candidates to campaign.

Yatseniuk is Tymoshenko's biggest rival as both compete for votes in western regions of Ukraine. He is perhaps the only candidate that may challenge Tymoshenko in the first round of vote on January 17, 2010 to enter the runoff with opposition leader Viktor Yanukovych.

Yatseniuk said the panic spread by the government helps overshadow issues politically damaging to Tymoshenko, including pedophile and the murder scandals involving Tymoshenko lawmakers, and Ukraine's dismal economic performance.

Prime Minister Tymoshenko, whatever the real facts of the case, is using the WHO Swine Flu panic scenario to the hilt. In a recent statement, she stated, "We cannot relax even for a moment because the World Health Organization predicts two more waves of flu, including the bird flu, are expected in Ukraine. There is no alternative to vaccination. The entire world is going this way" A day earlier she admitted she was not vaccinated and that she prefers "like all other people" plans to rely on garlic, onion and lemon as a way of preventing the flu.

Ukraine Parliament Speaker Volodymyr Lytvyn accuses Tymoshenko as well, declaring, "You've organized the flu epidemic in order to avoid responsibility for not supplying heat to houses, schools, higher educational establishments, and kindergartens," he said in Parliament. And Orange Revolution President, Yushchenko has declared there was no reason for declaring an emergency in Ukraine. "There are no such reasons," Yushchenko said. "I am not a supporter of measures that freeze the country, restrict its operation to levels that is hard to justify."

Ihor Popov, Deputy Chief of Staff to Yushchenko, said that in case of emergency the election, which is due on Jan. 17, 2010, would have to be "rescheduled."

Germany joins Swine Flu corruption

Not only is the Ukrainian government apparently using fears of Swine Flu pandemic to change the domestic political calculus, and President Barack Obama using the fears to impose an unnecessary state of emergency. Now it comes out that the responsible German health authorities are caught in a corrupt conflict of interest with the very pharma giants profiting from government decisions on "anti-swine flu" vaccines.

The recent issue of the German weekly Der Spiegel, reports that members of the European Scientific Working Group on Influenza (ESWI), which claims to be an independent scientific advisory body advising EU member governments on policies regarding H1N1 influenza, is anything but independent. It's being financed by Big Pharma. ESWI claims it brings together scientific "key opinion leaders in influenza." However the sole financial backers are 10 pharmaceutical companies, including GlaxoSmithKline – manufacturer of the German swine flu vaccine – and Roche – producer of the antiviral drug Tamiflu.

The group lists Walter Haas as one of its scientific advisors. Haas coordinates Germany's flu pandemic preparedness measures at the Robert-Koch-Institut (RKI), the federal institute for disease research. ESWI portrays itself as an independent group of scientists. But even the organization's own statute tells a different story, describing its role as advising politicians and health authorities on "the benefits and safety of influenza vaccines and antivirals" and initiating "a policy for antiviral provisions."

The degree of fraud, deceit, official coverup and outright criminal endangerment of the broad population by the current Swine Flu hysteria is seemingly without precedent.

(End)

*An initial part of the article was slightly differen*t at the issue which was published later.
Three References were also added. =>

ALEX JONES' INFOWARS.COM BECAUSE THERE IS A WAR ON FOR YOUR MIND

F. William Engdahl

Ukraine, WHO and the Geopolitics of Swine Flu Panic

PrisonPlanet, InfoWars, 18 November 2009
https://web.archive.org/web/20091122193909/http://www.infowars.com/ukraine-who-and-the-geopolitics-of-swine-flu-panic/

Latest reports of what is being called a deadly Swine Flu outbreak in Ukraine according to on sight reports appear to be a political concoction by a threatened government to avoid election defeat and possibly declare martial law. The details indicate how convenient the current WHO "Swine Flu" H1N1 "pandemic" scare is for regimes in trouble.

Worldwide media reports in recent days have painted a picture of Ukraine as being under the Black Plague or worse. Pittsburgh Swine Flu "mapper" Dr Henry Niman had earlier predicted that H5N1 Avian Flu would mutate into a deadly human-to-human pandemic. It didn't.

Niman's map of the spread of alleged H1N1 Swine Flu since April has given the WHO, the US Government and CNN and major media a convenient graphic to create the image of a new type of "bubonic plague" threatening mankind unless we react with massive doses of untested vaccines from Big Pharma.

Early on Niman reported about events in Ukraine: "The rapid rise in reported infections, hospitalizations, and deaths in the past few days raise concerns that the virus is transmitting very efficiently …the spike in fatalities and the frequency in hemorrhagic cases in Ukraine have raised concerns." Niman added the alarming note, "The number of infected patients has almost doubled to just under ½ million, compared to the report two days ago."

That's pretty scary stuff. It conjures images of the reports of the Black Death in 1348 which is said to have killed up to 60% of Europe's population. Though that history has been challenged, the image as well as the equally terrifying if incorrect panic image of the so-called Spanish Flu of 1918, are being applied in Ukraine.

Exact information about what is really taking place in Ukraine is far from easy. The country is one of the most politically complex and economically distressed states in Europe. One possible hypothesis, yet to be verified, emerges from the writings of Dr Lawrence Broxmeyer MD.

Broxmeyer suggests that the WHO and CDC wish to divert attention from a worldwide epidemic of tuberculosis, while focusing attention on flu instead. Indeed recently the WHO changed its categories of causes of death to lump death from influenza in the same group as death from tuberculosis and other pulmonary disease. Given the present Swine Flu hysteria, any pulmonary death seems to be reported as "death from H1N1 influenza." In a passing note the report typically notes the patient also suffered from lung problems.

Broxmeyer states, "Both the World Health Organization (WHO) and the Centers for Disease Control (CDC) are fully aware of a far more serious and ongoing tuberculosis Pandemic in the world today. Yet they choose to downplay the link, disregarding the similar flu-like symptoms tuberculosis often begins with. WHO freely admits that there were approximately 1.8 million deaths from tuberculosis in 2007, the most recent year for which data are available as well as that presently about one-third of the world's population, or two billion people, carry the TB bacteria".[1]

Broxmeyer suggests that there is an underestimation of tuberculosis deaths using "flu" as the diversion: "Khomenko's 1993 study showed that the explosive contagiousness of just such influenza-like forms of tuberculosis are exactly the stuff that previous epidemics and pandemics could have been made of… But back in the US, the CDC and NIH seem to feel differently, ignoring everything but "the virus". There was much the same "Influenza" talk when in 1990, a new multi-drug-resistant (MDR) tuberculosis outbreak took place in a large Miami municipal hospital. Soon thereafter, similar outbreaks in three New York City hospitals left many sufferers dying within weeks. By 1992, approximately two years later, drug-resistant tuberculosis had spread to deadly mini-epidemics in seventeen US states, and was reported, not by the American, but the international media, as out of control. Viral forms of swine, avian and human TB can be transmitted from one species to another".[2]

He points to the similarities between the onset of the much-cited 1918 "Spanish Influenza" epidemic and that of today. However, as Broxmeyer notes, "a Press Release, issued on August 19, 2008, by the National Institute of Allergy and Infectious Diseases (NIAID), contains a striking finding and conclusion: The 20 to 40 million deaths worldwide from the great 1918 Influenza ("Flu") Pandemic were NOT due to "flu" or a virus, but to pneumonia caused by massive bacterial infection".[3]

Reports of low flying aircraft spraying in regions of Ukraine where outbreaks and lung-related deaths reportedly took place cannot be verified. What is clear however is that there is no scientifically rigorous proof of deaths or diseases that can be labeled H1N1 Influenza A in Ukraine.

Reality check?

...

Ukrainian election geopolitics

...

Ukraine's dismal economic performance

...

Germany joins Swine Flu corruption

...

The degree of fraud, deceit, official coverup and outright criminal endangerment of the broad population by the current Swine Flu hysteria is seemingly without precedent.

Notes

1 Lawrence Broxmeyer, MD, The Swine Flu (aka 'H1N1) That's Not A Flu At All, accessed in http://www.rense.com/general88/flu.htm.

2 Ibid.

3 DM Morens et al. Predominant role of bacterial pneumonia as a cause of death in pandemic influenza: Implications for pandemic influenza preparedness. The Journal of Infectious Diseases DOI: 10.1086/591708 (2008).

see also

F. William Engdahl

Ukraine, WHO and the Geopolitics of Swine Flu Panic

The Flu Case, 14 November 2009, 14:02

https://web.archive.org/web/20100102004708/http://theflucase.com/index.php?option=com_content&view=article&id=1796%3Aukraine-who-and-the-geopolitics-of-swine-flu-panic-by-f-william-engdahl&catid=41%3Ahighlighted-news&Itemid=105&lang=en

информационное агентство

Украинцы умирают не от пневмонии, а от вирусного дистресс-синдрома?

Уніан, 13 ноября 2009, 11:00
https://www.unian.net/society/288545-ukraintsyi-umirayut-ne-ot-pnevmonii-a-ot-virusnogo-distress-sindroma.html

Все жертвы вируса на Буковине (22 лица в возрасте от 20 до 40 лет) умерли не от двусторонней пневмонии, как это считалось раньше, а в результате вирусного дистресс-синдрома, то есть тотального поражения легких.

Сначала наступает сердечно-легочная недостаточность, а следовательно развивается кардиогенный шок, который вызывает остановку сердца и смерть. Об этом газете «Доба» сообщил начальник бюро Черновицкой областной судмедэкспертизы, доктор наук, профессор Виктор Бачинский.

«Во время двусторонней пневмонии прослеживается определенная морфологическая картина. Относительно данных смертей, то здесь такой морфологической картины нет. Вирус, который влечет за собой смерть, очень агрессивен, он даже не поражает трахею, а сразу попадает в легкие и вызывает сильный их отек и сплошное кровоизлияние. К такому состоянию приводят смешанные типы парагриппа и гриппа A/H1N1. Это очень токсичный штамм, который до сих пор не поддавался выработанному Минздравом методу лечения», – сообщил Виктор Бачинский.

По его словам, нужно срочно менять стандарты лечения, ведь те, которые применялись до сих пор, результатов не дали – в реанимации не удалось спасти всех людей, пораженных этим вирусом. Не оправдались в этой ситуации и аппараты искусственной вентиляции легких – смертность людей наступала в 100%.

Ввиду этого, группа профессоров Черновицкого медуниверситета обратилась к Министерству здравоохранения и СНБО с требованием пересмотреть стандарты лечения больных на Буковине. Ученые-морфологи отправили в Киев протоколы, результаты исследований и анализы, взятые у тяжело больных и умерших от вируса людей.

Виктор Бачинский, который входит в группу инициаторов обращения, отмечает, что вирус является чрезвычайно токсичным, он способен проникать не только через органы дыхания, но и через глазную оболочку. Потому черновицкие ученые рекомендуют ни в коем случае не отказываться от масок и на период эпидемии даже носить защитные очки. Важным условием для недопущения ухудшения ситуации является также соблюдение карантинного режима.

информационное агентство

Анна Ященко

Судмедэксперт рассказал УНИАН, от чего умирают люди

Уніан, 13 ноября 2009, 20:23,
https://www.unian.net/society/288279-professor-immunolog-chesnokom-nado-dyishat.html
https://web.archive.org/web/20091119024614/http://www.unian.net/rus/news/news-346721.html

На основе вскрытий мы пришли к выводу: *это совсем не пневмония, а сердечно-легочная недостаточность и кардиогенный шок... Вирус попадает прямо в легкие, происходит кровоизлияние... Антибиотики использовать нельзя...*

Почему мы получили такой результат по стране заболеваемости и смертности? Потому что лечили не врачи, а аптечная сеть... Никакая это не легочная чума. Это все глупости... Тут антибиотики не помогают... У кого иммунная система сильная – человек выживает. У кого слабая – ничего из этого не выйдет... Маски – это 30% сохранения. Если к этому добавить очки – то уже 40%, потому что вирус проникает через слизистую оболочку.

Начальник бюро Черновицкой областной судмедэкспертизы, доктор наук, профессор Виктор Бачинский выступил с громким заявлением: все жертвы вируса на Буковине (22 человека в возрасте от 20 до 40 лет) умерли не от двусторонней пневмонии, как это считалось раньше, а в результате вирусного дистресс-синдрома, то есть тотального поражения легких. Мы связались с профессором Бачинским, чтобы выяснить, как он пришел к такому заключению и как можно уберечься от такой болезни.

- Господин профессор, раньше вы заявили, что вирус, от которого умерли немало людей, – это смесь типов парагриппа и гриппа A/H1N1. Как вы это установили и как от такой болезни лечиться?

Вопрос, как лечить, – не ко мне. Я морфолог. Я просто определил, что это такое и поставил точный диагноз. А в зависимости от поставленного диагноза нужно назначать правильное лечение.

Есть такое понятие в медицине, как протоколы и стандарты лечения. Если врач “залечил” человека до смерти, родственники могут пожаловаться, что лечили неправильно. Чтобы установить – правильно или нет, – в Министерстве здравоохранения назначены протоколы и стандарты лечения по каждому диагнозу. Если диагноз установлен правильно, то и лечение должно быть правильное...

У нас в области на тот момент умерло 18 человек. Мы проработали все истории болезней, доклинический этап, клинический, реанимационный. При вскрытиях мы посмотрели на органы и ткани, сделали гистологические исследования и пришли к выводу, что это не пневмония, и никакого отношения к пневмонии не имеет. Это основание для того, чтобы врачи, которые лечат эту болезнь по всей Украине, изменили тактику и стандарты лечения и нацелили на это всех.

Новый вирус излечим?

Это зависит от иммунной системы организма. Если у человека иммунная система сильная, то он его преодолеет. Есть люди, которые этот штамм H1N1 переносят на ногах и даже не замечают, что болели.

Применять антибиотики в данном случае нельзя. Почему мы получили такой результат по стране (заболеваемости и смертности), потому что лечили не врачи, а аптечная сеть. Люди

приходили в аптеку, называли свои симптомы и просили лекарства. Скупили все антибиотики, наелись их, снизили иммунную систему и получили ухудшение состояния здоровья. А если бы у нас выдавались медикаменты по рецептам, как за рубежом, то такой бы глупости не было. Им лишь бы, а о том, что они нанесли вред государству, никто не говорит...

Rак выглядели легкие умерших? Они действительно были черные, что породило столько разговоров о легочной чуме?

Никакие они не черные... Это совсем не легочная чума. Это все глупости. Легочная чума имеет совсем другую морфологическую картину. У нас, например, заболело 60 тысяч человек, а умерли 23. При легочной чуме мы имели бы смертность – 59 тысяч... Это вирусное поражение легких.

Получается, что не только на Буковине, но и по всей Украине люди умирали не от пневмонии, а от этого токсичного штамма?

Это не пневмония! Это тотальное поражение легких. Этот штамм очень токсичен, и если иммунная система слаба, происходит кровоизлияние в легкие. У легких есть наименьшая структура – ацинус. Выглядит как гроздь винограда. Человек вдохнул – в эту гроздь винограда зашел кислород. По поверхности этого ацинуса находятся капилляры, где эритроциты напитываются кислородом и отдают кровь, за счет чего все ткани и органы получают питание в организме.

А этот вирус сразу попадает в легкие – в ацинус, и сразу происходит кровоизлияние. Сплошное кровоизлияние... Проходит несколько часов. В крови образуется фибрин, а от него – гиолиновая мембрана, как целлофановый мешок. Она окутывает ацинус, и человек кислород вдыхает, а он не передается тканям. И человек просто задыхается. Наступает сердечно-легочная недостаточность и кардиогенный шок. Человек погибает от кардиогенного шока. А пневмонии нет. Пневмония – это воспаление, которое лечится антибиотиками. А здесь антибиотики ни на одном этапе не помогают. Здесь нужно абсолютно другое лечение.

А как относительно “Тамифлю” – он хоть помогает?

Это не антибиотик, а противовирусный препарат, который нужно применять на вторые-третьи сутки заболевания. Но нельзя употреблять их профилактически, потому что они токсичны.

Как можно противостоять болезни? Целесообразно ли использовать маски, чеснок, витамин С?

Это основное. В первую очередь – маски. Это 30% сохранения. Если к этому прибавить очки – то уже 40%. Потому что вирус проникает через слизистые оболочки.

Нужно повышать иммунную систему человека. Не только сейчас, а вообще. Это и чеснок, и лук, и шиповник, и калина, и малина, и цитрусовые, и мед, фрукты, овощи – что хотите. У кого иммунная система сильная – человек выживает. У кого слабая – ничего из этого не выйдет.

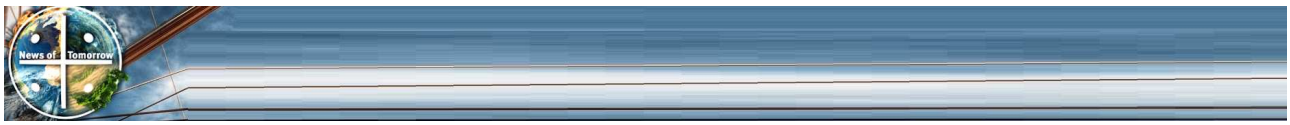
У нас люди бескультурны, требуют открывать рынки. Чем позже мы рынки откроем, тем меньше людей будут контактировать друг с другом и тем больше население мы сохраним.

Вы говорили, что обратились в Минздрав, чтобы они пересмотрели стандарты лечения больных. Что вам ответили?

Мы направили им протоколы и стандарты лечения, данные, что это за диагноз. Они реагируют. Но понятно, что это не может быть одномоментно.

А почему до сих пор никому не удалось установить, что это за болезнь? Что делали ведущие специалисты министерства здравоохранения?

Может, это связано с тем, что есть научные работники, которые работают сугубо теоретически. А есть научные работники, которые видят вскрытия. Я практик, начальник областного бюро судмедэкспертизы и одновременно профессор. То, что мы установили этот диагноз – это не только моя заслуга, и это не мое личное мнение. Это мнение специалистов, морфологов и клиницистов Буковины. Нас работало пятеро профессоров – я просто возглавлял эту группу.



Anna Yashchenko

Ukraine:
Nouveau virus découvert, mortel pour les systèmes immunitaires affaiblis

New of Tomorrow, 13/17 Novembre 2009

https://web.archive.org/web/20091121062319/http://newsoftomorrow.org/spip.php?article6802Unian:
https://web.archive.org/web/20091119024614/http://www.unian.net/rus/news/news-346721.html

Grâce aux autopsies, nous sommes arrivés à la conclusion que ce n'est pas de pneumonie, que les gens meurent, mais d'insuffisance cardio-respiratoire et de choc cardiogénique... Le virus pénètre directement dans les poumons, il créé une hémorragie ... Les antibiotiques ne doivent surtout-pas être utilisés...

Pourquoi tant de morts dans le pays?

Parce que la maladie n'est pas traitée par les médecins, les gens font de l'automédication et achètent les médicaments directement en pharmacie ... Non, ce n'est pas la peste pulmonaire. C'est un non-sens ... Les antibiotiques n'aident pas du tout. Seules les personnes qui ont un système immunitaire en bon état survivent au virus. Les personnes faibles ne s'en sortent-pas ... Les masques réduisent de 30% les risques de contagion. Si l'on porte des lunettes on augmente la protection de 10%, soit 40% au total, étant donné que le virus pénètre par les muqueuses.

Chef du bureau régional des médecins légistes de Tchernivtsi, le Professeur Victor Bachinsky à fait une déclaration importante: les victimes du virus de Bucovine (22 personnes âgées de 20 à 40 ans), ne sont pas mortes d'une pneumonie bilatérale, comme on le pensait auparavant, en raison d'un *syndrome de détresse virale*, mais par la destruction totale de leurs poumons. Nous avons rencontré le professeur Bachinsky, pour savoir comment il en était arrivé à cette conclusion, et quelle est la façon de se protéger contre cette maladie.

«Monsieur le Professeur, vous avez dit précédemment que le virus, qui a tué beaucoup de gens, est un mélange de deux types de virus: le para-influenza et l'influenza A/H1N1. Comment définissez-vous ce virus et comment guérir cette maladie?»

«La question de savoir quel traitement utiliser, n'est pas de mon ressort. Je suis médecin légiste. Mon travail était de faire un diagnostic précis de cette maladie. En fonction de ce diagnostic, il conviendra maintenant d'utiliser le traitement adapté.

Il y a des protocoles de traitement. Si un médecin soigne un homme qui fini par mourir, la famille peut porter plainte, prétendant qu'il n'aurait-pas reçu le bon traitement. Le Ministère de la Santé a élaboré des protocoles de traitement correspondant aux diagnostics. Si le diagnostique est correct, le traitement sera correct ...

Dans notre région 18 personnes sont mortes. Nous avons analysé toute l'étiologie de la maladie, préclinique, clinique et réanimation. Lorsque nous avons examiné les organes et les tissus à l'autopsie, nous avons conclu que ce n'était pas la pneumonie, il n'y a aucun rapport avec la pneumonie. Il est important de veiller à ce que les médecins qui traitent cette maladie, dans tout le pays, changent de tactique et de protocole de soins.

Peut-on guérir de ce virus ?

Cela dépend de votre système immunitaire. Si votre système immunitaire est fort, alors il saura le combattre. Il y a des gens qui sont atteins de cette variante du virus H1N1 et qui ne s'en aperçoivent-pas.

Il ne faut surtout-pas utiliser les Antibiotiques pour cette maladie. Pourquoi avons-nous un taux de mortalité, de morbidité, dans le pays, parce-que les gens n'ont-pas été voir le médecins, ils se sont traités eux-même, directement à la pharmacies. Prendre des antibiotiques diminue les défenses du système immunitaire et la santé se détériore. Si en Ukraine on ne donnait que des médicaments sur prescription médicale, comme à l'étranger, cela ne serait-pas arrivé. C'est l'automédication qui a causé ce drame...

De quoi avaient l'air les poumons? Etaient-ils vraiment noirs, comme le disait cette polémique de la peste pulmonaire?

Non, ils ne sont pas noirs ... Ce n'est pas la peste pulmonaire. C'est un non-sens. La peste pulmonaire a une morphologie très différente. Nous avons 60 000 personnes qui sont tombées malades, 23 sont morts. Si cela avait été la peste pulmonaire, nous en aurions eu 59 000 ... Il s'agit d'une pneumopathie virale.

Il s'avèrerait, que non seulement à Bucovine, mais aussi ailleurs en Ukraine, que les gens ne meurent pas de pneumonie, mais de cette souche toxique?

Ce n'est pas une pneumonie ! C'est une destruction totale des poumons. Cette souche est très toxique, et si le système immunitaire est affaibli, il y a des saignements dans les poumons. Les sacs alvéolaires, dans lesquels se font les échanges gazeux entre l'air et le sang, sont des capillaires, où les globules rouges se saturent d'oxygène, pour ensuite, grâce au sang, nourrir tous les tissus et les organes du corps.

Et une fois que le virus pénètre dans les poumons, dans les vascularisations des sacs alvéolaires, immédiatement survient une hémorragie, une hémorragie continue ... Cela prend plusieurs heures. La personne continue de respirer de l'oxygène, mais celui-ci n'est pas transféré vers les tissus. Les gens suffoquent. L'insuffisance cardio-pulmonaire conduit à un choc cardiogénique. L'homme meurt d'un choc cardiogénique. Et il n'y a aucune pneumonie. La pneumonie est une inflammation qui est traitée avec des antibiotiques. Et là, les antibiotiques, à aucun stade, ne peuvent aider. Il est nécessaire qu'il y ait un traitement absolument différent.

*Que pensez-vous du «**Tamiflu**», est-il utile?*

Ce n'est pas un antibiotique, mais un antiviral, qui ne devrait être appliqué qu'après le deuxième ou le troisième jour de la maladie. Mais il ne faut-pas les utiliser à titre préventif, car ils sont toxiques.

Comment se défendre de cette maladie? Est-il conseillé d'utiliser un masque, de l'ail, de la vitamine C?

En premier lieu porter un masque. Il diminue de 30% les risques de contagion. Si l'on y ajoute le port de lunettes, on arrive à 40%. Etant donné que le virus pénètre par les muqueuses.

Il est nécessaire de favoriser le système immunitaire humain. Pas seulement en ce moment, mais en général. Ceci avec de d'ail et des oignons, de la rose sauvage, de la viorne, des framboises et des agrumes, du miel, des fruits, des légumes, tout ce que vous voulez. Qui a un système immunitaire fort, survit. Qui est faible, ne s'en sortira pas.

Les gens ne cultivent plus leurs jardins, ils ont besoin des marchés. Plus tard nous réouvriront les marchés, moins les gens seront en contact les uns avec les autres, et plus ils seront en sécurité.

Vous avez dit que vous avez communiqué avec le Ministère de la Santé et qu'ils ont révisé les protocoles de traitement des patients. Qu'en pensez-vous?

Nous leurs avons communiqué des protocoles de traitement, toutes les données, tout sur les diagnostics. Ils réagissent, mais il est clair que cela ne sera-pas instantané.

Pourquoi, jusqu'à présent, personne n'a jamais vu cette maladie ? Qu'ont fait les plus grands spécialistes du Ministère de la Santé ?

Peut-être cela est-il dû au fait que ce ne sont que des scientifiques théoriques. Il y en a qui ont vu les autopsies. Et il y a ceux qui pratiquent, comme moi, en tant que chef de la police scientifique du Bureau Régional et Professeur en même temps. Le fait que nous avons établi ce diagnostic, n'est pas seulement de mon fait, ce n'est pas mon opinion strictement personnelle. C'est l'avis des spécialistes et des cliniciens pathologistes de Bucovine. Nous avons travaillé à cinq professeurs, je suis juste le responsable de ce groupe.

THE FLU CASE

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This is a report in French on the results of the autopsies

The Flu Case, 17 November 2009 15:09

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Professeur Victor Bachinsky, médecin légiste

Le responsable du département régional des médecins légistes de Tchernivtsi, le professeur Victor Bachinsky, vient de faire une déclaration explosive: toutes les victimes du virus en Bucovine (22 personnes âgées de 20 à 40 ans), province ukrainienne, ne sont pas mortes d'une pneumonie provoquée par une détresse virale, mais par une destruction totale des poumons. Nous avons rencontré le professeur Bachinsky, afin de savoir comment il en est arrivé à cette conclusion, et pour connaitre la façon de se protéger contre cette maladie.

Unian: Monsieur le professeur, vous avez précédemment indiqué que ce virus, par lequel beaucoup de gens sont morts, est un mélange du parainfluenza et de la grippe A/H1N1. Comment expliquez-vous cette progression de l'épidémie et comment est-il possible de soigner cette maladie?

Professeur Victor Bachinsky: La question de savoir comment traiter ce virus ne me concerne pas directement. Je suis pathologiste. Mon travail consiste à découvrir comment évolue un virus et de réaliser un diagnostic exact sur la maladie qu'il provoque. Dix-huit personne sont mortes dans la région de Tchernivtsi. Nous avons fait l'historique complet de l'évolution du virus et recherché tous les indices liés à cette maladie. Lorsque nous avons effectué les autopsies, les organes et tissus que nous avons prélevés ont démontré qu'il ne s'agissait pas de pneumonies. Ces résultats sont une base scientifique qui peut maintenant permettre aux médecins qui traitent cette maladie dans tout le pays de changer leur stratégie de soins.

Unian: Comment cette nouvelle maladie peut-elle être soignée?

VB: Pour l'instant, cela dépend du système immunitaire du malade, car il n'y a pas de traitement. Si son système immunitaire est résistant il devrait pouvoir guérir. Ce qui est urgent de pendre en comte, c'est que les antibiotiques ne devraient pas être utilisés pour traiter ces patients. Les antibiotiques sont même la raison pour laquelle nous avons un tel taux de mortalité élevé en Ukraine. Ici, les gens peuvent aller décrire leurs symptômes dans une pharmacie et se faire remettre des antibiotiques sans consulter un médecin. Les antibiotiques altèrent les défenses naturelles de l'organisme et augmentent le risque d'une plus grande infection. C'est la possibilité d'obtenir des médicaments sans ordonnances qui en ce moment permet au virus de s'étendre en Ukraine.

Est-i vrai que les poumons des victimes étaient noirs, ce qui a permis de rependre la rumeur d'une «peste noire»?

Non, les poumons n'étaient pas noirs. Il ne s'agit pas d'une peste pulmonaire. Il s'agit d'une attaque virale qui détruit les poumons. Vous pensez donc que, non seulement a Bucovine, mais aussi dans tout le pays, les victimes ne sont pas morte de pneumonies, mais à cause de cette nouvelle souche?

En effet, ce n'est pas une pneumonie, mais une destruction totale des poumons qui est à l'origine des décès. Cette souche est très toxique, et, si le système immunitaire du malade est faible, elle crée une hémorragie dans les poumons. Ainsi, une fois que le virus pénètre dans les poumons, l'hémorragie commence immédiatement. L'oxygène ne circule plus normalement dans les alvéoles pulmonaires, ce qui crée une insuffisance cardio-pulmonaire et entraine une choc cardiogénique, puis la mort.

Le Tamiflu peut-il aider dans le traitement de ce virus?

Le Tamiflu n'est pas un antibiotique, c'est un antiviral. Il devrait être appliqué à partir du deuxième ou troisième jour de la maladie, dès que des signes inquiétants apparaissent. Mais il n'est toutefois pas possible de l'utiliser à titre préventif, car ses effets secondaires sont trop toxiques.

Comment peut-on se préparer pour résister à la maladie?

Il est nécessaire d'améliorer le système immunitaire humain. Pas seulement aujourd'hui, à cause de ce virus, mais en général. Celui qui aura un système immunitaire robuste s'en sortira. Celui dont le système immunitaire est affaibli risque de succomber à la maladie.

Vous avez contacté le ministère de la Santé et leur avez conseillé de revoir les types de traitement pour lutter contre cette épidémie qui survient actuellement. Vous ont-ils suivi ?

Nous leur avons envoyé toutes nos informations, les protocoles et normes de traitement ainsi que notre diagnostic final. Mais il est évident que leurs décisions ne peuvent être instantanées.

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C'est peut-être du au fait que la plupart des chercheurs travaillent sur une base purement théorique. Des scientifiques ont déjà pu apprécier les résultats de nos autopsies. En ce qui me concerne, j'exerce en tant que chef du bureau de la police scientifique et en tant que professeur. Il ne s'agit donc pas de mon opinion personnelle, mais du résultat d'un ensemble de chercheurs, spécialistes et médecins de Bucovine. Il y a cinq professeurs dans l'équipe que je dirige.

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Dailymotion
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Plague or Plan? Ukraine's mystery disease 'burns out lungs'
Аптека
3:33
Plague or Plan? Ukraine's mystery disease 'burns out lungs' ... British scientists suspect that swine flu virus has mutated in Ukraine. Some ...
Dailymotion · RT · 17 Nov 2009

domik

Из паники – в Пофигизм

Domik Новости, 13 ноября 2009
https://domik.ua/novosti/iz-paniki---v-pofigizm-n69513.html

Киевские власти говорят, что в городе – 31 больной свиным гриппом и 6 смертей. Власть, к ужасу иммунологов, требует немедленной вакцинации.

Когда свиной грипп в Тернополе только-только перестал быть предположением, дрожала и шепталась вся Украина. Вирус A/H1 N1 казался страшней любой другой опасности. «Самое яркое впечатление: две тетки в масках, перебегающие улицу на красный свет», - писали в одном из блогов. А что сейчас? За сутки, по официальным данным, в стране умирает по 15-19 человек, зараза точно в Киеве – а народ расслабился. Масок, во всяком случае, в транспорте стало на порядок меньше. Сработал механизм, о котором «Газету... » предупреждал социальный психолог Олег Покальчук: тема перестала волновать новизной, превратилась в гнетущую «почти обыденности» – и сознание старается ее вытеснить. Вдобавок мы убедились, что можно перенести свиной грипп, благополучно выздороветь, и только потом узнать, чем болел.

– Умирают в основном те, у кого есть осложнения по другим хроническим заболеваниям, – рассказала вчера на брифинге заммэра Ирэна Кильчицкая. – Это диабет, болезни эндокринной системы, ожирение. Или те, кто поздно обратился за помощью. Среди умерших – одна беременная женщина с диабетом.

По словам Кильчицкой,до понедельника в Украине работало всего 2 лаборатории, которые могли диагностировать свиной грипп: е институте Громашевского и в институе гриппа. Каждая из лабораторий могла делать не больше 30 анализов в сутки. Это очень мало, поэтому у многих диагностировали свиной грипп уже после того, как они переболели и выздоровели.

С понедельника государственная санитарная служба открыла лабораторию, где могут определять штамм вируса за 8 часов. Экспресс-тесты далеко не всегда говорят правду.

Были случаи, когда они не подтверждали наличие вируса свиного гриппа, а длительный тест потом подтверждал. И наоборот.

Обнаружили вирус у девочки, дочки 35-летней женщины, умершей от свиного гриппа в ночь со 2 на 3 ноября (напомним, это был первый смертельный случай в Киеве). Но девочка идет на поправку. Из 3-ей детской больницы выписался 3-месячный ребенок.

Лишь после его выздоровления определили, что малыш переболел именно свиным гриппом. В больнице N°9 сейчас лечится гражданин России. 3 ноября у него, когда он был еще на родине, диагностировали свиной грипп. был в больнице, пошел на поправку, выписался и приехал в Киев 7 ноября в командировку. Здесь ему снова стало плохо. И результат анализа снова подтвердил, что у него свиной грипп. Еще два подростка 17 и 18 лет лежат в детской больнице, им стало лучше.

Власти убеждают, что ужесточать карантинные меры, несмотря на такую статистику, не стоит. Уровень заболеваемости резко не увеличивается, остается примерно на одном и том же уровне. Прогнозируют, что так будет и в дальнейшем. А вот второй всплеск заболеваемости прогнозируют, когда закончится карантин и студенты начнут возвращаться в Киев.

Недавний страх перед свиным гриппом притупившийся у всех

...

Премьер Юлия Тимошенко заявила вчера, что наметившийся спад с 8 ноября прекратился и 10 ноября количество заболевших за сутки, увеличившись в 2 раза, достигло 90.592 человек. Тимошенко заговорила об «угрожающей динамике, требующей снова более активных действий».

А это, с ее слое, - обеспечение врачей лекарствами и оборудованием (хотя недавно мы слышали, что «страна полностью подготовилась»!) и немедленная вакцинация как от сезонного гриппа, так и от калифорнийского. Прививать нас собираются бесплатно и добровольно. Но ведь медики говорили, что во время эпидемии это бесполезно и даже вредно!

Спад по «гриппу вообще» в Киеве продолжается Мы не сообщали киевским медикам, что обращаемся к ним, чтобы поставить под сомнение слова премьера. Но никто о всплеске заболеваемости рассказать не смог.

– К нам с первых чисел ноября стало обращаться на 30% меньше больных с ОРВИ и гриппом, -говорит начмед поликлиники Подольского района N°2 Игорь Омельченко. – А с 7-8 числа мы отмечаем уменьшение на 5-7%.

– На выходных таких пациентов было много, но с понедельника – все меньше, рассказывает Леся Дорошенко, начмед поликлиники Дарницкого района N°3, – больше больных с ОРВИ и гриппом? Да нет же, их в последние дни становится меньше, – удивляется Валентина Антонова, зам главного врача поликлиники Шевченковского района N°3.

Допустим, увеличение - не за счет столицы, а за счет востока страны. Об этом вчера говорил и главный санврач страны Александр Биловол, тоже настаивающий на вакцинации. Но разве в Минздраве не подозревали, что грипп поползет туда? Почему же тогда «снова активные действия» понадобились внезапно, а не были выполнены заранее, без шума и пыли? И кто заслужил за это хорошего ремня?

А Польша неисследованной вакциной прививаться не будет...

Вакцинироваться от сезонного гриппа надо, от свиного - тоже. Но вот Ева Копач, глава польского Минздрава, отказалась проводить вакцинацию от A/H1 N1, пока фирмы, делающие вакцину, не предоставят результаты исследований ее безопасности. Критику в свой адрес Копач объяснила тем, что производители хотят быстрей заработать на вакцине, но не хотят брать на себя ответственность, если она вдруг нанесет вред. Украину это отчего-то не пугает.

Так или иначе, «Газета...» не раз печатала заявления иммунологов: делать прививку надо не во время эпидемии, а хотя бы парой недель раньше, чтобы иммунитет успел сформироваться. Есть и более жесткие мнения.

– Прививать во время эпидемии – это преступление! – считает ученый секретарь института микробиологии и иммунологии имени Мечникова Артур Мартынов. - Вы не отличите здорового человека от того, кто только что переболел в очень легкой форме, введете ему вакцину - и можете вызвать тяжелейший рецидив!

INFOWARS IRELAND

Ukraine: Virus is Mixture of H1N1 and Parainfluenza, Causes Cardiopulmonary Failure; Indicates BioWeapon

Info Wars Ireland, 14 November 2009

https://web.archive.org/web/20091115142104/http://info-wars.org/2009/11/14/parainfluenza-and-ah1n1-mixture-in-ukraine-total-destruction-of-the-lungs/

*Professor **Victor Bachinsky**, PhD., is a coroner in the Chernivtsi region of Ukraine. He provides evidence which indicates that parainfluenza mixed with the H1N1 virus, not pneumonic plague, has caused so much illness in Ukraine. Yet more strains of influenza which have combined, a strong indication that we are dealing with a laboratory developed bio-weapon.*

Based on autopsies, we have come to the conclusion: it's not pneumonia, but *cardiopulmonary insufficiency* and *cardiogenic shock* … The virus enters directly into the lungs, there is bleeding … Antibiotics should not be used …

Why do we have such a high mortality rate in the country?

Because people are going to pharmacies to get medicine instead of going to their doctors to be treated … No it is not pneumonic plague. It's all nonsense … antibiotics do not help … Those with strong immune systems will survive. People with weak immune systems will succumb to the illness … Face Masks provide 30% extra protection. Wearing glasses gives an additional 10% protection, that is 40%, because the virus penetrates the mucose membranes.

The Head of the Chernivtsi regional forensic bureau, Professor Victor Bachinsky PhD, makes a strong statement: all the victims of the virus in Bukovina (22 persons aged 20 to 40 years) died not from bilateral (double) pneumonia, as previously thought, but as a result of ***viral distress syndrome***, i.e. the total destruction of the lungs. We caught up with Professor Bachinsky, to find out how he came to this conclusion, and how people can protect themselves from this disease.

Professor, you said earlier that the virus, from which many people have died – is a mixture of types of parainfluenza and influenza A/H1N1. How do you cure this disease?

The question of how to treat this virus is not up to me. I am a pathologist. I just found out what it is and made an exact diagnosis. It is important to provide the correct treatment based on diagnosis.

There are strict protocols and standards of treatment in medicine. If a doctor treats a patient who dies, their relatives can make a complaint that they were not treated properly (misdiagnosed).The Ministry of Health has set the protocols and standards of treatment for each diagnosis. If diagnosed correctly, the treatment should be correct …

In the Chernivtsi region 18 people have died. We studied all the history and evidence from this disease, preclinical, clinical, resuscitation. When we perform an autopsy organs and tissues have histological studies (cell analysis) and we concluded that it was not pneumonia, and has no relation to pneumonia whatsoever.

These results are the foundation to ensure that doctors who treat this disease all over Ukraine, change their tactics and standards of care.

Can this new virus be cured?

It depends on the immune system. If a person's immune system is strong, they will overcome it. There are people who carry this strain of H1N1 and remain on their feet and don't even realise they are sick.

Antibiotics definitely should not be taken. Antibiotics are the reason we have such a high mortality and infection rate in this country, because people go to the pharmacy, describe their symptoms to the pharmacist and ask for drugs. They buy antibiotics, take them, this lowers their immune system and as a result they become sick. If prescriptions were required to buy these medications, like in other countries, this would not have happened. It is the ability to buy antibiotics over the counter without a prescription which has done so much harm to the State.

During autopsies, what did the lungs look like? Were they really black, which gave rise to so much talk of pulmonary plague?

No, they are not black … This is not pneumonic plague. It's all nonsense. Pneumonic plague has a very different morphology. We have, for example, 60 thousand people who became sick and 23 have died. With pulmonary plague, we would now have a mortality rate of 59 thousand …

This is a viral attack that destroys the lungs. It turns out that not only in Bukovina, but also throughout the Ukraine people did not die from pneumonia, but from this toxic strain?

Yes, It's not pneumonia! This destruction of the lungs. This strain is very toxic, and if the immune system is weak, there is bleeding in the lungs. In the lungs there is a tiny structure – acinus, which looks like a bunch of grapes. When you breathe, oxygen enters this tiny "bunch of grapes" (pulmonary alveoli). On the surface of the acinus are the capillaries, where red blood cells saturate with oxygen and give blood, which supplies all tissues and organs in the body.

And once the virus enters the lungs – hemorrhaging begins immediately in the acinus. A continuous hemorrhage … It takes several hours. In the blood fibrin is formed, and from it – giolinovaya membrane, resembling a plastic bag. It envelops the acinus, and the person breathes in oxygen, but it is not transferred to the tissues. And people just gasp. There is a cardio-pulmonary insufficiency and cardiogenic shock. People die of cardiogenic shock. And there is no pneumonia. Pneumonia – an inflammation, which is treated with antibiotics. Antibiotics cannot help at any stage. There should be absolutely different treatment.

And how about "*Tamiflu*" – does it help?

This is not an antibiotic, it is an antiviral drug, which should be applied on the second or third day of the disease. But you can not use Tamiflu as a preventitive, because it is toxic.

What are the best measures to resist the disease? Is it advisable to use a mask, garlic, vitamin C?

The primary method of prevention is a face mask. This give 30% extra protection. If you wear glasses – it is 40%, because the virus enters through the mucous membranes. It is necessary to improve the human immune system. Not only now, but in general. Garlic, onions, wild rose, viburnum (guelder rose), raspberries, citrus fruit, honey, and other fruits and vegetables – whatever you want. Those with a strong immune system will survive. Those with weaker immune systems will succumb to the disease.

We have a lot of people in Ukraine who like shopping at the open markets. If we can avoid open markets, the less people will be in contact with each other and more lives will be saved.

You have contacted the Health Ministry and advised them to review the standards for treatment of patients. What did they say?

We sent them all our data, the necessary protocols and standards of treatment, our diagnosis. But it is clear that decisions cannot be instantaneous.

And why until now has nobody else known about this disease? What were the leading specialists in the Ministry of Health doing all this time?

Perhaps this is due to the fact that there are scientists who are working on a purely theoretical basis. And there are scientists who have seen the autopsy results. I practice as head of the regional forensic bureau and as a professor. The fact that we have established this diagnosis – it is not just to my credit, and this is not my personal opinion. This is the opinion of specialists, morphologists and doctors in Bukovina. There are five professors in our group – I just head the group.

Mail Online

British scientists testing Ukrainian 'super flu' that has killed 189 people

Daily Mail, 15 November 2009, 22:41 BST
https://www.dailymail.co.uk/news/article-1227984/British-scientists-testing-Ukrainian-super-flu-killed-189-people.html#ixzz0X0HPxCph

British scientists are examining the strain of swine flu behind a deadly Ukrainian outbreak to see if the virus has mutated.

A total of 189 people have died and more than one million have been infected in the country.

Some doctors have likened the symptoms to those seen in many of the victims of the Spanish flu which caused millions of deaths world-wide after the World War One.

An unnamed doctor in western Ukraine told of the alarming effects of the virus.

He said: 'We have carried out post mortems on two victims and found their lungs are as black as charcoal.

'They look like they have been burned. It's terrifying.'

Neighbouring Poland has called on the EU to take action, fearing the mystery virus may spread westwards.

Prime Minister Donald Tusk has written to European Commission President Jose Manuel Barroso and the Swedish Prime Minister, Fredrik Reinfeldt, who holds the EU presidency.

The letter said: 'The character of this threat demands that rapid action be undertaken at the European Union level.'

Russia, Slovakia, Poland, Hungary and Romania have already launched health checks on Ukrainians entering their territory.

Slovakia has closed two of five border crossings.

Ukrainian President Viktor Yushchenko has called in the World Health Organisation.

A team of specialists are carrying out tests in Kiev and Lviv in an effort to identify the virus.

President Yushchenko said: 'People are dying. The epidemic is killing doctors. This is absolutely inconceivable in the 21st Century.'

In a TV interview, the President added: 'Unlike similar epidemics in other countries, three causes of serious viral infections came together simultaneously in Ukraine: two seasonal flus and the Californian flu.

'Virologists conclude that this combination of infections may produce an even more aggressive new virus as a result of mutation.'

Four men and one woman have died from the flu in Lviv, said emergency hospital chief doctor Myron Borysevych.

Two of the dead patients were in the 22-35 age group, with two others over 60.

He diagnosed the disease as viral pneumonia.

'We have sent the analyses to Kiev. We don't believe it's H1N1 swine flu. Neither do we know what kind of pneumonia it is.'

Universities, schools and nurseries have been closed, public meetings have been banned and theatres shut.

The virus from the Ukraine is being tested at the Medical Research council labs in Mill Hill North London .

A spokesman said: 'We do not have a time scale for the results of the tests, although some preliminary results have been obtained. I cannot tell you what they are.

'We did not have enough of the virus samples so we will have to grow some more before we can come to a conclusive decision about its nature.'

InoPressa

Британские ученые изучают украинский "супергрипп", убивший 189 человек

InoPress, 16 ноября 2009
https://www.inopressa.ru/article/16Nov2009/dailymail/flu2.html

Британские ученые изучают штамм свиного гриппа, ответственный за вспышку респираторных заболеваний на Украине, чтобы определить, произошла ли мутация вируса, пишет Daily Mail.

Всего в стране от аденовирусной инфекции за последнее время умерли 189 человек, и свыше миллиона человек заразились.

Некоторые медики соотносят симптомы нынешнего заболевания с теми, что проявлялись у жертв испанки, которая привела к гибели миллионов человек после Первой мировой войны.

Один из врачей на Западной Украине так описал страшные проявления вируса: "Мы провели вскрытие двух жертв, и обнаружили, что их легкие черны как уголь. Они выглядят так, будто они сгорели. Это ужасно".

Главный врач Львовской больницы скорой помощи Мирон Борисевич определил диагноз как вирусная пневмония. "Мы не верим, что это свиной грипп H1N1. Но мы не знаем, что это за пневмония", - добавил он.

=> British scientists testing Ukrainian 'super flu' that has killed 189 people. – Daily Mail, 16.11.09
=>https://www.dailymail.co.uk/news/article-1227984/British-scientists-testing-Ukrainian-super-flu-killed-189-people.html#ixzz0X0HPxCph

DAILY EXPRESS

Greg Miskiw

Million hit by 'plague worse than swine flu'

Daily Express, 15 November 2009, 00:00,
http://www.express.co.uk/posts/view/140492/Million-hit-by-plague-worse-than-swine-flu
https://web.archive.org/web/20091118230547/http://www.express.co.uk/posts/view/140492/Million-hit-by-plague-worse-than-swine-flu

A Deadly plague could sweep across Europe, doctors fear, after an outbreak of a virus in Ukraine plunged the country and its neighbours into a state of panic.

A cocktail of three flu viruses are reported to have mutated into a single pneumonic plague, which it is believed may be far more dangerous than swine flu. The death toll has reached 189 and more than 1 million people have been infected, most of them in the nine regions of Western Ukraine.

President Yushchenko said: “People are dying. The epidemic is killing doctors. This is absolutely inconceivable in the 21st Century.”

In a TV interview, the President added: “Unlike similar epidemics in other countries, three causes of serious viral infections came together simultaneously in Ukraine – two seasonal flus and the Californian flu

“Virologists conclude that this combination of infections may produce an even more aggressive new virus as a result of mutation.”

Prime Minister Yulia Tymoshenko has been touring hospitals where victims are being treated and presidential elections in January could be cancelled.

Four men and one woman have died from the flu in Lviv, said emergency hospital chief doctor Myron Borysevych. Two of the dead patients were in the 22-35 age group, with two others over 60. He diagnosed the disease as viral pneumonia.

THE FLU CASE

Nighttime aerosol spraying by planes reported in Poland

The Flu Case, 16 November 2009

https://web.archive.org/web/20100102040228/http://theflucase.com/index.php?option=com_content&view=article&id=1815%3Anighttime-aerosol-spraying-by-planes-reported-in-poland&catid=41%3Ahighlighted-news&Itemid=105&lang=en

Reports are coming in from Poland that airplanes carrying out aerosol spraying have been flying in the middle of the night. Planes were reported in the Gdansk area and in the south east. A pilot reported hearing an aircraft noise that he could not identify in the night time.

The reports of airplanes carrying out spraying in the night are similar to the ones from western Ukraine when low flying light airplanes carrying out aerosol spraying over Ukrainian cities were seen during the days of October 29, 2009 and October 31, 2009 just before huge numbers of people began to get sick and the first deaths from the pneumonia plague were diagnosed.

The Ukraine government issued a statement denying that it was doing any aerial spraying to combat the growing disease or authorizing any spraying over Ukrainian cities.

The Ukraine government has since implemented a state of emergency, postponed elections, banned public meetings, closed some of its borders, ordered the arrest of critics of vaccinations and is also prepared for a mass forced vaccination programme with the toxic and untested swine flu jab.

WHO has acquired extraordinary powers over the Ukraine as a result of this emergency declaration under the pretext of fighting a pandemic.

WHO and Baxter have been linked to bioterrorism activities and the release of the pneumonic plague by a number of analysts.

There are no reports of pneumomic plague in Poland so far.

newsru.com

"Сожженные легкие" жертв свиного гриппа на Украине напомнили врачам грозную "испанку"

News.ru, 16 ноября 2009, 14:59
https://www.newsru.com/world/16nov2009/grimut.html

Британские исследователи, изучающие штамм **свиного гриппа**, ответственный за вспышку респираторных заболеваний на Украине, подозревают, что в нем произошла мутация. Некоторые симптомы, по словам врачей, напоминают печально известную "испанку", вспыхнувшую в Европе после окончания Первой мировой войны и унесшую около 50 миллионов жизней. В частности, легкие жертв вируса становятся черными, как уголь, рассказал один из врачей, описывая страшные проявления вируса.

"Мы провели вскрытие двух жертв и обнаружили, что их легкие черны как уголь. Они выглядят так, будто они сгорели. Это ужасно", - цитирует врача британское издание The Daily Mail, на которое ссылается InoPressa.ru.

Главный врач Львовской больницы скорой помощи Мирон Борисевич определил диагноз как вирусная пневмония. "Мы не верим, что это свиной грипп H1N1. Но мы не знаем, что это за пневмония", - добавил он.

Отметим, что ранее сильное воздействие нового штамма гриппа на легкие было обнаружено в ходе опытов на животных. Исследователи из Японии, проверяя действие новых лекарств от свиного гриппа, подтвердили, что болезнь передается воздушно-капельным путем и не всегда через непосредственный контакт. Кроме того, они пришли к выводу, что A/H1N1 сильнее обычного гриппа поражает легкие, писала Газета GZT.ru.

Именно так действовал в свое время вирус "испанки". Как установили ученые, он вызывал неконтролируемую реакцию иммунной системы, заставляя иммунные клетки атаковать органы респираторной системы. Такая реакция, как показали опыты на животных, в считанные дни уничтожала их легкие и приводила к смерти. В результате пандемии испанского гриппа 1918 года умерло около 50 миллионов человек.

Напомним, что, по последним данным, на Украине от свиного гриппа погибло уже около 200 человек, заражено более одного миллиона. Президент Украины Виктор Ющенко обратился за помощью во Всемирную организацию здравоохранения. Граничащие с Украиной страны опасаются распространения вируса на свои территории.

Свиной грипп (Справка)

Грипп A/H1N1 (свиной грипп) - высокозаразное острое респираторное заболевание. Он относится к типу А (наиболее распространенный тип гриппа, вызывающий масштабные эпидемии). По данным ВОЗ, грипп, вызванный новым вирусом A/H1N1, ранее никогда не циркулировал среди людей. Известных случаев инфицирования людей при контактах со свиньями или другими животными не было.

A/H1N1 не связан с вирусами предыдущих или текущей эпидемий сезонного гриппа среди людей. Он распространяется от человека человеку и передается так же легко, как и обычный сезонный грипп (воздушно-капельным путем). Этот вирус вызывает у человека симптомы, типичные для гриппа и ОРВИ, - головная боль, повышение температуры, кашель, рвота, диарея, насморк. Вирус не всегда вызывает заболевание и выявляется только по наличию антител в крови человека.

В 2009 году произошла вспышка нового штамма вируса A/H1N1. Ее начало датируют 18 марта, когда были зафиксированы первые случаи заболевания в Мехико. Далее грипп стал распространяться по всей Мексике и США. Первый случай заболевания в Европе был зафиксирован в Испании в апреле, в настоящее время он обнаружен почти во всех странах Европы. В июне Всемирная организация здравоохранения (ВОЗ) повысила до максимального - шестого - уровень угрозы инфицирования вирусом нового гриппа A/H1N1. Одновременно с этим специалисты организации заявили о начале впервые за последние 41 год пандемии нового вируса гриппа.

Согласно данным Всемирной организации здравоохранения, на планете зафиксировано свыше 414 тыс. лабораторно подтвержденных случаев заражения вирусом A/H1N1, более 5 тыс. человек скончались. Для сравнения: ежегодно в мире обычным сезонным гриппом заболевают около 1 млрд человек, умирают - 3 млн.

Первые упоминания о гриппе были отмечены много веков назад - еще в 412 году до н.э. описание гриппоподобного заболевания было сделано Гиппократом. Первая задокументированная пандемия гриппа, унесшая много жизней, случилась в 1580 году. Печально известная "испанка" произошла в 1918-1920 годах. Это самая сильная из известных пандемий.

Возбудитель заболевания, вирус гриппа, был открыт Ричардом Шоупом в 1931 году. Вирус гриппа А впервые был идентифицирован английскими вирусологами в 1933 году, вирус группы В - в 1936 году, группы С - в 1947 году.

NEWS.am
GOOD MORNING, WORLD!

Вирус A/H1N1 и известная «испанка», унесшая жизни 50 млн. человек имеют схожие характеристики

Новости Армении, 16 ноября 2009, 15:18
https://news.am/rus/news/8739.html

Вирус A/H1N1, более известный как «свиной грипп», возможно, начал мутировать. К такому выводу пришли британские исследователи, изучающие штамм свиного гриппа, ответственный за вспышку респираторных заболеваний в Украине, и унесший жизни более 6000 человек во всем мире.

При этом, как сообщает Daily Mail, некоторые медики соотносят симптомы нынешнего заболевания с теми, что проявлялись у жертв так называемой «испанки», которая вспыхнула после Первой мировой войны.

Отметим, что во время эпидемии «испанки» – особого вида гриппа – в мире, согласно подсчетам, с весны 1918 до лета 1920 года умерли 50 млн. человек. Существовала информация о том, что у людей, которые пережили эту эпидемию, в крови сохранились особые и исключительно активные антитела, способные противостоять и ряду модификаций появившегося в последние годы вируса птичьего гриппа.

Издание также приводит слова одного из врачей на Западной Украине, который рассказывает о результатах вскрытия жертв опасного вируса: «*Мы провели вскрытие двух жертв, и обнаружили, что их легкие черны как уголь. Они выглядят так, будто они сгорели. Это ужасно*».

Схожесть характеристик вирусов таким образом становится очевидным, ведь вирус «испанки», как установили ученые, вызывал неконтролируемую реакцию иммунной системы, заставляя иммунные клетки атаковать органы респираторной системы, что за считанные дни уничтожало легкие больных и приводило к смерти.

Всего в Украине от аденовирусной инфекции за последнее время умерли 189 человек, и свыше миллиона человек заразились.

RT

Plague or Plan? Ukraine's mystery disease 'burns out lungs'

Dailymotion / Russia Today, 17 Nov 2009
https://www.dailymotion.com/video/xw6wv5

Грипп в Украине мутировал и сжигает легкие, говорят британские ученые

Британские ученые, изучающие штамм свиного гриппа, из-за которого началась эпидемия в Украине, подозревают, что произошла опасная мутация вируса, пишет Daily Mail.

Некоторые симптомы, по словам врачей напоминают вирус "испанки", вспыхнувшей в Европе после Первой мировой войны. Тогда от вируса умерло по меньшей мере 20 миллионов человек, передаёт *InoPressa*.

В пользу версии о мутации вируса, по словам врачей, говорит то, что лёгкие жертв болезни становятся чёрными, как уголь. "Мы провели вскрытие двух жертв и обнаружили, что их лёгкие чёрные, как уголь. Они выглядят так, будто они сгорели. Это ужасно", - сказал один из исследователей.

В свою очередь, главный врач Львовской больницы скорой помощи Мирон Борисевич определил диагноз, как вирусная пневмония. "Мы не верим, что это свиной грипп A/H1N1. Но мы не знаем, что это за пневмония", - рассказал он.

Отметим, что раньше сильное влияние нового штамма гриппа на лёгкие было обнаружено в ходе опытов на животных.

Исследователи из Японии, проверяя действие новых лекарств от свиного гриппа, подтвердили, что болезнь передаётся воздушно-капельным путём и не всегда через непосредственный контакт. Кроме того, они пришли к выводу, что A/H1N1 сильнее, чем обычный грипп, поражает лёгкие.

Именно так действовал в свое время вирус "испанки". Как установили учёные, он вызывал неконтролируемую реакцию иммунной системы, принуждая иммунные клетки атаковать органы респираторной системы. Такая реакция, как показали опыты на животных, в считанные дни уничтожала их лёгкие и приводила к смерти.

Напомним, раньше группа черновицких медиков во главе с начальником бюро Черновицкой областной судмедэкспертизы, профессором Виктором Бачинским, пришла к выводу, что 22 человека, умершие на Буковине за время эпидемии гриппа, погибли от вирусного дистресс-синдрому, то есть тотального поражения лёгких.

По словам медиков, эта болезнь, возникшая в результате смешивания штаммов обычного и свиного гриппа, является новой для Украины, потому необходимо срочно менять методы её лечения.

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Influenza in Ukraine mutated and burns the lungs, British Scientists say

British scientists studying a strain of swine influenza, because of which the epidemic began in Ukraine, suspect that there was a dangerous virus mutation, writes Daily Mail.

=> https://www.dailymail.co.uk/news/article-1227984/British-scientists-testing-Ukrainian-super-flu-killed-189-people.html#ixzz0X0HPxCph

Some of the symptoms, doctors say resemble virus "Spanish flu" outbreak in Europe after the First World War. Then the virus have died at least 20 million people, reports InoRressa.

n favor of the version of mutation of the virus, according to doctors, said that the lungs of victims of the disease are black as coal. "We conducted an autopsy of the two victims and found that their lungs are black as coal. They look as if they were burned. It's terrible," - said one of the researchers.

In turn, the chief doctor of the Lviv Emergency Hospital Miron Borisevich identified diagnosed as viral pneumonia. "We do not believe that this swine influenza A/H1N1. But we do not know what kind of pneumonia," - he said.

Note that before strong influence of a new strain of influenza in the lungs was found during experiments on animals.

Researchers from Japan, testing of new drugs against swine flu, confirmed that the disease is transmitted by airborne droplets and not always through direct contact.

In addition, they concluded that A/H1N1 is stronger than the usual flu affects the lungs.

This is acted at the time the virus "Spanish flu".

As established scientists, it caused an uncontrolled reaction of the immune system, forcing the immune cells attack the organs of the respiratory system.

Such a reaction, as shown by experiments on animals, in a few days destroyed their lungs and lead to death. Total in the Ukraine of influenza epidemic of complications 299 people died.

Recall earlier Chernivtsi Medical Group, headed by the Chief of the Chernivtsi regional forensic bureau, Professor Victor Bachinsky, concluded that 22 people have died in Bukovina during the influenza epidemic, died of viral distress syndrome, i.e. the total destruction of the lungs.

According to doctors, the disease has arisen as a result of mixing conventional and swine strains of influenza, is new to Ukraine, because an urgent need to change its methods of treatment.

These reports are in Direct disagreement to the WHO report below - saying it is the Swine Flu! I thought the WHO looked out for the best interest of the people of the world and their health. But considering they used 34 samples ONLY to test for the Swine Flu or what the is spreading in the Ukraine - I believe they Chose the samples they wanted to (as I mention below). No wonder the Ukraine shut down their one lab last week, they don't want them to disagree with the WHO's findings!

=>

THE FLU CASE

UK bioweapons lab allegedly finds evidence swine flu has mutated in the Ukraine

The Flu Case, 17 November 2009.
https://web.archive.org/web/20100102011308/http://theflucase.com/index.php?option=com_content&view=article&id=1843%3Auk-bioweapons-lab-allegedly-finds-evidence-swine-flu-has-mutated-in-the-ukraine&catid=1%3Alatest-news&Itemid=64&lang=en

Doctors on the ground in the Ukraine have reported people haved died from the pneumonia plague but scientists from the Uk bioweapons lab, the Institute of Medical Research at Mill Hill, now appear to be claiming that the swine flu virus has mutated to become more virulent and is causing large numbers of deaths.

WHO has confirmed that "no significant changes in the pandemic (H1N1) 2009 virus" has taken place "based on investigations of samples taken from patients in Ukraine" but has not released the sequences. WHO has also not investigated the appearance of the plague, it seems.

Will WHO and their allies in UK labs use the pandemic plague as a cover for introducing a genetically modified, virulent virus into vaccines?

…
=> Release:
Who's Official Release on Ukraine =>
Pandemic (H1N1) 2009, Ukraine - update 2. – Geneva, WHO, 17 November 2009.
https://web.archive.org/web/20091118031055/http://www.who.int/csr/don/2009_11_16/en/index.html

17 November 2009 – Preliminary tests reveal no significant changes in the pandemic (H1N1) 2009 virus based on investigations of samples taken from patients in Ukraine. Analyses are being performed by two WHO influenza collaborating centres as part of the global influenza surveillance network.

Preliminary genetic sequencing shows that the virus is similar to the virus used for production of the pandemic influenza vaccine, reconfirming the vaccine's efficacy at this time.

Pandemic (H1N1) 2009
Additional questions about the pandemic virus circulating in Ukraine will be answered as more data is available.
WHO commends the government of Ukraine for its open sharing of samples to inform global monitoring of the virus for signs of change.
A total of 34 samples were analysed independently by the WHO Collaborating Centre for Reference and Research on Influenza, Mill Hill in London, UK, and the WHO Collaborating Centre for the Surveillance, Epidemiology and Control of Influenza in Atlanta, Georgia, USA.

(continuation)
Now, I get it!! They ONLY used 34 samples to Test! So, Did they take those samples from those who had the bleeding lungs? Or did they ONLY use those, who had the symptoms of the Swine Flu?

In my opinion - I bet they conveniently chose, used and tested the certain samples they wanted to for the outcome they wanted. Sorry, but the symptoms of what is occurring does NOT match the Swine Flu! I also go back to the fact, if this is the case then WHY did the police Need to take the medical records from the hospitals? Sorry, now I do believe they will hide the truth – this report ultimately boils down to them saying "Take the Vaccine"!

I now question if the Truth will ever come out - Maybe some Biologist will do testings on the samples from people who have died with the bleeding lungs. But I guess they will fear for their lives at the same time, since being a Biologist in the last few years has been a very dangerous profession to be in, with all the deaths/murders that have occurred of them.

World Health Organization

Pandemic (H1N1) 2009, Ukraine - update 2

Geneva, WHO, 17 November 2009
https://web.archive.org/web/20091118031055/http://www.who.int/csr/don/2009_11_16/en/index.html

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=>

WHO said today that the swine flu virus has not mutated to become more lethal

The Flu Case, 18 November 2009.
https://web.archive.org/web/20100102035001/http://theflucase.com/index.php?option=com_content&view=article&id=1857%3Awho-says-swine-flu-has-not-mutated-in-the-ukraine-no-killer-virus-&catid=41%3Ahighlighted-news&Itemid=105&lang=en

WHO said an analysis of 34 samples of "novel pandemic virus samples" from the Ukraine by WHO's Global Influenza Surveillance Network revealed no substantial changes in genetic sequencing.

The news that the mild swine flu virus has not mutated to become more virullent will fuel speculation that the many of the deaths reported recently in the Ukraine were due to pneumonic plague as stated by some doctors.

The origin of the outbreak of plague is not clear but WHO and other organisations were carrying out plague bioterrorism exercises in the Ukraine shortly before the outbreak was reported.

The Ukrainian government moved quickly to implement military style rule on the news of a plague "outbreak", suspending elections, closing borders and arresting "vaccination" opponents as the country readies for a mass swine flu vaccination campaign under WHO's direction.

THE FLU CASE

Has WHO told the truth about the swine flu virus?

The Flu Case, 18 November 2009, 20:40
https://web.archive.org/web/20100102041355/http://theflucase.com/index.php?option=com_content&view=article&id=1865%3Ahas-who-told-the-truth-about-the-swine-flu-virus&catid=41%3Ahighlighted-news&Itemid=105&lang=en

WHO has said it has found no significant changes to the swine flu virus after examining samples from the Ukraine, that is to say, WHO claims the swine virus continues to be mild.

However, emails are coming in which disagree with WHO and say the virus has become more virulent:

"One of the two small mutations theorized to be in the Ukraine samples has been confirmed.

D225G a receptor binding domain change makes the swine flu much more virulent in the lungs.

This mutation brings the H1N1 virus closer to the 1918 virus as it was in the third and deadliest wave.

Two samples from Brazil also contained this and one other small mutation.

This mutation has no effect on transmission of the virus and will not impact the function of the vaccines against the virus. It does mean that more of the infected will die from the various lung symptoms described so many times in this thread," says one email.

See also: - **for Ukraine**

recombinomics
elegant evolution

Receptor Binding Domain Change D225G Confirmed in Ukraine

Recombinomics, 18 November 2009
https://web.archive.org/web/20091121174514/http://www.recombinomics.com/News/11180902/Ukraine_D225G_Confirmed.html

Mill Hill has released a series of sequences from patients in Ukraine. Four of the samples had the receptor binding domain change D225G. Three samples were from lung, one from a throat swab.
Samples with D255G are listed below
A/Lviv/N6/2009
A/Lviv/N2/2009
A/Ternopil/N11/2009
A/Ternopil/N10/2009
All HA samples also had a Ukraine specific marker that had been previously found in swine.

recombinomics
elegant evolution

RBD D225G in China and Australia Raise Ukraine Concerns

Recombinomics Commentary, 18 November 2009, 14:41
https://forums.delphiforums.com/ironbubble/messages?msg=109.850

The recent outbreak in Ukraine has raised concern that receptor binding domain changes are responsible. Although WHO has issued a new Ukraine situation update and has addressed preliminary changes in a news conference, they have not rule out receptor binding domain changes, and the recent announcement of investigations by two WHO Regional Centers (NIMR in Mill Hill, UK and CDC in Atlanta GA) suggests single nucleotide changes are under investigation.

One such change is the receptor binding domain polymorphism D225G which is present on recently released sequences from China and Australia. The HA sequence from China, A/Zheijiang/DTID-ZJU03/2009, is virtually identical to two earlier sequences from Yiwu (A/Zhejiang/DTID-ZJU02/2009 and A/Zhejiang-Yiwu/11/2009) and all were collected in September and appear to be from the same patient or contacts. The patient eventually recovered, but was seriously ill and hospitalized for several weeks. However, the three sequences from Yiwu match (see list here) sequences from an isolate, A/Hangzhou/1/2009, that is in another location in Zheijiang (see map), indicating D225G was appended onto the Hangzhou genetic background via recombination.

A sequence released Monday at GISAID by the WHO regional center in Australia, A/Sydney/2503/2009, also has D225G, but on a different genetic backbone. The 5' end of the gene matches isolates from Singapore and Japan (see list), which do not have D225G. Thus, D225G is appended onto this background via recombination, but the background in Australia is distinct from the background in China.

Similarly, the two genetic backbones described above are distinct for two isolates in Sao Paulo, which were from fatal cases. The lung isolates signal the jumping of D225G from one genetic backbone to another. This concurrent acquisition has been described in H5N1, as well as the genetic hitchhiking of H274Y in seasonal H1N1.

This jumping of the same polymorphisms form one background to another signals major changes, especially when the polymorphism "in play" is a receptor binding domain change, which is cause for concern.

The recent activity in Ukraine raises concerns that similar changes are in play there, and the failure of WHO to release the sequences or comment on receptor binding domain changes significantly increases these concerns.

УКРАИНСКАЯ ПРАВДА

Свиной грипп потихоньку сдает позиции

Украинская Правда, 19 ноября 2009, 14:02
https://www.pravda.com.ua/rus/news/2009/11/19/4515026/

Вопрос о прекращении ограничительных карантинных мер по Украине будет рассмотрен в пятницу.

Об этом в четверг рассказал главный санитарный врач Александр Биловол.

"Может быть, что мы промониторим ситуацию, примем решение об отмене ограничительных мер, а в некоторых регионах, возможно, областях и районах останутся эти меры на определенное время", - сказал он.

Вместе с тем первый заместитель министра здравоохранения Василий Лазоришинец сообщил, что в Украине лабораторно подтверждены 226 случаев заболевания калифорнийским гриппом.

Он также отметил, что за все время от свиного гриппа умерли 17 человек. Кроме того, он сообщил, что за весь период эпидемии в Украине гриппом и ОРЗ заболели 1 млн 502 тыс человек, в том числе за последние сутки – 44 тысячи.

"В сравнении с предыдущими сутками количество больных постепенно уменьшается", - сказал он.

Вместе с тем Лазоришинец заявил, что сначала эпидемии уже выздоровели 1 млн. 120 тысяч человек.

"Ситуация стабилизируется и количество регионов, в которых эпидемиологический порог не превышен составляет 12", - сказал он.

RUPOR.INFO
громко о главном

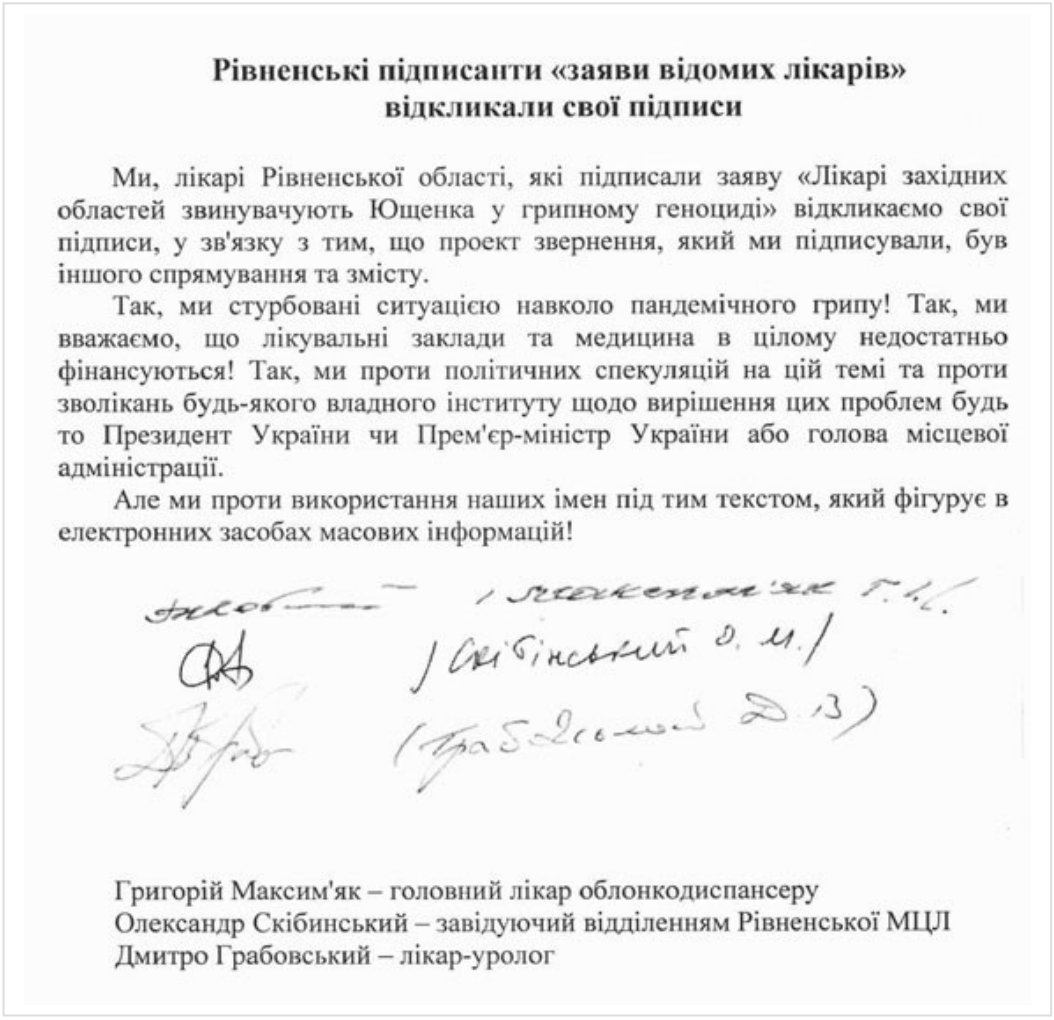
Врачей, подписавших Заявление по гриппу, принуждают отзывать свои подписи?

Рупор, 19 ноября 2009, 16:26.

https://web.archive.org/web/20091122093739/http://rupor.info/news-obshhestvo/2009/11/19/vrachej-podpisavshih-zajavlenie-po-grippu-prinuzhd/

Врачи западных областей, подписавшие недавно Заявление, в котором ставится под сомнение естественный характер нынешней эпидемии гриппа, поразившей именно западный регион, оказались под давлением не только со стороны своего руководства. К примеру, как уже сообщалось в прессе, сотрудник СБУ в Львовской области, в «беседе» с одним из подписантов назвал Заявление врачей «диверсией против власти». Не секрет, и в Украине исторически сложилось, что «беседы» с представителями правоохоронных органов ничего хорошего человеку, который открыто высказал свое мнение, как известно, не несут. В цивилизованных странах подобные вещи прямо характеризуются, как давление личность.

Скорее всего, результатом такого давления и стал документ распространенный сегодня в Ровно и некоторых других западных областях, в котором три врача подписавших Заявление отзывают свои подписи по причине, что они подписывали текст «другой направленности».



Рівненські підписанти «заяви відомих лікарів» відкликали свої підписи

Ми, лікарі Рівненської області, які підписали заяву «Лікарі західних областей звинувачують Ющенка у грипному геноциді» відкликаємо свої підписи, у зв'язку з тим, що проект звернення, який ми підписували, був іншого спрямування та змісту.

Так, ми стурбовані ситуацією навколо пандемічного грипу! Так, ми вважаємо, що лікувальні заклади та медицина в цілому недостатньо фінансуються! Так, ми проти політичних спекуляцій на цій темі та проти зволікань будь-якого владного інституту щодо вирішення цих проблем будь то Президент України чи Прем'єр-міністр України або голова місцевої адміністрації.

Але ми проти використання наших імен під тим текстом, який фігурує в електронних засобах масових інформацій!

Григорій Максим'як – головний лікар облонкодиспансеру
Олександр Скібинський – завідуючий відділенням Рівненської МЦЛ
Дмитро Грабовський – лікар-уролог

Заява
відомих лікарів, представників медичної науки, організаторів охорони здоров'я західних областей України.

Безпрецедентними маніпуляціями над суспільною свідомістю громадян України уже важко здивувати. Політики в одурманенні людей не обирають ні засобів, ні методів, і це, на жаль, головний діагноз української політики.

Однак, те, що твориться останнім часом, не тільки переходить будь-які межі моралі, яка давно уже виведена із політичного вжитку, а становить загрозу безпеці та життю громадян. Більше того, ми маємо підстави стверджувати про пряме посягання на людське життя.

Як фахівці у своїй сфері, ми не можемо у зв'язку із тим, що відбувається, не поставити запитання, які давно висять у повітрі, які цілком резонно задають як лікарі, так і пацієнти, які просто потрясають свідомість.

Епідемія грипу, як би це жорстко не звучало, - річ, на жаль, невблаганна. Поширення грипу в осінньо-зимовий період не знає обмежень ні у просторі, ні у часі, і святий обов'язок лікарів – звести до мінімуму згубні наслідки недуги. Так було вчора, сьогодні і, очевидно, по-іншому не може бути завтра.

І не в залежності від того, на території якої держави це відбувається. Така об'єктивна природа того прикрого явища, яке ми називаємо епідемією.

Однак, події в Україні дають підстави для поважного сумніву саме у природності епідемічних процесів. Якраз є більше підстав стверджувати, що цьогорічна епідемія та політична істерія навколо неї носить не природний, а штучний, тобто організований характер.

По-перше, чому вірус каліфорнійського грипу появився тільки у західній Україні? Звідки взялися такі «розумні» віруси, які не переступають кордони областей? Наука вірусологія і епідеміологія пояснення цьому не може дати.

Зі всією очевидністю виглядає, що спалах епідемії відбувся миттєво на окремо взятій території, а це могло статися внаслідок цілеспрямованих дій. Тобто штучного мору людей страшним штамом, названого каліфорнійським.

По-друге, чому була обрана саме ця територія? Чому тою окремо взятою зоною, яка була піддана атаці, не виявився будь-який інший регіон України чи навколишніх держав?

І, врешті, чому епідемічне загострення синхронно співпало із загостренням президентської кампанії?

Не має сумніву, що відповіді на ці запитання треба шукати уже не в медичній, а у політичній сфері. А що тут відбувається? Секретар РНБО, а також чільні речники канцелярії діючого президента заявляють, що на основі епідемії у західній Україні треба ввести у державі надзвичайний стан. Дружнім хором їм підспівують так звані силовики із генеральськими енкаведистськими погонами.

А що таке надзвичайний стан у їхньому розумінні? Це перенесення президентських виборів, а значить продовження перебування на посаді Віктора Ющенка, шанси якого виграти вибори 17 січня рівні нулю.

Отак вимальовується цілісна операція збереження на посаді політика-банкрота ціною життя невинних людей. А те, що створити штучну епідемію, - справа елементарна, розуміє кожен. Було би бажання і не було би совісті і відповідальності перед Богом.

Ми як лікарі не будемо наголошувати на тому, що мова йде про ту територію держави, на якій живуть переважно виборці одного із кандидатів у президенти і на котрих безуспішно претендує інший кандидат.

THE FLU CASE

Doctors in the Ukraine accuse President of Genocide

The Flu Case, 23 November 2009, 09:52

https://web.archive.org/web/20100102010207/http://theflucase.com/index.php?option=com_content&view=article&id=2021%3Adoctors-in-the-ukraine-accuse-president-of-genocide&catid=41%3Ahighlighted-news&Itemid=105&lang=en

Doctors in the Ukraine have accused the President, Viktor Yushchenko, and his agents of committing genocide in a letter published on the Ukrainian website Rupor Info, sparking fears that the reports of the deaths of thousands of people from artificially created pandemics and vaccinations are true.

The doctors accused the Yuschchenko of deliberately creating "epidemics" in specific regions for political reasons.

By the ploy of pandemics, the doctors say Yushchenko was able to postpone elections he would have almost certainly lost, declare martial law and remain in power as president.

The doctors who signed the letter have been forced to withdraw it.

The letter has ignited fears that many more people have died inside the quarantine zones set up in the Ukraine than the government-controlled media is reporting.

Sources in Poland are reporting that many people who are sick in the Ukraine received vaccinations.

One source reported that 99% of the people who came down with an unusually severe sickness were vaccinated.

After a vaccination with what appears to be the seasonal flu with an HIN1 virus, they became sick in 2 to 3 weeks and infected their family.

According to sources, 200,000 people in the Ukraine got a flu shot, resulting in an epidemic of sickness.

An especially severe flu gripping Poland also appears to be associated with the seasonal flu jab, with an H1N1 virus, according to the package.

Last week a woman reported thousands of people had been killed by vaccines inside closed-off quarantine zones inside western Ukraine.

ALEX JONES' INFOWARS.COM BECAUSE THERE IS A WAR ON FOR YOUR MIND

Iowa and North Carolina reports raise fears H1N1 mutations have reached United States

InfoWars // Prison Planet // Bird Flu Pandemic, 25 November 2009
https://web.archive.org/web/20091129132449/http://www.infowars.com/iowa-and-north-carolina-reports-raise-fears-h1n1-mutations-have-reached-united-states/

New reports from Iowa and North Carolina are raising concerns that the deadly H1N1 swine flu mutations that have been confirmed by the WHO in Ukraine, Norway and elsewhere have already reached the United States. In Iowa, a report that doctors are seeing "very heavy, wet hemorrhagic lungs, lungs with a lot of blood in them" in H1N1 patients is creating concerns among health experts that the deadly Ukraine H1N1 has already spread there.

In addition, a report of Tamiflu-resistant H1N1 swine flu in North Carolina is raising questions about the ability of medical authorities to combat H1N1 if thousands of people do start dying. If deadly H1N1 swine flu mutations have already reached the United States, what does that mean? Doctors in Ukraine have been reporting that victims of H1N1 there are experiencing violent hemorrhaging in their lungs. As the patients near death, their lungs reportedly become as "black as charcoal" and literally begin to disintegrate. Will this start happening soon inside the U.S.?

The news report causing the most concern today is the one about H1N1 patients in Iowa. Commenting on a dramatic spike in H1N1 deaths in Iowa, Dr. Gregory Schmunk told KCCI news that what doctors there are seeing "is very heavy, wet hemorrhagic lungs, lungs with a lot of blood in them."

Hemorrhagic lungs that are filled with blood?

That sounds precisely like what is taking place in Ukraine.

Last week, the WHO confirmed that an H1N1 mutation had been discovered in Ukraine. This H1N1 mutation involved a receptor binding domain change, and it is apparently causing the H1N1 virus to become much more virulent.

Just like the new report in Iowa, many victims of H1N1 in Ukraine have been experiencing violent hemorrhaging in the lungs. Temperatures inside the lungs of patients in Ukraine have been reported to be as high as 135 degrees Fahrenheit. As the patient near death, the lungs turn to mush and literally become as black as charcoal.

In fact, one doctor in Western Ukraine was quoted as saying the following about what is happening to the lungs of these patients…..

"We have carried out post mortems on two victims and found their lungs are as black as charcoal. They look like they have been burned. It's terrifying."

If that wasn't bad enough, the WHO has now confirmed that the same H1N1 mutation has shown up in Norway.

Norway's Institute of Public Health has released a statement in which they announced that this mutation "could possibly…cause more severe disease" because it apparently infects tissue deeper in the airway than usual.

Not only that, but today Hong Kong's Department of Health has confirmed that it has found the same mutation in a H1N1 flu virus sample as the one detected in Norway recently.

Hong Kong is on the other side of the world from Ukraine and Norway.

What in the world is going on?

Nobody knows for sure, but the truth is that the increasing similarities between the current H1N1 outbreak and the 1918 "Spanish flu" outbreak are becoming too striking to ignore.

Firstly, both the current outbreak and the 1918 Spanish flu are from the H1N1 family.

Secondly, both the current outbreak and the 1918 Spanish flu have the same mutation that is currently being reported in Ukraine, Norway and Hong Kong.

Thirdly, the hemorrhagic deaths that victims are experiencing in Ukraine closely mirror the kind of deaths experienced by victims of the 1918 Spanish flu. Just consider the following description of 1918 Spanish flu deaths from Wikipedia…..

"One of the most striking of the complications was hemorrhage from mucous membranes, especially from the nose, stomach, and intestine. Bleeding from the ears and petechial hemorrhages in the skin also occurred." The majority of deaths were from bacterial pneumonia, a secondary infection caused by influenza, but the virus also killed people directly, causing massive hemorrhages and edema in the lung."

You would think this stunning information would be so important that the mainstream media would be all over it, but sadly that is not the case. Instead they seem intent on covering the opening of the "New Moon" movie and whatever Barack Obama had for breakfast this morning.

But not only is the mutation discussed above a tremendous concern, but now there are confirmed reports that Tamiflu-resistant H1N1 is spreading.

Recently a Tamiflu-resistant strain of the H1N1 swine flu was reported to have been discovered in Wales, and now a Tamiflu-resistant cluster of the H1N1 swine flu has been reported in North Carolina.

However, medical authorities don't seem overly concerned. Dr. Alicia Frye, epidemiologist in the CDC's flu division, said in a prepared statement that "at this time we don't have any information that should raise concerns for the general population."

If the best drugs medical authorities have will soon not work against H1N1, perhaps the public should be concerned.

Meanwhile the European Center for Disease Control and Prevention has announced that swine flu deaths in Europe are doubling every two weeks.

Swine flu deaths in Europe are doubling every two weeks?

Perhaps the mainstream media should start paying attention to this.

Posted below is one of the very few mainstream media video reports we have about the "black lung" flu that is ravaging Ukraine…..

All of this is happening at a time when environmental extremists are pushing the "overpopulation" myth harder than ever. In fact, the United Nations Population Fund has just released its annual State of the World Population Report in which it openly calls for reducing world population growth as a way to combat climate change. The reality is that if a deadly H1N1 mutation did kill tens of millions, many very sick environmental extremists would actually applaud. Increasingly, many in the environmental community are viewing humanity itself as a "disease" that needs to be eradicated for the good of the earth.

Talk about a dangerous belief system.

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THE FLU CASE

First the Ukraine, Now the USA in Pandemic Crackdown?

The Flu Case, 25 November 2009, 16:53

https://web.archive.org/web/20100102052036/http://theflucase.com/index.php?option=com_content&view=article&id=2068%3Afirst-the-ukraine-now-the-usa-in-pandemic-crackdown&catid=41%3Ahighlighted-news&Itemid=105&lang=en

THE FLU CASE

Iowa's announcement of appearance of virulent Swine Flu virus spells trouble ahead

The Flu Case, 26 November 2009, 17:08

https://web.archive.org/web/20100102034640/http://theflucase.com/index.php?option=com_content&view=article&id=2078%3Aiowas-announcement-of-appearance-of-virulent-swine-flu-virus-spells-trouble-ahead&catid=41%3Ahighlighted-news&Itemid=105&lang=en

radaris
Iowa's Announcement Of Appearance Of Virulent Swine Flu Virus Spells Trouble Ahead
Duration: 7m 12s
Uploaded: 27 Nov, 2009
Category: News & Politics
Iowa has recorded a spike in swine flu deaths at 21. Dr. Gregory Schmunk, Polk county's medical examiner, has said people are dying of symptoms similar to the kind reported in the Ukraine. In the autopsy, what we're seeing is very heavy, wet hemorrhagic lungs, lungs with a lot of blood in them," said Schmunk.

Iowa's announcement of appearance of virulent Swine Flu virus spells trouble ahead

Radaris, 27 November 2009

https://radaris.com/p/Greg/Schmunk/

Iowa has recorded a spike in swine flu deaths at 21. Dr. Gregory Schmunk, Polk county's medical examiner, has said people are dying of symptoms similar to the kind reported in the Ukraine. "In the autopsy, what we're seeing is very heavy, wet hemorrhagic lungs, lungs with a lot of blood in them," said Schmunk.

But where did this virulent virus come from all of a sudden?

According to doctors in the western Ukraine, the sudden appearance of the virulent California H1N1 virus in western Ukraine could not be explained by natural processes.

In an open letter, printed in the Ukraine media (a translation was published on this week on this website), doctors accused President Victor Yushchenko of genocide by means of the use of the introduction of an artificial virus for political gain.

Can the appearance of the virus in Polk Country also be explained by natural processes?

Or could this also be an artificial virus introduced by means of vaccinations and used to justify a government clampdown?

It is not clear how many people who came down with the virulent swine flu in Polk County had previously taken the swine flu jab.

Dr Gregory Schmunk does, however, encourage everyone to take the „swine flu" jab as protection against this flu even though there is no proof that it is safe or efficacious while there is significant proof it causes damage, in the meantime.

Will the US government now quickly move to lift the ban on the use of stockpilies of the dangerous adjuvants under the pretext of a pandemic emergency as people panic?

Adrian Gibbs, Australian virologist, this week published futher evidence the swine flu virus is artificial, giving indirect support to the assertion of the Ukrainian doctors.

Also, we know from documents that US researchers went to Alaska in 1995 to dig up the corpse of the victim of the Spanish Flu Pandemic, extract genetic material from the lung and reconstruct the virus in their lab. The team published updates on their progress in „Nature" and other scientifc journals.

The appearance of this artifical virus in western Ukraine was used as a pretext to generate panic and implement martial law, allege the doctors in their letter.

Yushchenko moved quickly to suspend elections he was almost certain to lose, impose quarantines on nine zones and close some borders in coordination WHO.

There have since been unconfirmed reports of mass deaths through forced vaccinations within those quarantine zones.

For sure, isolating specific areas, cutting it off from supplies, and outside communications and then sending in special pandemic task forces to carry out forced vaccinations is an easier way of approaching the problem of killing large numbers of people than taking on the whole of a country at once.

But would the Iowa authorities or the US government ever carry out any such a criminal plan as the Ukrainian?

It is a fact President Barack Obama declared a national emergency over the swine flu pandemic on October 23rd, although the laws allowing forced quarantine and forced vaccination have yet to be activated.

Pandemic drills have been reported.

As in the Ukraine, the US government, however, needs a pretext to implement a drastic crackdown.

The deaths from the virulent form of the swine flu reported in Iowa and North Carolina could supply some of that pretext, though reports of more "infected" areas can be "expected" soon if adequate fear and confusion is to be generated.

An Iowa quarantine order surfaced this summer revealing that the authorities there are prepared to crack down on people in a pandemic emergency.

Failure to comply with this Quarantine Order can lead to arrests, fines, and imprisonment. Anyone suspected of even having contact with some with a pandemic flu can be quarantined indefinitely with very limited access to the outside world.

The blank template of Iowa’s Facilty Quarnatine Order was developed with the help of the Center for Disease Control (CDC), which has published the document on its website. Together with FEMA and Homeland Security, the CDCis the main federal agency responsible for implementing a crackdown in the event of a swine flu pandemic.

This is just one of a raft of drastic measures that have been introduced at state and federal level allowing the US government to force vaccinate and quarnatine people.

800 FEMA camps are reported to be in place in the USA ready to operate incinerators. FEMA trains are waiting on their tracks. Large quantities of plastic coffins have been reported.

In short, the entire infrastructure of mass murder that was in place in Nazi Germany is in place in the USA today - and the banksters and Bilderbergers with their back to the wall are desperate to use it before they end up being prosecuted once the Audit the Fed Bill goes through.

As in Nazi Germany, the US media just like the European media today, though, largely acts as propaganda instrument hiding the stark reality from people of.

It is left to the independent media to warn people of the impending danger.

The independent media and bloggers have to carry out the role of the horsemen who raced between towns carrying a lantern to light up the night during the First American Revolution to warn people the British were coming and so allowing them time to prepare to defend themselves.

It sure looks like the "colonial British" are determined to impose their will again but this time, they have turned up armed with vaccines and quarantine orders as well as guns.

Just as during the First Revolution, they are finding plenty of people who will do their work for them on US soil.

But the "British" will not succeed any today than they did the first time if enough people stand up and fight back in this still undeclared biological war against the people, targetting children with especial cruelty and deceit.

It is time to listen to see the warning signs and recognise we really are at war with the globalist banksters. They really do want to impose an autocratic UN/WHO government at our expense under a pandemic pretext. The time really has come for us to prepare for our defence in the US and Europe.

How long until we hear the virulent swine flu virus has killed 27 people in Norway or Spain or Austria?

Every single person has a role to play in this great battle between the power of lies and deceit and the truth. It could be YOU who makes the difference.

ДУРДОМ

Князевич:
Нет гарантии, что завтра украинцы не начнут умирать потому, что не привились

Дурдом, 27 ноября 2009, 14:15:04
https://durdom.in.ua/ru/main/news_article/news_id/13311.phtml

Министр здравоохранения Василий Князевич не исключает возможности срыва кампании вакцинации от гриппа A/H1N1 в связи с недоверием населения и дискредитации подобных превентивных мер после случая со смертью школьника из Краматорска. Об этом он заявил в интервью газете *Урядовий кур'єр*. – "Такая угроза (срыва кампании вакцинации) вполне реальна. После антивакцинальной кампании мы имеем проблемы даже с обязательными прививками, не говоря уже о добровольных, которые были не слишком популярны среди наших граждан... Сегодня все испуганы вспышкой гриппа, но нет гарантии, что завтра украинцы не начнут умирать от инфекций только потому, что поддались влиянию антивакцинальщиков", - сказал Князевич.

Комментируя ситуацию с внеплановой (дополнительной) иммунизацией против кори и краснухи, Князевич подчеркнул, что ее начало было запланировано еще на осень 2007 года. "Минздрав Украины... подтвердил готовность провести в 2007 году кампанию дополнительной иммунизации и дал согласие на ввоз и использование 9 млн доз вакцины (вакцина против кори и краснухи производства Индийского института сывороток) без ее регистрации как гуманитарной помощи, что соответствует действующему законодательству", - проинформировал он, добавив, что качество вакцины "путем переквалификации гарантировано ВОЗ".

Однако, по словам министра, соответствующее распоряжение не было подписано в 2007 году. Вместо этого было подписано распоряжение, утверждающее план мероприятий дополнительной иммунизации против кори и краснухи на 2008 год.

Князевич в очередной раз заверил, что смерть школьника Антона Тищенко из Краматорска "не связана с вакциной или вакцинацией".

Глава украинского Минздрава также прокомментировал реакцию ВОЗ и ЮНИСЕФ на решение о невозможности использования в Украине в 2009 году вакцины против кори и краснухи, предоставленную в качестве гуманитарной помощи. В частности, он напомнил, что ранее министр экономики и финансов Великобритании Гордон Браун приложил много усилий, чтобы убедить международных доноров выделить Украине средства на проведение кампании по дополнительной иммунизации, в то время как десятки стран намного беднее украинского государства и тоже ожидали вакцину.

"Мне сложно сказать, будет ли ВОЗ идти навстречу Украине, как это было раньше, и бесплатно предоставлять вакцину. Пока что мы стоим в очереди на вакцину против калифорнийского гриппа, как и сотни других стран. На сегодняшний день только две страны (Россия и Канада) предоставили нам материалы для начала процедуры регистрации вакцин от гриппа", - сообщил Князевич. По словам министра, дополнительной вакцинации против кори и краснухи в 2009 году не будет, что, согласно прогнозам эпидемиологов, может привести к вспышкам кори и краснухи в 2010-2011 годах.

Как сообщалось, Кабинет министров Украины утвердил план иммунизации населения против гриппа на 2009-2010 годы и создал координационный совет по реформированию системы здравоохранения. Эксперты Всемирной организации здравоохранения в результате расследования не установили причинно-следственной связи между смертью школьника из Краматорска и его вакцинацией.

The Cutting Edge

Martin Barillas

Swine Flu mutates into new diseases and into Political Issues

The Cutting Edge, 30 November 2009
https://web.archive.org/web/20200925210821/http://www.thecuttingedgenews.com/index.php?article=11820

Reports in Europe and elsewhere are rife of a mutation of the H1N1 “swine flu" virus that apparently first appeared in Ukraine and has now popped up in numerous other countries. As of November 28, two fatal cases of the mutated virus emerged in France, following two deaths caused by the virus identified in Norway on November 20. According to the World Health Organization, the same virus has been identified in patients in other countries including Brazil, China, Japan, Mexico, and the United States.

So far, in France, 76 deaths have been recorded for H1N1. Worldwide, deaths blamed on the epidemic rose by 1,000 during the week of November 21-28. But in the Ukraine, the total figure surpassed 300 in early November 2009, with as many as 16 deaths caused in one day.

The mutated virus appears to be able to penetrate further into the passages of victim’s lungs, thus making it more dangerous. However, there is yet no evidence to show that it can be spread between people. As long as there is no proven “person-to-person” contagion, the relative risk posed by the mutation is low, experts insist.

It is obvious that the mutated flu causes special complications, as demonstrated by the deaths caused in Norway and France. Viruses typically mutate within their victims, thereby reproducing. It has been suggested that the fact that this mutation has been identified in at least 6 different countries merely shows that it is one of the possible mutations that can emerge.

However, H1N1 deaths may increase as its mutations combine. The permutations are many. Some mutations are vaccine- and antiviral-resistant, while another causes lung hemorrhaging. Each mutation is causing different effects in victims, and even combining to attack individuals in some cases. In the UK, a laboratory reported that the current H1N1 vaccine would probably not be effective against the variant of the swine flu virus that caused a panic in Ukraine. This variant, in which the virus uses D225G as a receptor binding domain, causes bleeding in the lungs. Another

H1N1 mutation results in the resistance to treatment with antiviral medication. The mutation that results in acute lung damage has been called a "low reactor" to the vaccine, meaning that the vaccine will not provide an immune response for that strain of virus adequate to prevent infection.

Lung hemorrhaging caused by a swine flu mutation has been reported from China and Norway to France and the Ukraine. Thus far in the United States, there have been unconfirmed reports of fatalities in patients with hemorrhaged lungs. Worldwide, a strain of the H1N1 bug resistant to Tamiflu, a principal anti-viral medication, has been found with high incidence in Wales and North Carolina. One such case has been found in France. About 80 million doses of vaccine have been distributed worldwide and about 65 million people have been vaccinated so far, according to the World Health Organization (WHO).

News of the H1N1 flu, aside from any mutations, has captured headlines and blogs over the planet as international organizations such as WHO, and national governments struggle to respond. Near panic has gripped Ukraine where millions rushed to buy doses of Tamiflu and other anti-viral medications as well as surgical masks to avoid contagion. Schools and all universities there have been closed and nine regions of the country were put under quarantine. Bolstered by alarmist media reports in Ukraine, there was much talk in the media and on the street about deliberate infection by pharmaceutical companies or the government as conspiracy theories became rife. For example, some argued that flights of helicopters and fixed-wing aircraft had been seen spraying the populace with clouds of unknown substances feared to be the virus itself. Reports also emerged that the lungs of the mutated virus' victims had turned black as coal while the death toll rose. Hospitals are being converted into emergency treatment centers, having been caught off guard by the deaths of 400 people in just three weeks.

In the Ukraine, the virus became political. Reports of the flu, and the government response, comes in the midst of a presidential election that pits as opponents the incumbent President Victor Yushchenko, incumbent and former ally Prime Minister Yulia Tymoshenko, against a Russian-backed rival. Tymoshenko, who has been blamed for a faltering economy and pandering to Russia, has capitalized on (or even fostered) the panic in Ukraine for political gain, according to some observers. Political observers also noted the competing appearances by the two politicians at hospitals and the bedsides of sufferers. Tymoshenko and two her ministers personally and ceremoniously received a Tamiflu air shipment in the middle of the night in early November, and she has given assurances that her government has the situation well in hand. Some polling data suggests that this apparent concern has not availed the natural gas tycoon: one poll has her trailing a rival by nearly 2 to 1. Tymoshenko has also banned all mass gatherings and political rallies – after she had already had hers.

Although the World Health Organization concluded that "the numbers of severe cases do not appear to be excessive when compared to the experience of other countries," pharmacies ran out of surgical masks and medicines whiles panicked Ukrainians dangerously hoarded supplies as Tymoshenko sprang into action and dominated media reports. This is opportune for Tymoshenko, who had been thought to be losing the race to Russia's candidate Viktor Yanuovich – a man many Ukrainians believe may have been linked to an assassination attempt on Yushchenko. As Ukrainian GDP contracted by over 15 percent in the third quarter of 2009 and Tymoshenko continued to bicker with Yushchenko, her approval ratings plummeted from a high of 47 percent in the spring of 2005 to just 14 percent in October – an improvement from summer 2009. Tymoshenko's prospects are now much brighter, given that at least the first wave of contagion has been stemmed before the January 2010 election. Medical experts expect the flu season to peak again in January and February. A Tymoshenko spokesman has disavowed any suggestions that the president made political capital out of a medical crisis but has managed to bolster a faltering medical system and prepared it for further flu contagion.

Flu season or not, the outcome of the January 2010 Ukrainian election is critical to both Russia and the West. Both Tymoshenko and Yushchenko favor Ukraine's admission to NATO and the EU. Before becoming Prime Minister in a second term that began in 2008, Tymoshenko stated in a Foreign Affairs essay of the need for a buffer between Russia and the West while offering Ukraine

into the bargain. Yushchenko is married to a woman who had been a US citizen and a Reagan-era official in the State Department. He enjoyed good relations with President George W. Bush and set a course for Ukraine that has been at odds with his Russian neighbor.

On November 27, the Ukrainian parliament failed to over-ride Yushchenko's veto of a $125 million package of aid in the flu epidemic. He said he supports putting additional funds toward fighting the flu, but was against the way the government wanted to finance the increase, arguing that the proposed law could also lead to the devaluation of the national currency. Prime Minister Yulia Tymoshenko criticized Yushchenko and said he bears full responsibility for flu casualties in Ukraine.

Russia has also had its share of flu deaths and reaction to infection. At least ten universities in western Russia have been closed due to the flu. The State Pedagogical University in the city of Lipetsk said it is canceling classes because about one in four of the university's students are sick with flu-like symptoms, even though they are not known if they have swine flu, or a variant of H1N1. The closure is expected to last until December 2.

But the Mideast has actually been hit the hardest. According to the latest World Health Organization estimates, influenza H1N1 has more victims in Iran than in the other 22 countries of the WHO's Eastern Mediterranean Region. With 33 deaths so far, Iran registers 17 percent of the total 188 deaths in the region since May 2009. Saudi Arabia has recorded 28 deaths, Oman 25 and Syria 22 and also had the highest rate of fatalities in comparison to the cases with 9.5 percent of them being fatal. Yemen follows with a rate of 2.5 percent, Afghanistan with 1.7 percent, and Iran with 1.5 percent. Kuwait has registered the highest number of cases with 6,640 (23 percent of all the 28.751 in the region), followed by Saudi Arabia with 4,119; Oman with 3,829; and Egypt with 2,494. Kuwait also has the highest number of cases per head with 2.46 over a thousand, followed by Oman with 1.12 cases (over a thousand), and Bahrain with 1.10 cases (over a thousand).

In Saudi Arabia, authorities were prepared for the annual Hajj pilgrimage, imposing tight security and anti-flu initiatives. Saudi authorities deployed some 20,000 medical staff and more than 100,000 security personnel as more than 2.5 million Muslim faithful prepared to descend upon the holy cities of Mecca and Medina. Three persons, including an elderly Pakistani, are confirmed victims of the flu. Besides the flu epizootic, the Saudis must contend with tensions between Sunni and Shia Muslims, which in the past caused hundreds of deaths and injuries. In recent weeks, the Saudi government called on Iran not to politicize Hajj after Iran's Supreme Leader Ali Khamenei called for "demonstrations against the United States and Israel."

Local health authorities are on high alert; so far, 20 pilgrims have shown signs of the flu. Four of these died, having had prior health problems like pulmonary infection and cancer. Another four remain in care, and 12 were dismissed from hospital. Over the past few weeks, Riyadh has urged other governments to restrict the pilgrimage to healthy adults between 18 and 65. Additional doctors have been deployed, more hospital beds provided, and some 1.5 million units of Tamiflu stockpiled. Additionally, six 24-hour health clinics are available within the Grand Mosque at Mecca.

The Health Ministry of Israel had registered 51 swine flu deaths as of early November. A two-year-old child from Nazareth died following a swine flu shot; she had had several illnesses and recently received a pacemaker. Another 41 people complained of side effects of the flu jab. The standard for inoculation holds that children under the age of three are not good candidates for the flu vaccine.

In the conflictive Democratic Republic of Congo, an unknown epidemic has caused three deaths and affected more than 100 people. The epidemic broke out in Londela Kayes, in southwest DRC some 300 miles from Brazzaville. Symptoms include diarrhea, strong fever and vomiting. Health authorities on the scene have concluded that they are confronting a flu virus even while they have yet to receive samples. The A/H1N1 has been found in Brazzaville and Pointe Noire and was presumably spread from there. The DRC reported its first case in October at a Brazzaville school.

DAILYMOTION

Billions in the trash: Swine flu drug scandal in Ukraine

Daily Motion, 12 December 2009
https://www.dailymotion.com/video/xvcqay
https://vactruth.com/2009/12/12/billions-in-the-trash-swine-flu-drug-scandal-in-ukraine/

Governments worldwide may have wasted billions of dollars stockpiling an ineffective flu drug. A study published in the British Medical Journal has found no evidence ...

Jean-Jacques Crèvecœur

Jean-Jacques Crevecoeur

What awaits us in 2010?

The Flu Case, 10 January 2010
https://web.archive.org/web/20100315181956/http://www.theflucase.com/index.php?option=com_content&view=article&id=2514%3Aqnothing-will-ever-be-the-same-againq-jean-jacques-crevecoeur-reflects-on-the-swine-flu-scam-translated-by-carolyn-dunning&catid=41%3Ahighlighted-news&Itemid=105&lang=en

Now, what awaits us in 2010? Will I still take the risk of making predictions for 2010? Well yes, although I recognize that exercise is dangerous and risky. For, since my retirement from public life, I have never stopped reviewing documents related to this famous influenza H1N1. What are the facts that have caught my attention? There have been many, here is a summary:

Margaret Chan, General Director for the WHO, announced that the pandemic would last at least until 2011 (ref: L'OMS ne veut pas crier victoire avant 2011. – L'OBS, 29 December 2009;
https://web.archive.org/web/20160205063338/http://tempsreel.nouvelobs.com/la-grippe-a/20091229.OBS2023/l-oms-ne-veut-pas-crier-victoire-avant-2011.html

Ukraine experienced an epidemic of extremely deadly lung disease (death occurring 24 hours after onset) in November 2009. According to the autopsies performed on the corpses of victims, the symptoms were different from those of influenza and the virus that attacked the lungs was different from the H1N1 virus, but by combining with it, became extremely deadly (ref: Yashchenko A. Ukraine: Nouveau virus découvert, mortel pour les systèmes immunitaires affaiblis. – New of Tomorrow, 13/17 Novembre 2009
https://web.archive.org/web/20091121062319/http://newsoftomorrow.org/spip.php?article6802Unian:
https://web.archive.org/web/20091119024614/http://www.unian.net/rus/news/news-346721.html

But what is disturbing about the case in Ukraine is that two months beforehand (in Warsaw, Poland on 29th and 30th September, 2009), Interpol had proposed to six of Central and Eastern European countries a drill *simulating a bioterrorist attack against the Ukraine*, an attack in which the terrorists' modus operandi was to spread a virus of pneumonic plague by air ;
=> International Bioterrorism Table Top Exercise: Warsaw, Poland, 29-30 September 2009
https://web.archive.org/web/20091110084341/http://www.interpol.int/Public/BioTerrorism/tabletop/default.asp

Two months later, thousands of testimonies from the people of Ukraine reported that planes had flown at low altitude during the night, a few days before the outbreak of the deadly epidemic first describes as pneumonic plague. A coincidence?
etc.

Chapter 8

Belarus

IgnOreD

False Swine Flu Pandemic

Андрей Алехнович

Свиной грипп к белорусам не пристает

Deutsche Welle, 19 июня 2009, 01:46
https://www.dw.com/ru/%D1%81%D0%B2%D0%B8%D0%BD%D0%BE%D0%B9-%D0%B3%D1%80%D0%B8%D0%BF%D0%BF-%D0%BA-%D0%B1%D0%B5%D0%BB%D0%BE%D1%80%D1%83%D1%81%D0%B0%D0%BC-%D0%BD%D0%B5-%D0%BF%D1%80%D0%B8%D1%81%D1%82%D0%B0%D0%B5%D1%82/a-4408240

В Беларуси случаи заболеваний свиным гриппом пока не зафиксированы. Однако медики принимают превентивные меры, чтобы не допустить возможное проникновение в страну эпидемии.

До сих пор в Беларуси случаев заболевания свиным гриппом зафиксировано не было. Правда, медики приписывать себе каких-либо заслуг за это не спешат, объясняя, что ничего экстраординарного они в деле предупреждения распространения болезни не предпринимают. Сотрудники медучреждений просто принимают необходимые в таких случаях превентивные меры. И надеются, что эпидемия до Беларуси не доберется.

Превентивные меры

По словам врача-терапевта одного из минских медицинских центров Людмилы Карась, медики к встрече со свиным гриппом в плане информированности готовы. По лечебным учреждениям разосланы приказы, в которых указан алгоритм действий. Но реальной угрозы нет, и случаев обращения пациентов за помощью пока не было.

Вместе с тем, как отметила главный эпидемиолог Беларуси Инна Карабан, никаких оригинальных рецептов по предупреждению свиного гриппа в стране не изобреталось. Мероприятия в Беларуси проводятся такие же, как во всех странах - это мониторинг состояния заболеваемости вирусными инфекциями, мониторинг состояния здоровья пассажиров в аэропортах и на железнодорожных санитарно-карантинных пунктах. Кроме того, создан запас лекарственных препаратов, дезинфекционных и других средств.

Но, несмотря на нынешнее благополучие, белорусские медики продолжают надеяться на то, что в скором времени в мире вакцина против свиного гриппа все-таки будет изобретена. И тогда страна также сможет ее закупить.

И для сезонного гриппа – не сезон

Хотя на сегодняшний день особой необходимости в такой вакцине в стране нет. Единственная гражданка Беларуси, заболевшая новой разновидностью гриппа, была госпитализирована в конце мая в Москве. Она прибыла туда из Чехии и собиралась улететь в Италию без посещения родины. А потому непосредственно в Беларуси, по словам Инны Карабан, случаев заболевания нет. И подозрений на заболевание тоже не было выявлено.

По признанию главного эпидемиолога страны, единственный вид эпидемии, которая периодически выбивает белорусов из колеи – это сезонный грипп. Но и для этой болезни сейчас еще не сезон.

recombinomics
elegant evolution

Belarus H1N1 Deaths Raise Concerns

Recombinomics Commentary, 3 November 2009, 16:43
https://web.archive.org/web/20091107030459/http://www.recombinomics.com/News/11030901/Belarus_Fatalities.html

The first Belarusian death from swine flu was registered by health officials on Tuesday. The victim, a 37-year-old female resident of the town of Drogichin, died on Friday, but results of blood tests confirming the presence of the H1N1 virus only became available Tuesday, said Oleg Arnautov, chief doctor of the western Brest province.

The woman reportedly had visited Ukraine's western Kovel region, currently near the centre of Ukraine's flu outbreak, in early October.

In recent weeks, the Belarusian capital Minsk has seen an estimated 10 deaths of persons suffering from pneumonia preceded by flu-like symptoms. Public health workers were working to identify the virus causing the illnesses.

The above translation describes the first confirmed H1N1 fatality in Belarus, as well as ten more likely swine flu deaths in Minsk. These deaths are not surprising. Although Belarus has acknowledged 59 confirmed pandemic H1N1 cases, the flu activity is characterized as widespread, and over 99% of influenza A in Europe is swine flu.

The outbreak in western Ukraine (see map) has raised concerns that transmission and virulence has increased. The number of cases may be related to seasonal weather changes. Flu Trends shows that the Ukraine has historically had a jump in cases at this time of year, presumably linked to colder weather and availability or lack thereof of heat for homes. Since virtually all flu in Europe at this time is swine flu, this jump in flu cases would create a jump in swine flu cases. Moreover, the spike this year is markedly higher than prior years, which could explain the increases in hospitalizations and deaths.

However, the hospitalization of more than 15,000 raises concerns that the death toll could increase dramatically. Today's government update has been delayed, but a local media report on Lviv described a sharp increase in cases to 104,019 and an increase in fatalities from 30 to 37.

The above reports of fatalities in neighboring Belarus raises concerns that there are also significant numbers of hospitalized and fatal cases there. There have been some efforts of limiting border crossings out of Ukraine, but it seems likely that the H1N1 associated with these fatal cases has already spread throughout the region.

Sequence data on isolates from fatal cases in the Ukraine and Belarus would be useful.

AFN

Лукашенко о «свинячьем» гриппе и мировом заговоре

АФН, 5 ноября 2009, 16:33
https://afn.by/news/i/127032

"Этот грипп, пусть даже свинячий, - это не чума и холера, он излечим", - заявил сегодня А.Лукашенко в Киеве.

"Я знаю, что происходит в этой суперкоррумпированной, бандитской среде в производстве лекарств. Еще недавно говорили по поводу "птичьего" гриппа. Наверное, все уже продали. Сегодня запищали по-свинячьи. А завтра, наверное, замурлыкаем или замычим?"

Лукашенко заявил, что возникшая в связи со "свиным" гриппом паника среди населения была создана искусственно.

"Мы по часам мониторим ситуацию, и за последние сутки мы видим, что происходит спад о ОРВИ", - сказал Лукашенко, похвалив Минздрав.

"Они вдвойне молодцы, медикам приходится бороться не только с самим заболеванием, но и ажиотажем".

"Мы в состоянии сами справиться, и Украина справится. Не надо бояться, нагнетать ситуацию и обстановку", - заявил Лукашенко.

ВЗГЛЯД
ДЕЛОВАЯ ГАЗЕТА

Лукашенко:
Раньше весь мир кукарекал, а теперь завизжал по-свинячьи

РИА Новости, 5 ноября 2009, 19:37
https://vz.ru/news/2009/11/5/345638.html
https://lb.ua/news/2009/11/05/13277_lukashenko_kukarekal_ves_mir_t.html

Президент Белоруссии Александр Лукашенко на встрече с президентом Украины Виктором Ющенко заявил, что именно производители лекарств спровоцировали панику вокруг гриппа A/H1N1.

«Вы знаете, я знаю, что происходит в этой суперкоррумпированной среде, бандитской среде торговли и производства лекарствами», - отметил Лукашенко.

«Давайте говорить откровенно - давно мы перестали кукарекать по поводу «птичьего» гриппа. Кукарекал весь мир. Наверное, все уже продали (лекарства), что касается птичьего гриппа, теперь завизжали по-свинячьи. А завтра, наверное, замурлыкаем или замычим? Ну, неужели вы не понимаете, что происходит?», - заметил Лукашенко.

В подтверждение своих слов он привел пример белорусской статистики: «В 2008 году, когда еще ничего не пищало свиным гриппом», от пневмонии умер 21 человек, в этом году - 19, из которых у 6 нашли подозрение на свиной грипп. «Это факты, которые фальсифицировать нельзя», - отметил он.

«Этот грипп, пусть даже свинячий, - это не чума и холера, которые неизлечимы, он абсолютно излечим», - заявил президент Белоруссии.

По его словам, он никогда не думал, что ему как президенту придется обсуждать тему гриппа на таком высоком уровне. Поскольку, по его мнению, этим должны заниматься профессионалы. Он подчеркнул, что сегодня медикам приходится бороться не только с самим заболеванием, но и с ажиотажем вокруг него.

Лукашенко призвал население не поддаваться паническим настроениям, но и не заниматься самолечением.

«Человек серьезно заболел и начинает лечится малиной, вареньем лечится - когда уже поздно и до сорока температура, вместо того чтобы пройти в больницу», - отметил он.

«Мы в состоянии сами справиться, и Украина справится. Не надо бояться, нагнетать ситуацию и обстановку», - заявил Лукашенко, передает УНИАН.

РИА НОВОСТИ

Андрей Лубенский

Лукашенко призвал меньше "визжать" про свиной грипп

РИА Новости, 5 ноября 2009
https://ria.ru/20091106/192113439.html

"Давайте говорить откровенно, давно ли мы перестали "кукарекать" по поводу "птичьего" гриппа? "Кукарекал" весь мир. Наверное, все (лекарства) уже продали. Сегодня завизжали по свинячьи. А завтра, наверное, замурлыкаем или замычим", - сказал Лукашенко.

КИЕВ, 5 ноября 2009 – Причина искусственного ажиотажа вокруг свиного гриппа лежит в коммерческой сфере, считает президент Белоруссии Александр Лукашенко.

Эпидемия гриппа на Украине была объявлена в конце октября, в девяти западных областях введен карантин. По последним официальным данным Минздрава, от гриппа скончались 95 человек. Подтверждены 15 случаев заболевания гриппом A/H1N1. До сих пор в украинских аптеках не хватает антивирусных препаратов и медицинских повязок.

"Давайте говорить откровенно, давно ли мы перестали "кукарекать" по поводу "птичьего" гриппа? "Кукарекал" весь мир. Наверное, все (лекарства) уже продали. Сегодня завизжали по свинячьи. А завтра, наверное, замурлыкаем или замычим. Вы что, не понимаете, что происходит?" - сказал Лукашенко в четверг на совместной с президентом Украины Виктором Ющенко пресс-конференции в Киеве.

По мнению белорусского лидера, "этот грипп, пусть даже свинячий, – это не чума и холера, он вполне излечим", а ажиотаж только мешает в борьбе с болезнью. "Медикам приходится бороться не только с самим заболеванием, но и с ажиотажем", – заявил Лукашенко.

В то же время, президент Белоруссии отметил, что этот ажиотаж выгоден производителям лекарств и торговцам.

"Я знаю, что происходит в этой суперкоррумпированной, бандитской среде в производстве и торговле лекарствами", – подчеркнул он.

"Есть у нас марлевый завод, надо будут марлевые повязки – будем с Виктором Андреевичем вместе там штамповать и развозить. Только вы покупайте", – пошутил Лукашенко, добавив, что через неделю марлевые повязки украинцам уже не понадобятся.

Лукашенко выразил уверенность в том, что и Белоруссия, и Украина вполне в состоянии справиться с проблемой свиного гриппа. "Не надо бояться, нагнетать ситуацию и обстановку", – резюмировал белорусский лидер.

Президент Белоруссии посещает Украину с официальным визитом 5-6 ноября.

ФармАналитик
ЧЕТВЕРТЬ ВЕКА НА ФАРМРЫНКЕ

Лукашенко считает, что свиной грипп выдумали фармацевты

Фарм Аналитик, 5 ноября 2009
https://marketmed.ru/uncategorised/lukashenko-schitaet-chto-svinoj-gripp-vydumali-farmatsevty

Президент Белоруссии Александр Лукашенко считает, что проблема свиного гриппа раздута фармацевтическими компаниями. Об этом он заявил в четверг, 5 ноября, в ходе визита на Украину. "Я знаю, что происходит в этой суперкоррумпированной, бандитской среде в производства лекарств", - сказал белорусский президент на совместной с президентом Украины Виктором Ющенко пресс-конференции в Киеве. "Сегодня завизжали по-свинячьи. А завтра, наверное, замурлыкаем или замычим. Вы что, не понимаете, что происходит?" - сказал Лукашенко.

По мнению белорусского лидера, свиной грипп - это не чума и холера, "он вполне излечим". При этом он отметил, что через неделю марлевые повязки украинцам уже не понадобятся.

В конце октября на Украине была объявлена эпидемия гриппа, в десяти западных областях введен карантин, не проводятся массовые мероприятия по всей стране, на три недели закрыты учебные заведения. По последним официальным данным Минздрава, от гриппа скончались 95 человек. Подтверждены 15 случаев заболевания гриппом A/H1N1, однако Минздрав не уточняет количество смертей от свиного гриппа, хотя ранее сообщалось о трех летальных исходах.

В самой Белоруссии от острой пневмонии за две последние недели скончались 19 человек. По данным Минздрава страны, лишь семеро из них умерли от высокопатогенного вируса гриппа A/H1N1. Все они либо приехали из-за рубежа, либо близко общались с теми, кто только что вернулся в республику.

Александр Лукашенко

Паника вокруг свиного гриппа создана искусственно

DELO, 5 ноября 2009
https://delo.ua/opinions/lukashenko-panika-vokrug-svino-133521/

Президент Беларуси Александр Лукашенко заявил, что проблема вокруг т.н. "свиного" гриппа и возникшая в связи с этим паника созданы искусственно и, в том числе, спровоцированы производителями лекарств

"Этот грипп, пусть даже свинячий, - это не чума и холера, он излечим", - заявил Лукашенко, 5 ноября в Киеве после переговоров с Президентом Украины Виктором Ющенко.

"Я знаю, что происходит в этой суперкоррумпированной, бандитской среде производства лекарств", - сказал белорусский президент.

"Еще недавно говорили по поводу "птичьего" гриппа. Наверное, все уже продали (препараты – "ДЕЛО"). Сегодня запищали по-свинячьи. А завтра, наверное, замурлыкаем или замычим?", - заметил Лукашенко.

Белорусский президент заявил, что возникшая в связи со "свиным" гриппом паника среди населения создана искусственно. В частности, по его информации, "в прошлом году в этот период в Беларуси от пневмонии умер 21 человек, в этом году - 19, из которых у шести нашли подозрение на "свиной" грипп". "Мы по часам мониторим ситуацию, и за последние сутки видим, что происходит спад по ОРВИ", - сказал Лукашенко.

Он призвал население не поддаваться паническим настроениям и отдал должное медикам. "Они вдвойне молодцы. Медикам приходится бороться не только с самим заболеванием, но и ажиотажем", - отметил глава белорусского государства.

"Мы в состоянии сами справиться, и Украина справится (с заболеванием – "ДЕЛО"). Не надо бояться, нагнетать ситуацию и обстановку", - заявил Лукашенко.

В свою очередь, президент Украины Виктор Ющенко заверил: "Мы справимся с этими проблемами". При этом он отметил полное взаимопонимание с белорусской стороной по всем вопросам, касающимся противодействия эпидемии.

Ющенко также сообщил, что "завтра будет наш визит в один из регионов, пострадавших от эпидемии".

President of Ukraine's neighbour says "swine flu" pandemic artificially created

The Flu Case, 6 November 2009, 16:41
https://web.archive.org/web/20100102030710/http://theflucase.com/index.php?option=com_content&view=article&id=1667%3Apresident-of-ukraines-neighbour-says-qswine-fluq-pandemic-artificially-created&catid=1%3Alatest-news&Itemid=64&lang=en

Alexander Lukashenko, the President of Belarus, a country bordering the Ukraine, has said that the panic over the "swine flu" has been artificially created by pharma companies, according to reports in the local media.

realt5000.com.ua
http://realt5000.com.ua

A. Lukashenko

The panic over swine flu created artificially

Realt5000, 6 November 2009, 10:39:41
http://www.realt5000.com.ua/news/utf/en/1154916/ (*deleted*)

President of Belarus Alexander Lukashenko said that the problem around the so-called. "Swine" influenza emerged in connection with the panic created artificially, and including, provoked by the manufacturers of drugs

"This flu, even pig – is not the plague and cholera, it is curable," – said Lukashenko, on 5 November in Kiev after talks with Ukrainian President Viktor Yushchenko.

"I know what is happening in this superkorrumpirovannoy, gangster production environment drugs "- the Belarusian president said.

"More recently talked about the" bird "flu. Probably all already sold (drugs – "BUSINESS"). Today squeaked in pig. And tomorrow, probably, purr or zamychim?" – Said Lukashenko.

Belarusian president said that arose in connection with "swine" flu panic among the population is created artificially. In particular, according to him, "last year in this period in Belarus, died of pneumonia on 21 people this year – 19 of which have found six suspected "swine" flu." "We are on the clock monitor the situation, and the last day we see what happens decline in ARI," – said Lukashenko.

He urged people not to succumb to panic "and paid tribute to the doctors. "Theydoubly fellows. Medics have to contend not only with the disease itself, but Christmas shopping," – said the head of the Belarusian state.

"We are in a position to cope, and Ukraine on the right (with the disease – "BUSINESS "). Do not be afraid to escalatesituation and environment "- said Lukashenko.

In turn, the Ukrainian President Viktor Yushchenko assured: "We will cope with these problems." He noted a complete mutual understanding with the Belarusian side on all issues relating to counterepidemic.

Yushchenko also said that "tomorrow will be our visit to one of the regions affected by the epidemic."

Президент Республики Беларусь

Официальный визит в Украину

Президент Республики Беларусь, 6 ноября 2009
https://president.gov.by/ru/events/otnoshenija-belarusi-i-ukrainy-vse-bolshe-priobretajut-xarakter-strategicheskogo-partnerstva-4850

Отношения Беларуси и Украины все больше приобретают характер стратегического партнерства. Государства сняли все проблемные вопросы в отношениях и завершили формирование договорно-правовой базы, которая насчитывает 70 документов по взаимодействию на различных уровнях. Таковы результаты прошедших 5 ноября в Киеве переговоров президентов Беларуси и Украины Александра Лукашенко и Виктора Ющенко.

Глава белорусского государства 4-6 ноября находится с официальным визитом в Украине.

Это уже четвертая встреча Александра Лукашенко и Виктора Ющенко в этом году. Президенты общались в январе в Чернигове, в мае в Гомеле и в октябре в Кишиневе в рамках саммита СНГ. ...

Была также затронута актуальная в последние дни тема заболеваемости населения гриппом и ОРВИ.

Как считает Александр Лукашенко, ажиотаж вокруг этого создан искусственно. "Я поинтересовался, что происходило в Беларуси в этот период в 2008 году. Тогда от пневмонии умер 21 человек, в этом году - 19. Все были обследованы, и только у семи обнаружились подозрения на "свиной грипп", - сказал Глава государства. Он подчеркнул, что в стране идет постоянный мониторинг ситуации и за последние сутки отмечается серьезный спад заболеваемости ОРВИ. Этому также способствовало установление морозной погоды. "Не надо поднимать гвалт. Не надо создавать искусственно ажиотаж", - подчеркнул Президент.

Александр Лукашенко считает, что немалую *роль в раздувании ажиотажа* вокруг этой ситуации создали и *фармацевтические компании*. "Неужели вы не понимаете, что происходит? Это опасная и коррумпированная сфера, - сказал он. - Я знаю, что происходит в этой суперкоррумпированной среде".

"Это не чума и не холера. Это излечимое заболевание, - отметил Президент. - Проблема где-то и в самих людях. Мы настаиваем, чтобы люди не занимались самолечением. Не надо создавать ажиотаж, но если заболел - обратись к специалистам, которые всех вылечат". Глава государства поблагодарил медиков за их работу в таких условиях. "Медики - это действительно герои, которым пришлось бороться не только с заболеванием, но и с тем ажиотажем, который вокруг всего этого создали", - сказал он.

КОМСОМОЛЬСКАЯ ПРАВДА RU

Андрей Рябцев

Александр Лукашенко: "Мы перестали кукарекать, а теперь завизжали по-свинячьи"

Комсомольская Правда, 6 ноября 2009, 17:32
https://www.kp.ru/daily/24389/568366/

Батька провел научно-популярную лекцию для украинских журналистов

Президент Белоруссии, как выясняется, весьма сведущ не только в вопросах политики и экономики. Лукашенко во время визита в Киев вывел на чистую воду тех, кто разводит истерию вокруг свиного гриппа. Недуг, как известно, бушует на Украине. В основном, в западных ее областях.

- Я знаю, что происходит в этой суперкоррумпированной среде, бандитской среде торговли и производства лекарствами, - с загадочным прищуром начал издалека Батька.

- Давайте говорить откровенно - давно мы перестали кукарекать по поводу «птичьего» гриппа. Кукарекал весь мир.

Журналисты удивленно переглядывались: кто именно из присутствовавших был замечен в кукарекании.

- Наверное, все уже продали, - продолжал разоблачать Батька, имея ввиду лекарства, которые в период эпидемии расхватывают как пирожки. - Что касается птичьего гриппа, теперь завизжали по-свинячьи. А завтра, наверное, замурлыкаем или замычим?

Ну, неужели вы не понимаете, что происходит? Этот грипп, пусть даже свинячий, - это не чума и холера, которые неизлечимы, он абсолютно излечим.

Лукашенко был возмущен тем, что вполне обычную болезнь он вынужден обсуждать на своем высоком президентском уровне.

- Человек серьезно заболел и начинает лечится малиной, вареньем лечится - когда уже поздно и до сорока температура, вместо того чтобы пройти в больницу, - объяснил Батька причину летальных исходов.

- Мы в состоянии сами справиться, и Украина справится. Не надо бояться, нагнетать ситуацию и обстановку, - утешил всех Лукашенко.

Русская линия

Александр Лукашенко: «Вы что, не понимаете, что происходит?»

Русская Линия, 11 ноября 2009
http://rusk.ru/newsdata.php?idar=185823

Президент Белоруссии призвал не поддаваться искусственному ажиотажу вокруг «свиного гриппа»…

Причина искусственного ажиотажа вокруг «свиного гриппа» лежит в коммерческой сфере, сказал президент Белоруссии Александр Лукашенко, комментируя истерию, охватившую Украину в связи с объявленной там в конце октября эпидемией гриппа, сообщает РИА «Новости».

«Давайте говорить откровенно, давно ли мы перестали "кукарекать" по поводу "птичьегоЭ гриппа? "Кукарекал" весь мир. Наверное, все (лекарства) уже продали. Сегодня завизжали по-свинячьи. А завтра, наверное, замурлыкаем или замычим. Вы что, не понимаете, что происходит?» – сказал Лукашенко на совместной с президентом Украины Виктором Ющенко пресс-конференции в Киеве.

По мнению белорусского лидера, «этот грипп, пусть даже свинячий, – это не чума и холера, он вполне излечим», а ажиотаж только мешает в борьбе с болезнью. «Медикам приходится бороться не только с самим заболеванием, но и с ажиотажем», – заявил А.Лукашенко.

В то же время, президент Белоруссии отметил, что этот ажиотаж выгоден производителям лекарств и торговцам. «Я знаю, что происходит в этой суперкоррумпированной, бандитской среде в производстве и торговле лекарствами», – подчеркнул он.

«Есть у нас марлевый завод, надо будут марлевые повязки – будем с Виктором Андреевичем вместе там штамповать и развозить. Только вы покупайте», – пошутил Лукашенко, добавив, что через неделю марлевые повязки украинцам уже не понадобятся. Лукашенко выразил уверенность в том, что и Белоруссия, и Украина вполне в состоянии справиться с проблемой «свиного гриппа». «Не надо бояться, нагнетать ситуацию и обстановку», – резюмировал белорусский лидер. // *Русская линия*

AFN

Свиной грипп – одна из крупнейших афер нашего времени?

AFN, 26 ноября 2009, 15:37
https://www.afn.by/news/i/128018

Пандемия свиного гриппа может оказаться самой грандиозной коррупционной аферой нашего времени. К такому выводу пришли журналисты датской газеты *Information*, изучившие связи экспертов Всемирной организации здравоохранения (ВОЗ) с ведущими мировыми фармацевтическими компаниями, обогатившимися на продаже препаратов против этой болезни. Выяснилось, например, что многие ученые, заседающие в различных комитетах ВОЗ, тщательно скрывают тот факт, что они получают деньги от фирм-гигантов мировой фармакологии, пишет газета "Новые известия".

Издание отмечает, что на фоне глобального экономического кризиса благодаря панике, охватившей мир в связи с пандемией свиного гриппа, фармацевтические заводы работают в четыре смены, мощностей не хватает.

Между тем на данный момент по официальной статистике, жертвами гриппа A/H1N1 стали 6 тыс. человек, в то время как средняя ежегодная смертность во время эпидемий "традиционных" разновидностей гриппа достигает полумиллиона.

Причина гипертрофированной реакции мира на не столь уж опасный свиной грипп, как считают опрошенные датской газетой специалисты, заключается в успешной пиар-кампании, проведенной экспертами ВОЗ. Некоторые из них в прямом смысле состоят на службе у производителей вакцины.

ВОЗ объявила свиной грипп пандемией под давлением группы советников этой организации во главе с голландским доктором Альбертом Остенхаусом. Сейчас правительство Нидерландов проводит экстренное расследование его деятельности, поскольку стало известно, что он получает зарплату в нескольких компаниях, производящих вакцину против свиного гриппа.

Многие другие советники ВОЗ, потребовавшие объявления свиного гриппа пандемией, также являются платными советниками фармацевтических гигантов Roche, RW Johnson, SmithKline и Beecham Glaxo Wellcome, получивших львиную долю заказов на изготовление вакцин. Итогом давления этих экспертов стала резолюция ВОЗ от 7 июля этого года, давшая старт невиданной кампании массовой вакцинации, отмечает газета.

Между тем спикер ВОЗ Грегори Хэртл, комментируя статью в Information, заметил, что невозможно отказаться от услуг ведущих мировых специалистов лишь на том основании, что они финансово заинтересованы в продвижении той или иной стратегии борьбы с различными заболеваниями.

euroradio·fm

В Беларуси "отменили" свиной грипп

Euro-Radio, 10 декабря 2009, 23:09
https://euroradio.fm/ru/v-belarusi-otmenili-svinoy-gripp-5

Белорусские медики прекратили учет случаев пандемического гриппа, сообщает "Интерфакс-Запад".

В Министерстве здравоохранения отметили, что необходимости в массовом обследовании населения и подсчете случаев "свиного" гриппа на данном этапе нет.

Там сослались на рекомендации Всемирной организации здравоохранения, согласно которым "при появлении значительного количества ОРВИ на фоне лабораторно доказанного проникновения в страну вируса пандемического гриппа индивидуальный учет не нужен".

Напомним, "свиной" грипп в Беларуси был подтвержден у 165 человек, из которых 139 – за последнее время. По состоянию на середину ноября в Беларуси от "свиного" гриппа умерли 13 человек.

Chapter 9

Autism & Encephalopathy

Mercury, Methylmercury, Thimerosal, Squalene, etc.

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https://web.archive.org/web/20100412211516/http://www.autism.com/

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Pediatrics

Randolph K. Byers, Frederic C. Moll

Encephalophathies Following Prophylactic Pertussis Vaccine

Pediatrics, 1948, April, 1(4): 437-457
https://archive.org/details/pediatrics-1948/ https://doi.org/10.1542/peds.1.4.437

Introduction

Inflammatory reactions involving various parts of the nervous system following injections of various sera or vaccines *have long been known* but, so far as we are aware, no one has described the severe encephalopathies which have been observed following the prophylactic use of pertussis vaccine in infants.

Madsen[1] in his report on the prophylactic inoculations of 1,832 Faroe Islanders mentioned the death of two small infants in convulsions beginning one or two hours after injections of fluid pertussis vaccine. He reported that autopsies failed to disclose any adequate cause of death. Werne and Garrow[2] reported the death in shock of a pair of identical twins 16 and 24 hours respectively after the second injection of alum-precipitated diphtheria toxoid and pertussis antigen. Careful post mortem examination showed widespread vascular injury. Convulsions, said to be ephemeral in character, have been reported by a number of observers, Doull, Shibley, and McClelland[3] reported three children with convulsions among 496 children immunized with fluid vaccine. Taylor[4] reported a reaction to the vaccine of a ten-month-old boy characterized by subnormal temperature, limpness, and convulsions coming on a few hours after the injection. Recovery was stated to be complete in a few hours. Kendrick and Eldering[5] reported the immunization of 1,815 children, 6 to 15 months of age, by 9,075 injections, with one reaction characterized by convulsions. Sako[6] and his co-workers reported two instances of convulsions following 6,600 injections of H. pertussis alum-precipitated vaccine, and in a personal communication Sako states that in approximately 105,000 children immunized to pertussis, there have been four transient convulsions. Many large series, such as the early ones of Sauer[7] involving 3,974 children and the later one of Cravitz and Cauley[8] including 5,000 chil-dren, have been reported without reference to such accidents.

...

Summary

Inspection of the records of the Children's Hospital for the past ten years has disclosed 15 instances in which children developed acute cerebral symptoms within a period of hours after the administration of pertussis vaccine. The children varied between 5 and 18 months in age and, in so far as it is possible to judge children of this age range, were developing normally according to histories supplied by their parents. None had had convulsions previously. Many different lots of vaccine, made by eight different manufacturers over a period of eight years, were implicated. The inoculations were given throughout the usual geographic range of children coming to this hospital. All but one, at the time of follow-up or death, showed evidence of impairment of the nervous system, which might still have been in the healing stage in three or four.

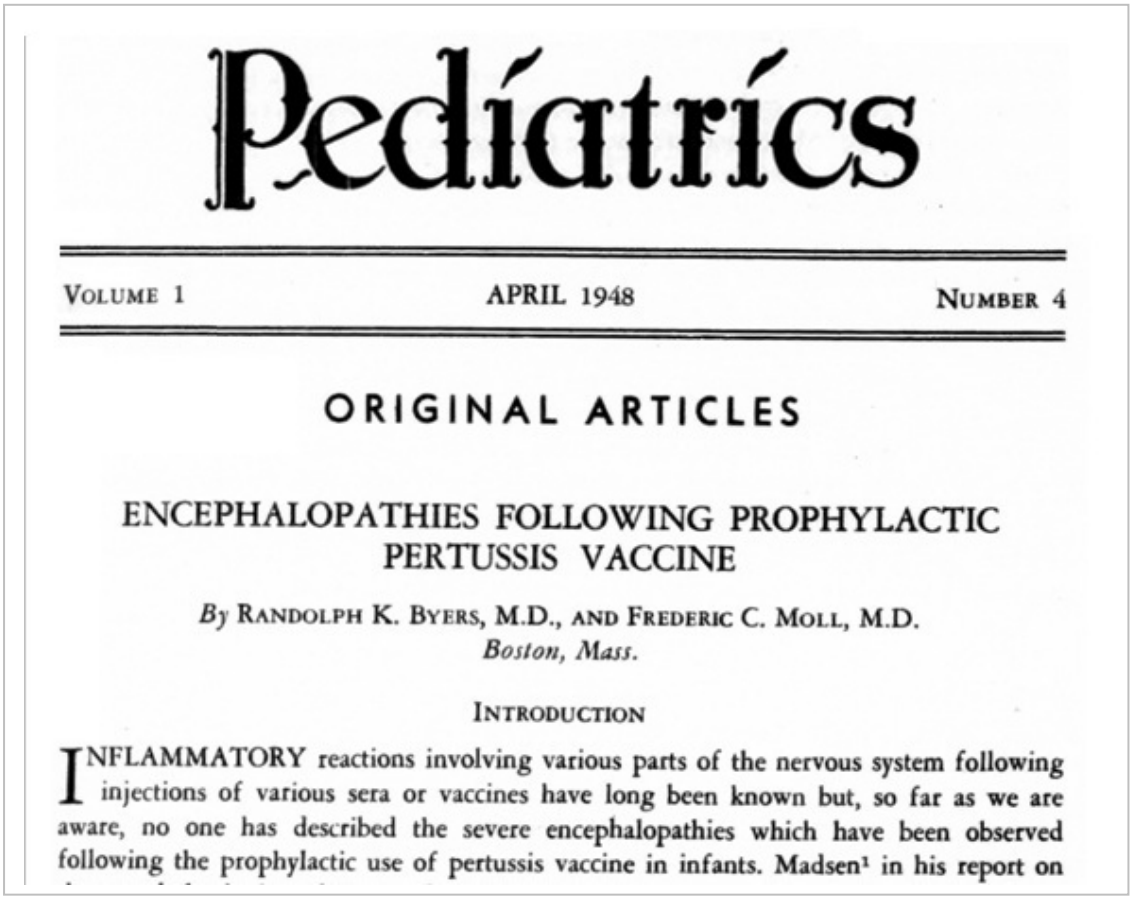
During the same period about half as many children were seen in the hospital suffering from the encephalopathy secondary to smallpox vaccination, and about twice as many from the encephalopathy complicating pertussis itself.

A variety of etiologic considerations were suggested by consideration of the reported cases and references to the literature. That constitutional factors may have been involved was suggested by both the preponderance of males as opposed to females, and by the high incidence of abnormalities of the nervous system in the family histories. The clinical course and cytologic abnormalities of spinal fluids found in acute cases indicated an encephalopathy. The literature suggested that this process might have resulted from either the activity of a specific toxin or from an antigen-antibody response. Against the former of these hypotheses was the unstable nature of the heretofore recognized toxins which could hardly survive in properly aged vaccines. The rapid onset of symptoms, occasionally within minutes of the first injection, seemed strong evidence against the second. The present study has left these etiologic considerations unanswered, but it has called attention to a risk of the prophylactic use of pertussis vaccine not hitherto recognized.

In view of the impressive evidence of the effectiveness of prophylactic pertussis vaccine now accumulating, it seems likely that babies are safer vaccinated than not. Further studies should be made to prove this point definitely, for the encephalopathy following pertussis vaccine seems more devastating than the vast majority of the nervous lesions following the use of smallpox vaccine.

Conclusion

In common with many other biologic materials used parenterally, an important risk of encephalopathy attends the use of prophylactic pertussis vaccine. The mechanism whereby the encephalopathy is produced is not elucidated by the present study. The universal use of such vaccine is warranted only if it can be shown to be effective in preventing encephalopathy or death from pertussis itself in large groups of children. If avoidance of the inconvenience of the average attack of pertussis is all that is expected, the risk seems considerable. Efforts to diminish the hazard by modification of the vaccine or new methods of administration seem indicated.



Pediatrics

VOLUME 1 APRIL 1948 NUMBER 4

ORIGINAL ARTICLES

ENCEPHALOPATHIES FOLLOWING PROPHYLACTIC PERTUSSIS VACCINE

By RANDOLPH K. BYERS, M.D., AND FREDERIC C. MOLL, M.D.
Boston, Mass.

INTRODUCTION

INFLAMMATORY reactions involving various parts of the nervous system following injections of various sera or vaccines have long been known but, so far as we are aware, no one has described the severe encephalopathies which have been observed following the prophylactic use of pertussis vaccine in infants. Madsen[1] in his report on

Subacute Sclerosing Panencephalitis

Petersdorf RG, Adams RD, Braunwald E, Isselbacher KJ, Martin JB, Wilson JD. Eds.
Harrison's Principles of Internal Medicine.
10th ed. New York, etc.: McGraw-Hill Book Company, 1983, p. 2096
https://archive.org/details/harrison-s-principles

This progressive and ultimately fatal disease of children and adolescents had been suspected to be of viral origin since its initial description by Dawson in 1932. Measles virus or a virus very closely related to measles virus has been recovered from the brains of patients with the disease. The disorder may be considered to be a slow form of measles encephalitis (see Chap. 200).

giform virus encephalopathies. Although these diseases have been shown to be of infectious etiology by the transmission of neurological illness to higher primates, their causative agents remain incompletely characterized. They are classified as the slow virus infections due to unconventional agents.

SUBACUTE SCLEROSING PANENCEPHALITIS (INCLUSION-BODY ENCEPHALITIS) This progressive and ultimately fatal disease of children and adolescents had been suspected to be of viral origin since its initial description by Dawson in 1932. Measles virus or a virus very closely related to measles virus has been recovered from the brains of patients with the disease. The disorder may be considered to be a slow form of measles encephalitis (see Chap. 200).

SSPE occurs in patients between the ages of 4 and 20; 80 percent are under 11. The disease affects boys 3 to 10 times as frequently as girls. The incidence has fallen recently. Most patients are from rural areas or small towns. Characteristically, they are entirely well until the disease begins. The onset of usually insidious mental deterioration, often expressed by a decline in the patient's schoolwork, is the presenting symptom. Incoordination, ataxia, and myoclonic jerks develop within a few months along with abnormalities of the pyramidal and extrapyramidal motor systems. Cortical blindness, papilledema, and optic atrophy may be present; focal chorioretinitis has been described. A few cases have occurred in association with infectious mononucleosis.

The patient becomes bedridden within 6 to 9 months. Death results from superimposed pulmonary or urinary tract infections or from decubiti. Signs of meningeal irritation are absent.

The CSF gamma-globulin level, as determined by electrophoresis, quantitative immunochemical assay, or colloidal gold curve, is elevated, but the fluid is otherwise normal. The EEG typically shows a "burst suppression" pattern characterized by synchronous and symmetrical spike and high-voltage slow wave activity followed by electrical inactivity. Elevated levels of measles antibody are found in the serum and CSF.

Pathologic findings include lymphocyte and mononuclear infiltrations about small cerebral arteries and veins, intranuclear and intracytoplasmic inclusions in neurons and glial cells, and varying degrees of destruction of medullated nerve fibers. The lesions occur in the cerebral gray and white matter, brainstem and cerebellum.

Measles virus is the etiologic agent. Electron-microscopic studies show that the intranuclear inclusions in brain cells are composed of hollow tubular filaments resembling the internal nucleocapsid component of a paramyxovirus. Staining of brain tissue from patients with the disease demonstrates measles virus antigen in the inclusions. An agent serologically identical with measles virus and having the properties of measles virus has been recovered from brain by cocultivating cell cultures originating from brain tissue with established laboratory cell lines.

Attempts to transmit the disease to animals have met with variable results. Ferrets inoculated with suspensions of brain from patients with the disease develop a nonfatal neurological disorder with EEG changes.

There is evidence that SSPE patients have clinical measles at an unusually early age, but SSPE appears many years after the patient's initial rubeola infection. A few reported cases may have been related to measles vaccination. The risk of SSPE following measles vaccination is far less, however, than the risk of encephalitis or SSPE following natural measles.

SSPE patients lack antibody to one of the measles virus proteins (the M or matrix protein) despite high titers of antibodies to the other viral proteins. The M protein is a nonglycosylated protein localized to the inner surface of the viral membrane; it is important in the assembly of the virus particle at the cell surface. SSPE brain cells do not appear capable of synthesizing the M protein even in normal amounts. The reason for this selective defect in a single viral protein has not been ascertained.

Isoprinosine[1] has been reported by some to affect the course of the disease favorably in an open therapeutic trial, but there is controversy about the drug's effectiveness.

PROGRESSIVE MULTIFOCAL LEUKOENCEPHALOPATHY This rare neurological condition, first described in 1958, usually occurs in patients who have leukemia, malignant lymphoma, carcinomatosis, immunosuppressive therapy, or a variety of other chronic disease processes. The disease is consistently associated with disorders of cell-mediated immunity with which deficits in humoral antibody response may or may not coexist.

The disease affects adults of both sexes, and its duration from onset of symptoms to death is 1 to 6 or more months. The neurological signs and symptoms reflect a diffuse, asymmetric involvement of the cerebral hemispheres. Hemiplegia, hemianopsia, aphasia or dysarthria, and organic mental changes are frequent; visual field abnormalities and complete or incomplete transverse myelitis may develop. Headache and convulsive seizures are rare, but EEG abnormalities consisting of diffuse or focal abnormalities are often present. Lesions in the white matter may be recognized on CT scans. CSF is normal.

The pathologic changes consist of multiple areas of demyelination with little or no perivascular infiltration and abnormal mitotic figures in astrocytes. The presence of distinctive intranuclear inclusions in oligodendrocytes first suggested that the disease was of a viral etiology. Electron-microscopic observations show the intranuclear inclusion bodies to be composed of closely packed spheres, which have the physical dimensions and properties of the polyomavirus genus of the papovaviruses.

By employing tissue cultures derived from human fetal brain it has been possible to recover a new human polyomavirus serotype (JC virus) from the brains of PML patients. Abundant virus particles are present in brain. Rapid identification of the virus in brain is possible using fluorescent antibody staining or electron-microscopic agglutination with monospecific hyperimmune rabbit serum. Serologic diagnosis using the patient's serum is unreliable. The virus has not been demonstrated in tissues other than brain; the disease has not been transmitted to animals.

There are isolated reports of clinical remission with cytosine arabinoside, but no cures. Death usually occurs within 6 months of onset.

PML may result from the activation of a polyomavirus which has been latent in brain or other tissues since childhood infection. Alternatively, there may be certain individuals who fail to acquire immunity in childhood and have their first encounter with the virus when a disease which interferes with cell-mediated immunity develops. The demyelination which

TABLE 360-3
Slow virus diseases of the CNS

Conventional viruses	Subacute sclerosing panencephalitis (SSPE) (inclusion-body encephalitis)
	Progressive multifocal leukoencephalopathy (PML)
	Progressive rubella encephalitis
	Persistent viral disease in immunodeficient patients
Unconventional virus-like agents	Kuru
	Creutzfeldt-Jakob Disease (CJD)
	? Familial Alzheimer's disease

[1] *This drug has not been approved by the Food and Drug Administration at the time of publication.*

SSPE occurs in patients between the ages of 4 and 20; 80 percent are under 11. The disease affects boys 3 to 10 times as frequently as girls. The incidence has fallen recently. Most patients are from rural areas or small towns. Characteristically, they are entirely well until the disease begins. The onset of usually insidious mental deterioration, often expressed by a decline in the patient's schoolwork, is the presenting symptom. Incoordination, ataxia, and myoclonic jerks develop within a few months along with abnormalities of the pyramidal and extrapyramidal motor systems. Cortical blindness, papilledema, and optic atrophy may be present; focal chorioretinitis has been described. A few cases have occurred in association with infectious mononucleosis.

The patient becomes bedridden within 6 to 9 months. Death results from superimposed pulmonary or urinary tract infections or from decubiti. Signs of meningeal irritation are absent.

The CSF gamma-globulin level, as determined by electrophoresis, quantitative immunochemical assay, or colloidal gold curve, is elevated, but the fluid is otherwise normal. The ERG typically shows a "burst suppression" pattern characterized by synchronous and symmetrical spike and high-voltage slow wave activity followed by electrical inactivity. Elevated levels of measles antibody are found in the serum and CSF.

Pathologic findings include lymphocyte and mononuclear infiltrations about small cerebral arteries and veins, intranuclear and intracytoplasmic inclusions in neurons and glial cells, and varying degrees of destruction of medullated nerve fibers. The lesions occur in the cerebral gray and white matter, brain-stem and cerebellum.

Measles virus is the etiologic agent. Electron-microscopic studies show that the intranuclear inclusions in brain cells are composed of hollow tubular filaments resembling the internal nucleocapsid component of a paramyxovirus. Staining of brain tissue from patients with the disease demonstrates measles virus antigen in the inclusions. An agent serologically identical with measles virus and having the properties of measles virus has been recovered from brain by cocultivating cell cultures originating from brain tissue with established laboratory cell lines.

Attempts to transmit the disease to animals have met with variable results. Ferrets inoculated with suspensions of brain from patients with the disease develop a nonfatal neurological disorder with EEG changes.

There is evidence that SSPE patients have clinical measles at an unusually early age, but SSPE appears many years after the patient's initial rubella infection. *A few reported cases may have been related to measles vaccination*. The risk of SSPE following measles vaccination is far less, however, than the risk of encephalitis or SSPE following natural measles.

SSPE patients lack antibody to one of the measles virus proteins (the M or matrix protein) despite high titers of anti-bodies to the other viral proteins. The M protein is a nonglycosylated protein localized to the inner surface of the viral membrane; it is important in the assembly of the virus particle at the cell surface. SSPE brain cells do not appear capable of synthesizing the NI protein even in normal amounts. The reason for this selective defect in a single viral protein has not been ascertained.

Isoprinosine' has been reported by some to affect the course of the disease favorably in an open therapeutic trial, but there is controversy about the drug's effectiveness.

Подострый Склерозирующий Панэнцефалит
Внутренние Болезни, том X

Ред 1-го издания Т.Р.Харрисон, перевод с английского
Болезни центральной и периферической нервной системы, Психиатрия
Под редакцией Е.Браунвальда, К.Дж.Иссельбахера, и др.
Москва «Медицина» 1997, с. 177-178

Подострый склерозирующий панэнцефалит (ПСПС)
Это прогрессирующее, с неизбежным фатальным исходом заболеваний - детеей и подростков называют «энцефалитом с внутриклеточными включениями». Из мозга больных выделяют вирус кори или кореподобный вирус. Заболевание можно рассматривать как медленную форму коревого энцефалита (см. гл. 132).

Болеют дети (мальчики в 3-10 раз чаще, чем девочки) в возрасте от 4 до 20 лет, 80% больных моложе 11 лет. Средние ежегодные показатели заболеваемости быстро снижались за два последних десятилетия, что происходило почти параллельно со снижением числа случаев кори, диагностированных со времени начала практического применения живой аттенуированной вакцины. Большинство пациентов – жители сельской местности или небольших городов. Характерно то, что до развития заболевания они были практически здоровыми детьми. У больных постепенно нарастают нарушения интеллекта, снижается успеваемость в школе. В течение нескольких месяцев появляются расстройства координации, атаксия, миоклонические признаки вовлечения в патологический процесс пирамидной и экстрапирамидной систем. Могут наблюдаться корковая слепота, отек дисков зрительных нервов, атрофия зрительных нервов, очаговый хориоретинит. Имеются описания нескольких случаев сочетания заболевания с инфекционным мононуклеозом.

Через б-9 мес больной становится прикованным к постели. Смерть наступает в связи с интеркуррентными инфекциями легких или мочевыводящей системы, пролежнями. Менингеальные знаки отсутствуют. Дифференциальный диагноз проводят с церебральными болезнями накопления и не относящимися к числу последних полиодист рофиями, лейкодистрофиями и демиеяинизирующими заболеваниями детей.

Уровень гамма-глобулинов в СМЖ, определяемый с помощью электрофореза, количественного иммунохимического исследования или пробы с коллоидным золотом, повышен, но все остальные характеристики в СМЖ нормальные. При ЭЭГ выявляют признак «угнетения вспышек активности», характеризующийся синхронными и симметричными спайками и высокоамплитудной медленноволновой активностью, которые сменяются исчезновением электрической активности. Титры противокоревых антител в сыворотке крови и СМЖ повышены. Изменения при КТ коррелируют со стадией и длительностью течения заболевания. Это дилатация бокового желудочка, кортикальная атрофия, низкое ослабление рентгеновских лучей паренхимой мозга, атрофия ствола и мозжечка.

К числу патологоанатомических изменений относятся лимфоцитарная и мононуклеарная инфильтрация вблизи мелких церебральных артерий и вен, внутриядерные и внутрицитоплазматические включения в нейронах и глиальных клетках, а также различной степени выраженности деструкция миелинизированных нервных волокон. Очаги поражения локализуются в сером и белом веществе полушарий мозга, стволе и мозжечке.

Этиологическим фактором является вирус кори. Как показали электронно-микроскопические исследования, внутриядерные включения в клетках мозга состоят из полых тубулярных фрагментов, сходных с компонентом внутреннего нуклеокапсида парамиксовирусов.

При окрашивании ткани мозга больных во внутриклеточных включениях выявляют антиген вируса кори. Возбудитель, серологически идентичный вирусу кори и обладающий свойствами вируса кори, был выделен из мозга при кокультивировании клеточного материала или мозговой ткани со стандартными лабораторными клеточными линиями.

Попытки заражения животных дали неоднозначные результаты. У хорьков, которым были инокулированы суспензии мозга больных с ПСПЭ, развились нефатальные неврологические нарушения, которым сопутствовали изменения при ЭЭГ.

Имеются сведения о том, что больные с ПСПЭ в необычно раннем возрасте переносят инфекцию с клиническими признаками кори, но ПСПЭ развивается у них через много лет после этого. *Несколько описанных случаев, возможно, были связаны с коревой вакцинацией*. Между тем риск развития ПСПЭ после коревой вакцинации значительно ниже, чем риск возникновения энцефалита или ПСПЭ после обычного заболевания корью.

У пациентов с ПСПЭ отсутствуют антитела к одному из коревых вирусных белков (протеин М, или матриксный протеин), тогда как титры антител к другим вирусным белкам достаточно высокие. В экстрактах мозга отсутствуют значительные количества М-антигена. Протеин М представляет собой негликолизированный белок, локализующийся на внутренней поверхности вирусной мембраны; ему принадлежит важная роль в агрегации вирусных частиц на клеточной поверхности. При ПСПЭ клетки мозга, по-видимому, неспособны к синтезу протеина М даже в нормальных количествах. Молекулярные механизмы отсутствия полипептида М в терминальной стадии ПСПЭ могут быть связаны со сниженной транскрипцией и трансляцией М-информационной РНК.

Имеются данные о некотором положительном действии на течение болезни изопринозина (Isoprlnoslne) (к моменту выхода книги в свет этот препарат еще не был одобрен Управлением по контролю за качеством пищевых продуктов и лекарственных средств), апробированного в открытом клиническом исследовании, но мнения об эффективности данного препарата противоречивы. Другие способы лечения (включая применение интерферона и плазмафереза) оказались неэффективными.

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Wakefield AJ, Murch SH, Anthony A, et al.
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Early report

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Summary

Background We investigated a consecutive series of children with chronic enterocolitis and regressive developmental disorder.

Methods 12 children (mean age 6 years [range 3–10], 11 boys) were referred to a paediatric gastroenterology unit with a history of normal development followed by loss of acquired skills, including language, together with diarrhoea and abdominal pain. Children underwent gastroenterological, neurological, and developmental assessment and review of developmental records. Ileocolonoscopy and biopsy sampling, magnetic-resonance imaging (MRI), electroencephalography (EEG), and lumbar puncture were done under sedation. Barium follow-through radiography was done where possible. Biochemical, haematological, and immunological profiles were examined.

Findings Onset of behavioural symptoms was associated, by the parents, with measles, mumps, and rubella vaccination in eight of the 12 children, with measles infection in one child, and otitis media in another. All 12 children had intestinal abnormalities, ranging from lymphoid nodular hyperplasia to aphthoid ulceration. Histology showed patchy chronic inflammation in the colon in 11 children and reactive ileal lymphoid hyperplasia in seven, but no granulomas. Behavioural disorders included autism (nine), disintegrative psychosis (one), and possible postviral or vaccinal encephalitis (two). There were no focal neurological abnormalities and MRI and EEG tests were normal. Abnormal laboratory results were significantly raised urinary methylmalonic acid compared with age-matched controls (p=0·003), low haemoglobin in four children, and a low serum IgA in four children.

Interpretation We identified associated gastrointestinal disease and developmental regression in a group of previously normal children, which was generally associated in time with possible environmental triggers.

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See Commentary page 611

Inflammatory Bowel Disease Study Group, University Departments of Medicine and Histopathology (A J Wakefield FRCS, A Anthony MB, J Linnell PhD, A P Dhillon MRCPath, S E Davies MRCPath) **and the University Departments of Paediatric Gastroenterology** (S H Murch MB, D M Casson MRCP, M Malik MRCP, M A Thomson FRCP, J A Walker-Smith FRCP,), **Child and Adolescent Psychiatry** (M Berelowitz FRCPsych), **Neurology** (P Harvey FRCP), **and Radiology** (A Valentine FRCR), **Royal Free Hospital and School of Medicine, London NW3 2QG, UK**

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We saw several children who, after a period of apparent normality, lost acquired skills, including communication. They all had gastrointestinal symptoms, including abdominal pain, diarrhoea, and bloating and, in some cases, food intolerance. We describe the clinical findings, and gastrointestinal features of these children.

Patients and methods

12 children, consecutively referred to the department of paediatric gastroenterology with a history of a pervasive developmental disorder with loss of acquired skills and intestinal symptoms (diarrhoea, abdominal pain, bloating and food intolerance), were investigated. All children were admitted to the ward for 1 week, accompanied by their parents.

Clinical investigations

We took histories, including details of immunisations and exposure to infectious diseases, and assessed the children. In 11 cases the history was obtained by the senior clinician (JW-S). Neurological and psychiatric assessments were done by consultant staff (PH, MB) with HMS-4 criteria.[1] Developmental histories included a review of prospective developmental records from parents, health visitors, and general practitioners. Four children did not undergo psychiatric assessment in hospital; all had been assessed professionally elsewhere, so these assessments were used as the basis for their behavioural diagnosis.

After bowel preparation, ileocolonoscopy was performed by SHM or MAT under sedation with midazolam and pethidine. Paired frozen and formalin-fixed mucosal biopsy samples were taken from the terminal ileum; ascending, transverse, descending, and sigmoid colons, and from the rectum. The procedure was recorded by video or still images, and were compared with images of the previous seven consecutive paediatric colonoscopies (four normal colonoscopies and three on children with ulcerative colitis), in which the physician reported normal appearances in the terminal ileum. Barium follow-through radiography was possible in some cases.

Also under sedation, cerebral magnetic-resonance imaging (MRI), electroencephalography (EEG) including visual, brain stem auditory, and sensory evoked potentials (where compliance made these possible), and lumbar puncture were done.

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Thyroid function, serum long-chain fatty acids, and cerebrospinal-fluid lactate were measured to exclude known causes of childhood neurodegenerative disease. Urinary methylmalonic acid was measured in random urine samples from eight of the 12 children and 14 age-matched and sex-matched normal controls, by a modification of a technique described previously.[2] Chromatograms were scanned digitally on computer, to analyse the methylmalonic-acid zones from cases and controls. Urinary methylmalonic-acid concentrations in patients and controls were compared by a two-sample *t* test. Urinary creatinine was estimated by routine spectrophotometric assay.

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Discussion

We describe a pattern of colitis and ileal-lymphoid-nodular hyperplasia in children with developmental disorders. Intestinal and behavioural pathologies may have occurred together by chance, reflecting a selection bias in a self-referred group; however, the uniformity of the intestinal pathological changes and the fact that previous studies have found intestinal dysfunction in children with autistic-spectrum disorders, suggests that the connection is real and reflects a unique disease process.

Asperger first recorded the link between coeliac disease and behavioural psychoses.[4] Walker-Smith and colleagues[5] detected low concentrations of alpha-1 antitrypsin in children with typical autism, and D'Eufemia and colleagues6 identified abnormal intestinal permeability, a feature of small intestinal enteropathy, in 43% of a group of autistic children with no gastrointestinal symptoms, but not in matched controls. These studies, together with our own, including evidence of anaemia and IgA deficiency in some children, would support the hypothesis that the consequences of an inflamed or dysfunctional intestine may play a part in behavioural changes in some children. ...

We did not prove an association between measles, mumps, and rubella vaccine and the syndrome described. Virological studies are underway that may help to resolve this issue.

If there is a causal link between measles, mumps, and rubella vaccine and this syndrome, a rising incidence might be anticipated after the introduction of this vaccine in the UK in 1988. Published evidence is inadequate to show whether there is a change in incidence 22 or a link with measles, mumps, and rubella vaccine.23 A genetic predisposition to autistic-spectrum disorders is suggested by over-representation in boys and a greater concordance rate in monozygotic than in dizygotic twins.15 In the context of susceptibility to infection, a genetic association with autism, linked to a null allele of the complement (C) 4B gene located in the class III region of the major-histocompatibility complex, has been recorded by Warren and colleagues.24 C4B-gene products are crucial for the activation of the complement pathway and protection against infection: individuals inheriting one or two C4B null alleles may not handle certain viruses appropriately, possibly including attenuated strains.

...

We have identified a chronic enterocolitis in children that may be related to neuropsychiatric dysfunction. *In most cases, onset of symptoms was after measles, mumps, and rubella immunisation*. Further investigations are needed to examine this syndrome and its possible relation to this vaccine.

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RETRACTED

Child	Age (years)	Sex	Abnormal laboratory tests	Endoscopic findings	Histological findings
1	4	M	Hb 10·8, PCV 0·36, WBC 16·6 (neutrophilia), lymphocytes 1·8, ALP 166	Ileum not intubated; aphthoid ulcer in rectum	Acute caecal cryptitis and chronic non-specific colitis
2	9·5	M	Hb 10·7	LNH of T ileum and colon; patchy loss of vascular pattern; caecal aphthoid ulcer	Acute and chronic non-specific colitis: reactive ileal lymphoid hyperplasia
3	7	M	MCV 74, platelets 474, eosinophils 2·68, IgE 114, IgG_4 8·4	LNH of T ileum	Acute and chronic non-specific colitis: reactive ileal and colonic lymphoid hyperplasia
4	10	M	IgE 69, IgG_4 8·25, IgG_4 1·006, ALP 474, AST 50	LNH of T ileum; loss of vascular pattern in rectum	Chronic non-specific colitis: reactive ileal and colonic lymphoid hyperplasia
5	8	M		LNH of T ileum; proctitis with loss of vascular pattern	Chronic non-specific colitis: reactive ileal lymphoid hyperplasia
6	5	M	Platelets 480, ALP 207	LNH of T ileum; loss of colonic vascular pattern	Acute and chronic non-specific colitis: reactive ileal lymphoid hyperplasia
7	3	M	Hb 9·4, WBC 17·2 (neutrophilia), ESR 16, IgA 0·7	LNH of T ileum	Normal
8	3·5	F	IgA 0·5, IgG 7	Prominent ileal lymph nodes	Acute and chronic non-specific colitis: reactive ileal lymphoid hyperplasia
9	6	M		LNH of T ileum; patchy erythema at hepatic flexure	Chronic non-specific colitis: reactive ileal and colonic lymphoid hyperplasia
10	4	M	IgG_4 9·0	LNH of T ileum and colon	Chronic non-specific colitis: reactive ileal lymphoid hyperplasia
11	6	M	Hb 11·2, IgA 0·26, IgM 3·4	LNH of T ileum	Chronic non-specific colitis
12	7	M	IgA 0·7	LNH on barium follow-through; colonoscopy normal; ileum not intubated	Chronic non-specific colitis: reactive colonic lymphoid hyperplasia

LNH=lymphoid nodular hyperplasia; T ileum=terminal ileum. Normal ranges and units: Hb=haemoglobin 11·5–14·5 g/dL; PCV=packed cell volume 0·37–0·45; MCV=mean cell volume 76–100 pg/dL; platelets 140–400 10^9/L; WBC=white cell count 5·0–15·5 10^9/L; lymphocytes 2·2–8·6 10^9/L; eosinophils 0·0–0·4 10^9/L; ESR=erythrocyte sedimentation rate 0–15 mm/h; IgG 8–18 g/L; IgG_1 3·53–7·25 g/L; IgG_4 0·1–0·99 g/L; IgA 0·9–4·5 g/L; IgM 0·6–2·8 g/L; IgE 0–62 g/L; ALP=alkaline phosphatase 35–130 U/L; AST=aspartate transaminase 5–40 U/L.

Table 1: **Clinical details and laboratory, endoscopic, and histological findings**

before. Stool samples were cultured for *Campylobacter* spp, *Salmonella* spp, and *Shigella* spp and assessed by microscopy for ova and parasites. Sera were screened for antibodies to *Yersinia enterocolitica*.

Histology

Formalin-fixed biopsy samples of ileum and colon were assessed and reported by a pathologist (SED). Five ileocolonic biopsy series from age-matched and site-matched controls with reports showed histologically normal mucosa were obtained for comparison. All tissues were assessed by three other clinical and experimental pathologists (APD, AA, AJW).

Ethical approval and consent

Investigations were approved by the Ethical Practices Committee of the Royal Free Hospital NHS Trust, and parents gave informed consent.

Results

Clinical details of the children are shown in tables 1 and 2. None had neurological abnormalities on clinical examination; MRI scans, EEGs, and cerebrospinal-fluid profiles were normal; and fragile X was negative. Prospective developmental records showed satisfactory achievement of early milestones in all children. The only girl (child number eight) was noted to be a slow developer compared with her older sister. She was subsequently found to have coarctation of the aorta. After surgical repair of the aorta at the age of 14 months, she progressed rapidly, and learnt to talk. Speech was lost later. Child four was kept under review for the first year of life because of wide bridging of the nose. He was discharged from follow-up as developmentally normal at age 1 year.

In eight children, the onset of behavioural problems had been linked, either by the parents or by the child's physician, with measles, mumps, and rubella vaccination. Five had had an early adverse reaction to immunisation (rash, fever, delirium; and, in three cases, convulsions). In these eight children the average interval from exposure to first behavioural symptoms was 6·3 days (range 1–14). Parents were less clear about the timing of onset of abdominal symptoms because children were not toilet trained at the time or because behavioural features made children unable to communicate symptoms.

One child (child number four) had received monovalent measles vaccine at 15 months, after which his development slowed (confirmed by professional assessors). No association was made with the vaccine at the time. He received a dose of measles, mumps, and rubella vaccine at age 4·5 years, the day after which his mother described a striking deterioration in his behaviour which she did link with the immunisation. Child nine received measles, mumps, and rubella vaccine at 16 months. At 18 months he developed recurrent antibiotic-resistant otitis media and the first behavioural symptoms, including disinterest in his sibling and lack of play.

Table 2 summarises the neuropsychiatric diagnoses; the apparent precipitating events; onset of behavioural features; and age of onset of both behaviour and bowel symptoms.

Laboratory tests

All children were antiendomyseal-antibody negative and common enteric pathogens were not identified by culture, microscopy, or serology. Urinary methylmalonic-acid excretion was significantly raised in all eight children who

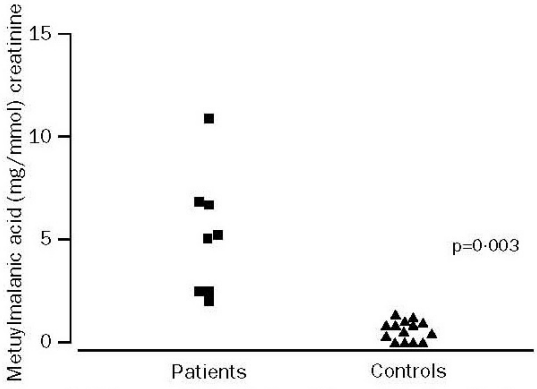

Figure 1: **Urinary methylmalonic-acid excretion in patients and controls**

p=Significance of mean excretion in patients compared with controls.

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Child	Behavioural diagnosis	Exposure identified by parents or doctor	Interval from exposure to first behavioural symptom	Features associated with exposure	Age at onset of first symptom	
					Behaviour	Bowel
1	Autism	MMR	1 week	Fever/delirium	12 months	Not known
2	Autism	MMR	2 weeks	Self injury	13 months	20 months
3	Autism	MMR	48 h	Rash and fever	14 months	Not known
4	Autism? Disintegrative disorder?	MMR	Measles vaccine at 15 months followed by slowing in development. Dramatic deterioration in behaviour immediately after MMR at 4·5 years	Repetitive behaviour, self injury, loss of self-help	4·5 years	18 months
5	Autism	None—MMR at 16 months	Self-injurious behaviour started at 18 months		4 years	
6	Autism	MMR	1 week	Rash & convulsion; gaze avoidance & self injury	15 months	18 months
7	Autism	MMR	24 h	Convulsion, gaze avoidance	21 months	2 years
8	Post-vaccinial encephalitis?	MMR	2 weeks	Fever, convulsion, rash & diarrhoea	19 months	19 months
9	Autistic spectrum disorder	Recurrent otitis media	1 week (MMR 2 months previously)	Disinterest; lack of play	18 month	ars
10	Post-viral encephalitis?	Measles (previously vaccinated with MMR)	24 h	Fever, rash & vomiting	15 ths	Not kn
11	Autism	MMR	1 week	Recurrent "viral pneumonia" for 8 weeks following MMR	15 mo	Not know
12	Autism	None—MMR at 15 months	Loss of speech development and deterioration in language skills noted at 16 months			Not known

MMR=measles, mumps, and rubella vaccine.

Table 2: **Neuropsychiatric diagnosis**

were tested, compared with age-matched controls (p=0·003; figure 1). Abnormal laboratory tests are shown in table 1.

Endoscopic findings

The caecum was seen in all cases, and the ileum in all but two cases. Endoscopic findings are shown in table 1. Macroscopic colonic appearances were reported as normal in four children. The remaining eight had col and rectal mucosal abnormalities including granular loss of vascular pattern, patchy erythema, lympho nodular hyperplasia, and in two cas phthoi ulceration. Four cases showed the "red h" sig round swollen caecal lymphoid follicles, ar early en scopic feature of Crohn's disease.[3] The st consistent feature was lymphoid odula perplasia of the terminal ileum which w seen in e children (figure 2), and identified by ar follow-thro h in one other child in whom th ileum was not reached at endoscopy. The nor endoscopic ppearance of the terminal ileum (fig 2) was seen in t seven children whose images we available for comparison.

Histological findi

Histolo dings summ ised in table 1.

Ter al ileum A reactiv mphoid follicular hyperplasia wa resent i ileal biopsies of seven children. In each case, r han three expanded and confluent lymphoid follicles th reactive germinal centres were identified within the issue section (figure 3). There was no neutrophil in rate and granulomas were not present.

Colon The lamina propria was infiltrated by mononuclear cells (mainly lymphocytes and macrophages) in the colonic-biopsy samples. The extent ranged in severity from scattered focal collections of cells beneath the surface epithelium (five cases) to diffuse infiltration of the mucosa (six cases). There was no increase in intraepithelial lymphocytes, except in one case, in which numerous lymphocytes had infiltrated the surface epithelium in the proximal colonic biopsies. Lymphoid follicles in the vicinity of mononuclear-cell infiltrates showed en ge erminal cen with reactive changes that included an ex s of tingible body macrophages.

There was no clear relation between the endoscopic ap arances and the istological findings; chronic i ammatory changes were apparent histologically in doscopically rmal areas of the colon. In five cases t e was focal ute inflammation with infiltration of the lam propri by neutrophils; in three of these, neutro filtrated the caecal (figure 3) and rectal- pt epithelium. There were no crypt abscesses. Occ al bifid crypts were noted but overall crypt architecture was normal. There was no goblet-cell depletion but occasional collections of eosinophils were seen in the mucosa. There were no granulomata. Parasites and organisms were not seen. None of the changes described above were seen in any of the normal biopsy specimens.

Discussion

We describe a pattern of colitis and ileal-lymphoid-nodular hyperplasia in children with developmental disorders. Intestinal and behavioural pathologies may have occurred together by chance, reflecting a selection bias in a self-referred group; however, the uniformity of the intestinal pathological changes and the fact that previous studies have found intestinal dysfunction in children with autistic-spectrum disorders, suggests that the connection is real and reflects a unique disease process.

Asperger first recorded the link between coeliac disease and behavioural psychoses.[4] Walker-Smith and colleagues[5] detected low concentrations of alpha-1 antitrypsin in children with typical autism, and D'Eufemia and colleagues[6] identified abnormal intestinal permeability, a feature of small intestinal enteropathy, in 43% of a group of autistic children with no gastrointestinal symptoms, but not in matched controls. These studies, together with our own, including evidence of anaemia and IgA deficiency in some children, would support the hypothesis that the consequences of an inflamed or dysfunctional intestine may play a part in behavioural changes in some children.

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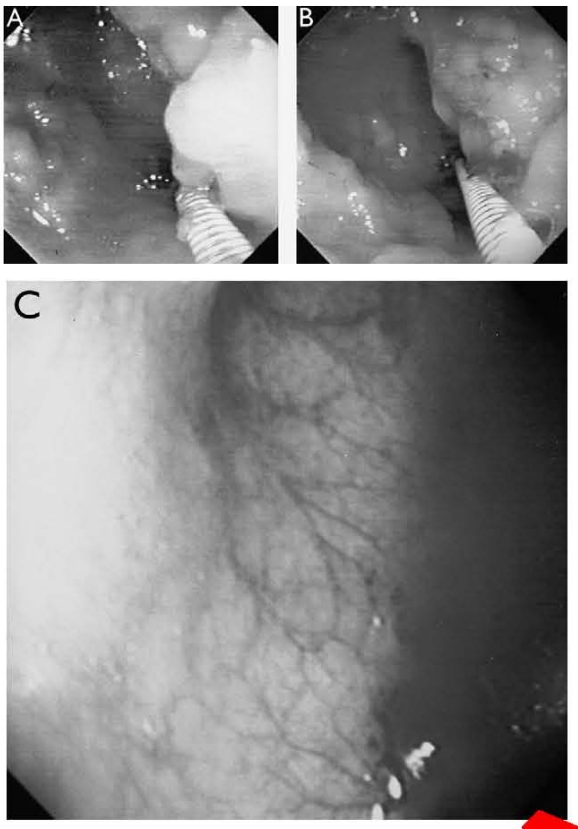
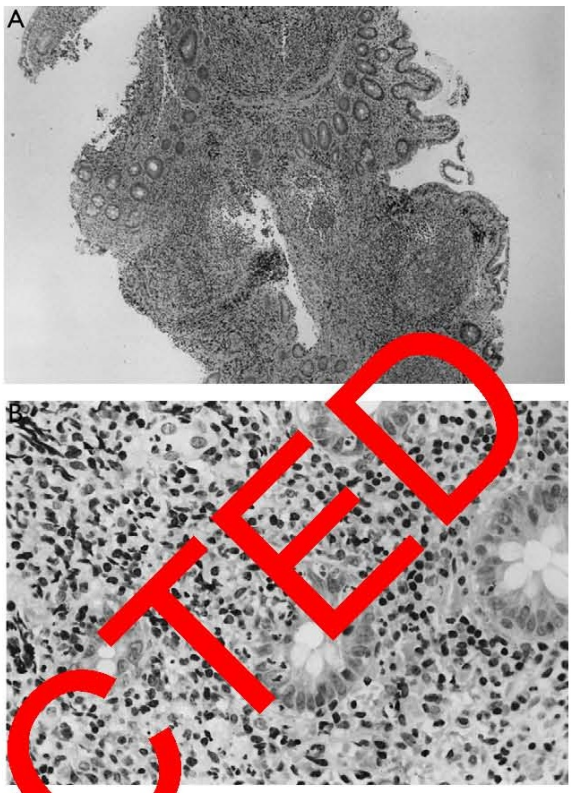


Figure 2: **Endoscopic view of terminal ilium in child three a[illegible] in a child with endoscopically and histologically normal ileu[illegible] and colon**

Greatly enlarged lymphoid nodule in right-hand field of vi[illegible] and B=child three; C=normal ileum. Remainder of mucosa[illegible] terminal ileum is a carpet of enlarged lymphoid no[illegible]es.



Fig[illegible]: **Biops[illegible]ample from terminal ileum (top) and from colon ([illegible])**

[illegible]hild three; lymphoid hyperplasia with extensive, confluent lymphoid [illegible]B=child three; dense infiltration of the lamina propria crypt epithelium by neutrophils and mononuclear cells. Stained with haematoxylin and eosin.

The "opioid excess" theory of a[illegible]ism, [illegible]ut [illegible]rward [illegible] by Panksepp and colleagues[7] [illegible] later b[illegible]eichelt and colleagues[8] and Shattock a[illegible]lleagues[9] p[illegible]oses that autistic disorders result fr[illegible] th[illegible]complete b[illegible]kdown and excessive absorption of gut-d[illegible]ved peptides from foods, including bar[illegible], rye, oats, an[illegible]aesin from milk and dairy produ[illegible] These peptides ma[illegible] exert central-opioid effects, [illegible]irectly [illegible] through the formation of ligands with pep[illegible]lase [illegible]zymes required for breakdown of endogenous ce[illegible]-nervous [illegible]stem opioids,[9] leading to dis[illegible]tion of n[illegible]al [illegible]uroregulation and brain deve[illegible]pment b[illegible] endogen[illegible]encephalins and endorphins.

[illegible]e aspec[illegible]f impaired intestinal function that could perm[illegible]ing[illegible]ased pe[illegible]ability to exogenous peptides is deficien[illegible] of the phenyl-sulphur-transferase systems, as described [illegible]y Waring.[10] The normally sulphated glycoprotein [illegible]atrix of the gut wall acts to regulate cell and molecular trafficking.[11] Disruption of this matrix and increased intestinal permeability, both features of inflammatory bowel disease,[17] may cause both intestinal and neuropsychiatric dysfunction. Impaired enterohepatic sulphation and consequent detoxification of compounds such as the phenolic amines (dopamine, tyramine, and serotonin)[12] may also contribute. Both the presence of intestinal inflammation and absence of detectable neurological abnormality in our children are consistent with an exogenous influence upon cerebral function. Lucarelli's observation that after removal of a provocative enteric antigen children achieved symptomatic behavioural improvement, suggests a reversible element in this condition.[13]

Despite consistent gastrointestinal findings, behavioural changes in these children were more heterogeneous. In some cases the onset and course of behavioural regression was precipitous, with children losing all communication skills over a few weeks to months. This regression is consistent with a disintegrative psychosis (Heller's disease), which typically occurs when normally developing children show striking behaviour changes and developmental regression, commonly in association with some loss of coordination and bowel or bladder function.[14] Disintegrative psychosis is typically described as occurring in children after at least 2–3 years of apparently normal development.

Disintegrative psychosis is recognised as a sequel to measles encephalitis, although in most cases no cause is ever identified.[14] Viral encephalitis can give rise to autistic disorders, particularly when it occurs early in life.[15] Rubella virus is associated with autism and the combined measles, mumps, and rubella vaccine (rather than monovalent measles vaccine) has also been implicated. Fudenberg[16] noted that for 15 of 20 autistic children, the first symptoms developed within a week of vaccination. Gupta[17] commented on the striking association between measles, mumps, and rubella vaccination and the onset of behavioural symptoms in all the children that he had investigated for regressive autism. Measles virus[18,19] and measles vaccination[20] have both been implicated as risk

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factors for Crohn's disease and persistent measles vaccine-strain virus infection has been found in children with autoimmune hepatitis.[21]

We did not prove an association between measles, mumps, and rubella vaccine and the syndrome described. Virological studies are underway that may help to resolve this issue.

If there is a causal link between measles, mumps, and rubella vaccine and this syndrome, a rising incidence might be anticipated after the introduction of this vaccine in the UK in 1988. Published evidence is inadequate to show whether there is a change in incidence[22] or a link with measles, mumps, and rubella vaccine.[23] A genetic predisposition to autistic-spectrum disorders is suggested by over-representation in boys and a greater concordance rate in monozygotic than in dizygotic twins.[15] In the context of susceptibility to infection, a genetic association with autism, linked to a null allele of the *complement (C) 4B* gene located in the class III region of the major-histocompatibility complex, has been recorded by Warren and colleagues.[24] *C4B*-gene products are crucial for the activation of the complement pathway and protection against infection: individuals inheriting one or two *C4B* null alleles may not handle certain viruses appropriately, possibly including attenuated strains.

Urinary methylmalonic-acid concentrations were raised in most of the children, a finding indicative of a functional vitamin B12 deficiency. Although vitamin B12 concentrations were normal, serum B12 is not a good measure of functional B12 status.[25] Urinary methylmalonic-acid excretion is increased in disorders such as Crohn's disease, in which cobalamin excreted in bile is not reabsorbed. A similar problem may have occurred in the children in our study. Vitamin B12 is essential for myelinogenesis in the developing central nervous system, a process that is not complete until around the age of 10 years. B12 deficiency may, therefore, be a contributory factor in the developmental regression.[26]

We have identified a chronic enterocolitis in children that may be related to neuropsychiatric dysfunction. In most cases, onset of symptoms was after measles, mumps, and rubella immunisation. Further investigations are needed to examine this syndrome and its possible relation to this vaccine.

Addendum:
Up to Jan 28, a further 40 patients have been assessed; 39 with the syndrome.

Contributors
A J Wakefield was the senior scientific investigator. S H Murch and M A Thomson did histopathological examinations. A Anthony, A P Dhillon, and S E Davies carried out the histopathology. J Linnell did the B12 studies. D M Casson and M Malik did the clinical assessment. M Berelowitz did the psychiatric assessment. P Harvey did the neurological assessment. A Valentine did the radiological assessment. JW-S was the senior clinical investigator.

Acknowledgments
This study was supported by the Special Trustees of Royal Free Hampstead NHS Trust and the Children's Medical Charity. We thank Francis Moll and the nursing staff of Malcolm Ward for their patience and expertise; the parents for providing the impetus for these studies; and Paula Domizo, Royal London NHS Trust, for providing control tissue samples.

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Sabra A, Bellanti JA, Colón AR.

Ileal-lymphoid-nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children

Lancet. 18 July 1998; 352(9123):234-235
doi: 10.1016/S0140-6736(05)77837-5.

[*Correspondence*]

Sir – A J Wakefield and co-workers[1] have identified a new relation *between gastrointestinal disease and developmental disorders* in children; it opens a new avenue for the study of the gastrointestinal tract and other diseases that may be immunologically mediated.

Their findings of ileal-lymphoid-nodular hyperplasia and non-specific colitis gastrointestinal manifestations in connection with autistic-spectrum disorders is the *first description of this relation*, with strong data suggesting the anatomical and histological alteration of the gut in such disorders.

Although these workers suggest possible mechanism(s) of increased permeability for exogenous molecules they do not offer any explanation for these gastrointestinal alterations. The endoscopic and histopathological findings of ileal-lymphoid-nodular hyperplasia and non-specific colitis have so far escaped explanation and have evaded pathogenetic definition.

In support of the findings of Wakefield et al are several behavioural and clinical features known to be related to the central nervous system (CNS), such as migraine,[2] infantile colic,[3] abdominal epilepsy,[4] allergic-tension-fatigue syndrome, and attention-deficit-hyperactivity disorder,[5] which have been related to food allergy, although the precise relation is still unclear. IgE-mediated food allergy is plainly not the only mechanism of tissue injury, and these specific disorders could involve other mechanisms.

A major investigative effort of our laboratories has been directed to the study of food allergy and the immunological involvement of the gut as a central focus for injury of other target organs (skin, lungs, and gastrointestinal tract). We have noted a striking appearance of ileal-lymphoid-nodular hyperplasia in patients with non-IgE-mediated food allergy who present with asthma, atopic dermatitis, and attention-deficit-hyperactivity disorder. We have also studied two patients with this hyperactive disorder who were allergic to various foods, and our findings obtained by colonoscopy of their terminal ileum, shown in the figure, match with those reported by Wakefield and co-workers.

In our study, ileal-lymphoid-nodular hyperplasia is the hallmark lesion of the gastrointestinal tract, which allows entry of antigens across the inflamed mucosa of the bowel as a result of the reactive inflammatory response in the adjacent lymphoid tissue of Peyer's patches in patients with non-IgE-mediated food allergy. We propose that similar mechanism(s) may be involved in the pathogenesis of the CNS dysfunction in the patients described by Wakefield and co-workers.[1]

Although Wakefield's study, which suggests a connection between the CNS and the gut in patients previously immunised with measles, mumps, and rubella vaccine, did not prove an association, it has stimulated further discussion and opened unanticipated lines of investigation concerning the role of ileal-lymphoid-nodular hyperplasia as a predictive marker of gastrointestinal inflammation responsible for immunologically mediated tissue injury in other target organs sites.

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Revealed: MMR research scandal

by Brian Deer

Sunday February 22 2004, 12.00am, The Times

FULL details are disclosed today of the four-month Sunday Times investigation that has uncovered a medical scandal at the heart of the worldwide scare over MMR.

Andrew Wakefield, the doctor who champions the alleged link between measles, mumps and rubella vaccine and autism in young children, stands discredited for misleading his medical colleagues and The Lancet, the professional journal that published his findings.

Brian Deer

Revealed: MMR research scandal

The Times, 22 February 2004, 12.00 am GMT,
https://www.thetimes.com/article/revealed-mmr-research-scandal-7ncfntn8mjq

Full details are disclosed today of the four-month Sunday Times investigation that has uncovered a medical scandal at the heart of the worldwide scare over MMR.

Andrew Wakefield, the doctor who champions the alleged link between measles, mumps and rubella vaccine and autism in young children, stands discredited for misleading his medical colleagues and The Lancet, the professional journal that published his findings.

The investigation has found that when he warned parents to avoid MMR, and published research claiming a link with autism, he did not disclose he was being funded through solicitors seeking evidence to use against vaccine manufacturers.

The Lancet said yesterday that The Sunday Times's evidence meant that the finding linking MMR and autism was "entirely flawed" and should never have been published. Last night, John Reid, the health secretary, called for an inquiry by the General Medical Council (GMC) "as a matter of urgency".

Evan Harris, a Liberal Democrat MP who sits on the British Medical Association's ethics committee, said the GMC had inadequate powers and pressed the government for a full independent inquiry.After reviewing The Sunday Times's findings, Richard Horton, the editor of The Lancet, said he should never have published Wakefield's article linking MMR to autism. It was "fatally" flawed.

Wakefield was not contactable yesterday, but he said last week when confronted with the investigation findings that he was unrepentant. He denied misleading his colleagues or The Lancet.The scandal arises from the journal's publication in February 1998 of a scientific report on the "findings" in the cases of 12 autistic children, apparently admitted routinely to the Royal Free hospital in north London in 1996-97.

Wakefield was the lead author of the report. He wrote that the parents of eight of the 12 children blamed MMR: they said symptoms of autism had set in within days of vaccination. The Sunday Times has now established that four, probably five, of these children were covered by the legal aid study. And Wakefield himself had been awarded up to £55,000 to assist their case by finding scientific evidence of the link.

Wakefield did not tell his colleagues or medical authorities of this conflict of interest either during or after the research.The children were subjected to a battery of invasive procedures, including colonoscopies and lumbar punctures.

In the months that followed the examination of the first children, many more were channelled through the hospital. The parents of many were clients of one solicitor, Richard Barr, of King's Lynn, Norfolk, who was leading the legal attack and had organised Wakefield's funding from the Legal Aid Board (now the Legal Services Commission).

The research paper published in The Lancet contained no scientific evidence of a link with MMR, only the "association" made by parents. But at the unprecedented press conference to launch the report, attacked the three-in-one jab as posing risks of causing autism and bowel problems.

"It's a moral issue for me and I can't support the continued use of these three vaccines given in combination until this issue has been resolved," he said. Neither in the report nor at the conference did he disclose the legally-funded work he was doing for Barr's clients. Asked his opinion of this non-disclosure last month, Barr said: "I remember noting at the time that the funding acknowledgment wasn't there, but it didn't see to be a big deal . . . things have moved on since then."

Barr added yesterday: "My role is to do the best for my clients. Clients came to me and told me what was happening to their children."

In March 1998, as public alarm took off over the safety of MMR, a meeting of the Medical Research Council squarely asked Wakefield about the source of the children he had analysed in the Lancet report. Wakefield failed to take the opportunity to reveal his interest.Six weeks later he was faced with a letter in The Lancet raising the question of litigation. All children, Wakefield claimed, came through "formal channels" and that "no conflict of interest exists".

The medical establishment has long rejected Wakefield's claims about MMR, and in 2001 he left the Royal Free. He now travels between Britain and America, lecturing about the dangers of the vaccine.

Last weekend, aware of The Sunday Times's investigation, he flew back to Britain. He was represented by Abel Hadden, a top PR man at Sir Tim Bell's Bell Pottinger company. At a tense confrontation on Wednesday at Bell Pottinger's headquarters in Mayfair, a red-eyed Wakefield denied any wrongdoing. He said any conflict of interest in his work was "a matter of opinion"."I believe that this paper was conducted in good faith," he said. "It reported the findings. There was no conflict of interest. Do we have any reasons [now] to change our opinion? No, but then again it's a debate."

As he was speaking, the findings of the investigation were also being shown to Horton at The Lancet. Shocked, Horton later called in Wakefield and visited the Royal Free on Thursday to talk to Wakefield's former colleagues and inspect records.By Friday, Horton and his fellow editors were faced with a dilemma: should they respect The Sunday Times's confidence and wait for the storm to break today? Or rush out a press release criticising Wakefield and taking credit for Disclosing his fatal conflict of interest? They chose the latter.

Simon Murch, one of the leading doctors involved with Wakefield's research at the Royal Free, said yesterday that news of the £55,000 legal funding was "a very unpleasant surprise"."We didn't know. We were pretty taken aback. The timing of it before the paper is something we have all been shocked by. If you have a colleague who has not told you, if you have not been informed you are going to be taken aback."

He went on: "I am not going to join the queue of people rushing up to kick Andy. But it is right that this has come out: there has been a complete conflict of interest."

Murch said it was never made clear that the payment was in place before the report was published. "We never knew anything about the £55,000 – he had his own separate research fund," said Murch. "All of us were surprised . . . We are pretty angry."

He added: "This is not personal corruption. But there was a clear conflict of interest – it was not declared to us and it was not declared to the journal, and it should have been." Murch said he believed that if Wakefield had made clear his interest, The Lancet would have asked for the report to be rewritten to focus on hard fact and to "leave the speculation, leave the measles story out of there".

Another of Wakefield's 12 co-workers in the study said: "I am very, very angry. I would never have put my name to the study if I had known there was this conflict of interest, and had I not done so it would never have got published."

Another author, Dr Peter Harvey, a board member of Visceral, a registered charity set up to support Wakefield, spoke out in his defence. Harvey said he did not think the funding was relevant and he would have still have put his name to the study if he had known. "I don't think there was any conflict of interest," he said.

Dr Richard Smith, editor of the British Medical Journal, said, however: "That MMR paper is the best example there has ever been of a very, very dodgy paper that has created a lot of discomfort and misery."

Mail Online

Melanie Phillips

Dr Wakefield was shamefully discredited

Daily Mail, 28 April 2004, 16:12
https://www.dailymail.co.uk/columnists/article-259519/Dr-Wakefield-shamefully-discredited.html

From the moment that surgeon Andrew Wakefield first published his explosive theory suggesting a link between autism, bowel disease and the measles, mumps and rubella triple jab, the *Government and the medical establishment have been determined to discredit him and thus destroy his research*.

Over the weekend, it looked as if they had finally managed it. A report in The Sunday Times suggested that Dr Wakefield's original Lancet paper in 1998, which first indicated such links, was a scandalous manipulation of the evidence.

The report claimed Dr Wakefield had failed to tell The Lancet he had also received legal aid funds to carry out a separate study as part of the legal case being brought by parents of autistic children against the MMR manufacturers.

To make matters even worse, it alleged, some of the children in the Lancet paper were involved in the court case. The Lancet study was therefore fatally compromised, since the parents had stood to gain financially if Dr Wakefield's researches had enabled them to claim compensation.

No sooner did the story appear than the Health Secretary, Dr John Reid, demanded an urgent inquiry. However, upon examination the picture significantly changes. The Sunday Times originally made a series of claims against Dr Wakefield, which were all actually rejected by The Lancet except for the conflict of interest. But when one looks at the facts, this, too, begins to look a bit different.

Dr Wakefield's legal aid-funded study was commissioned by solicitor Richard Barr, who had been approached by parents of children sick with autism and bowel disease who wanted to take legal action against the manufacturers of MMR.

Mr Barr wanted to know whether there was clinical evidence to support such a case. So he asked Dr Wakefield to look at possible links between measles virus and bowel disease.

The Sunday Times report claimed that four or five of the 12 children in the entirely separate Lancet study were part of this legal action. But their parents only decided to go to court after they had been accepted for treatment by Dr Wakefield's team at London's Royal Free hospital.

The implication that they were selected because they were litigants with a financial interest in the results of the clinical examination is grotesque.

All 12 of them were referred through normal NHS processes, either from doctors' recommendations or after desperate parents, having heard on the grapevine of Dr Wakefield's unusual sympathy towards these problems, had contacted him of their own volition. It was only subsequently that a few of them became part of the legal case.

So the two Wakefield studies were entirely separate, with no crossover.

True, The Lancet editor has said the second study should have been disclosed to avoid the 'perception' of a conflict of interest and that had he known of its existence, he wouldn't have published Dr Wakefield's paper which was 'fatally flawed' as a result.

But surely Dr Wakefield is being accused of a conflict of interest which did not occur at the time, in order to create the false impression that he and his colleagues deliberately skewed their selection of children for investigation in The Lancet exercise to support a crack-brained theory.

Surely, he is being damned by the misleading application of hindsight, which has seriously misrepresented what happened.

In other words, this appears to be nothing other than a smear.

It is also a smear whose timing should raise a few eyebrows. For the Legal Services Commission has now cut off legal aid funding for the parents, which threatens to stop the case altogether. It just so happened that Mr Barr applied for judicial review of that decision a week ago, and judgment has been reserved. So this smear looks very like an attempt to influence the court and ensure the case dies.

And make no mistake, the stakes could not be higher. The drug companies, the Government and the medical establishment have every reason to fear this case going ahead.

For although Dr Wakefield is the focus of the frenzy, many other pieces of evidence suggest that concern over the vaccine is by no means confined to one possibly obsessive doctor.

Although the vast majority of children clearly have no adverse reaction whatever from the MMR jab, *the number of families with a very different story to tell indicate that, for a small proportion of children, something worrying may be happening*.

What is so striking is the *sheer volume of parents*, not just in Britain but in America and other countries, who tell the same story of children who were developing normally - often with videos to prove it - only to stop developing and *start suffering bowel disease after the MMR jab. Moreover, vaccine- strain measles virus has been found in the gut of some children with autism and bowel disease*.

Earlier this month Dr Jeff Bradstreet, a U.S. autism researcher, presented evidence to the Institute of Medicine in Washington *showing measles virus in the cerebral-spinal fluid of three children with autism and bowel disease*. => Bradstreet J.J. et al. Detection of measles virus genomic RNA in cerebrospinal fluid of children with regressive autism: a report of three cases. J Am Phys Surg, 2004, Summer, 9(2): 38–45.

This virus most definitely should not be there; and the question is how it got there in children who had been vaccinated against measles.

None of this proves MMR causes either bowel disease or autism; but it certainly indicates a cause for concern. The Government insists, however, that research overwhelmingly shows the vaccine is safe. But this is not so.

The research in question investigates patterns of disease based on medical records.

But this is unlikely to get to the bottom of the issue, since countless parents have said doctors not only failed to diagnose autism or bowel disease in their children but dismissed outofhand the parents' reports that the problems seemed to start with the triple jab.

In any event, these studies do not prove MMR is safe. They say there is no proof it is not safe, a very different matter. The official misrepresentation of these conclusions is one of the most worrying things about this controversy.

This is particularly so since the Government had introduced the first type of MMR vaccine in 1989 - which it had to withdraw three years later because it was shown to cause aseptic meningitis - even though the Government knew at the time that Canada had already withdrawn it because it was found to be unsafe.

And as for conflicts of interest, what about the many scientists on the Government's vaccine safety bodies who are funded by the pharmaceutical companies?

Certainly, it is extremely worrying if parents are refusing to vaccinate their children against measles, mumps and rubella, with the dangers they pose of serious illness or even death.

But not only does the Government refuse to allow the use of less worrying single jabs - it also refuses to do the one thing that could settle this matter one way or the other.

Instead of calling for an inquiry into Dr Wakefield and dismissing parents' concerns with such contempt, it should commission an independent, clinical investigation of affected children.

Only then will we be able to judge who in this wretched story is actually right, and only then will all children get the vaccinations they need.

AAPS
Summer 2004
Volume 9 Number 2

Bradstreet J.J., Dahr J.El, Anthony A., Kartzinel J.J., Wakefield A.J.

Detection of measles virus genomic RNA in cerebrospinal fluid of children with regressive autism: a report of three cases

J Am Phys Surg, 2004, Summer, 9(2): 38–45
https://www.jpands.org/vol9no2/bradstreet.pdf

In light of encephalopathy presenting as autistic regression (autistic encephalopathy, AE) closely following measles-mumps-rubella (MMR) vaccination, three children underwent cerebrospinal fluid (CSF) assessments including studies for measles virus (MV). All three children had concomitant onset of gastrointestinal (GI) symptoms and had already had MV genomic RNA detected in biopsies of ileal lymphoid nodular hyperplasia (LNH).

Presence of MV Fusion (F) gene was examined by TaqMan real-time quantitative polymerase chain reaction (RT-PCR) in cases and control CSF samples. The latter were obtained from three non-autistic MMR-vaccinated children with indwelling shunts for hydrocephalus. None of the cases or controls had a history of measles exposure other than MMR vaccination. Serum and CSF samples were also evaluated for antibodies to MV and myelin basic protein (MBP).

MV F gene was present in CSF from all three cases, but not in controls. Genome copy number ranged from 3.7x10 to 2.42x10 per ng of RNA total. Serum anti-MBP autoantibodies were detected in all children with AE. Anti-MBP and MV antibodies were detected in the CSF of two cases, while the third child had neither anti-MBP nor MV antibodies detected in his CSF.

Findings are consistent with both an MV etiology for the AE and active viral replication in these children. They further indicate the possibility of a virally driven cerebral immunopathology in some cases of regressive autism.

=>

Preliminary evidence for an autoimmune phenomenon in some AE children reported here and elsewhere, and alternative mechanisms of encephalopathy in these children, require detailed study. These data indicate that sensitive and specific virological and immunological analysis of CSF is indicated in children undergoing AE with regression *following exposure to live virus vaccines*.

UNITED STATES HOUSE of REPRESENTATIVES

The status of research into Vaccine Safety and Autism
Hearing before the Committee on Government Reform

House of Representatives One Hundred Seventh Congress, 2nd Session.
19 June 2002; Serial No. 107-121. Washington.
https://archive.org/details/vaccine-autism

THE STATUS OF RESEARCH INTO VACCINE SAFETY AND AUTISM

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ONE HUNDRED SEVENTH CONGRESS

SECOND SESSION

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Hon. Dan Burton, of Indiana

Mercury in Medicine Report

The House of Representatives, 20 May 2003
Congressional Record, 2003, May 21, 149(9): 12720-12739
https://www.govinfo.gov/content/pkg/CREC-2003-05-21/html/CREC-2003-05-21-pt1-PgE1011-3.htm
https://archive.org/details/burton-mercury-medicine_202408

Mr. Burton of Indiana. *Mr. Speaker, I submit the following report prepared by the staff of the Subcommittee on Human Rights and Wellness, Committee on Government Reform. This report is the result of a three-year investigation initiated in the Committee on Government Reform.*

Mercury in medicine – taking unnecessary risks

I. Executive summary

Vaccines are the only medicines that American citizens are mandated to receive as a condition for school and day care attendance, and in some instances, employment. Additionally, families who receive federal assistance are also required to show proof that their children have been fully immunized. While the mandate for which vaccines must be administered is a state mandate, it is the Federal Government, through the Centers for Disease Control and Prevention (CDC) and its Advisory Committee for Immunization Practices that make the Universal Immunization Recommendations to which the majority of states defer when determining mandates. Since the early to mid 1990s, Congress has been concerned about the danger posed by mercury in medical applications, and in 1997, directed the Food and Drug Administration (FDA) to evaluate the human exposure to mercury through foods and drugs.

In 1999, following up on the FDA evaluation and pursuant to its authority, the House Committee on Government Reform initiated an investigation into the dangers of exposure to mercury through vaccination. The investigation later expanded to examine the potential danger posed through exposure to mercury in dental amalgams. This full committee investigation complemented and built upon the investigations initiated by two of its subcommittees. In January 2003, the investigation continued in the newly formed Subcommittee on Human Rights and Wellness.

A primary concern that arose early in the investigation of vaccine safety was the exposure of infants and young children to mercury, a known toxin, through mandatory childhood immunizations. This concern had been raised as a possible underlying factor in the dramatic rise in rates of late-onset or ‘acquired’ autism. The symptoms of autism are markedly similar to those of mercury poisoning.

Significant concern has been raised about the continued use of mercury in medical applications decades after the recognition that mercury can be harmful, especially to our most vulnerable population – our children.

This report will address one form of mercury in medical applications, ***Thimerosal,*** as a preservative in vaccines.

In July 2000, it was estimated that 8,000 children a day were being exposed to mercury in excess of Federal guidelines through their mandatory vaccines.

One leading researcher made the following statement to the Committee in July 2000:

"***There's no question that mercury does not belong in vaccines***."

"There are other compounds that could be used as preservatives. And everything we know about childhood susceptibility, neurotoxicity of mercury at the fetus and at the infant level, points out that we should not have these fetuses and infants exposed to mercury. There's no need of it in the vaccines."

The Food and Drug Administration's (FDA) mission is to "promote and protect the public health by helping safe and effective products reach the market in a timely way, and monitoring products for continued safety after they are in use.' However, the FDA uses a subjective barometer in determining when a product that has known risks can remain on the market. According to the agency, "at the heart of all FDA's product evaluation decisions is a judgment about whether a new product's benefits to users will outweigh its risks. No regulated product is totally risk-free, so these judgments are important. FDA will allow a product to present more of a risk when its potential benefit is great – especially for products used to treat serious, life-threatening conditions."

This argument – that the known risks of infectious diseases outweigh a potential risk of neurological damage from exposure to thimerosal in vaccines, is one that has continuously been presented to the Committee by government officials. FDA officials have stressed that any possible risk from thimerosal was theoretical: that no proof of harm existed. Upon a thorough review of the scientific literature and internal documents from government and industry, the Committee did in fact find evidence that thimerosal posed a risk. The possible risk for harm from either low dose chronic or one time high level (bolus dose) exposure to thimerosal is not "theoretical," but very real and documented in the medical literature.

Congress has long been concerned about the human exposure to mercury through medical applications. As a result of these concerns, in 1997, Congress instructed the FDA to evaluate the human exposure to mercury through drugs and foods. Through this Congressionally mandated evaluation, the FDA realized that the ethylmercury infants were exposed to in the first six months of life through their mandatory vaccinations exceeded the Environmental Protection Agency's (EPA) limit for a closely associated compound methylmercury. The FDA and other Federal agencies determined that in the absence of a specific standard for ethylmercury, the limits for ingested methylmercury should be used for injected ethylmercury. The Institute of Medicine, in 2000, evaluated the EPA's methylmercury standard and determined that based upon scientific data that it, rather than the FDA's, was the scientifically validated safe exposure standard.

Rather than acting aggressively to remove thimerosal from children's vaccines, the FDA and other agencies within the Department of Health and Human Services (HHS) adopted an incremental approach that allowed children to continue to be exposed to ethylmercury from vaccines for more than two additional years. In fact, in 2001, the Centers for Disease Control and Prevention (CDC) refused even to express a preference for thimerosal-free vaccines, despite the fact that thimerosal had been removed from almost every childhood vaccine produced for use in the United States.

On three occasions in the last 15 years, changes have been made to vaccine policies to reduce the risk of serious adverse effects. First, a transition from oral polio vaccine to injected polio was accomplished in the United States to reduce the transmission of vaccine-induced polio. Second, an a cellular pertussis vaccine was developed and a transition from DTP to DTaP was accomplished to reduce the risk of pertussis—induced seizures in children. And third, when the Rotashield vaccine for rotavirus was linked to a serious bowel condition (intersucception), it was removed from the U.S. market. Ethylmercury has been largely removed from every major childhood vaccine manufactured for use in the United States, except the influenza vaccine, which continues to contain trace amounts.

This success, however, does not change the fact that millions of American children were exposed to levels of mercury through vaccines that exceeded comparable federal guidelines. Many parents, and a growing number of scientists, believe that this ***mercury exposure may have*** *contributed to the explosive growth in autism spectrum disorders, and neurological and behavioral disorders that this country has experienced*. The scientific evidence in this area is considered by some to still be

inconclusive, in large part due to the lack of serious, effective inquiry by our health agencies. The federal government has an obligation to vigorously pursue the necessary research to determine the extent of the impact of these heightened exposures to ethylmercury on our population.

A second concern that arose during the investigation was the continued use of mercury in dental amalgams. Mercury has been used as a component in dental fillings since the Civil War era. The American Dental Association and its member dentists have taken a position that the mercury in fillings, which are considered toxic until placed in the tooth, and is considered toxic when removed from the mouth, is completely safe while in the human mouth. This position seems counter even to the ADA-funded research that shows the daily release of small amounts of mercury vapors in the human mouth where dental amalgams are present, as well as minute chipping and swallowing of the mercury fillings over time.

Babies and young children are exposed to this additional mercury. As_ developing fetuses, babies are exposed to mercury through the placenta. If pregnant women have mercury amalgams, they are unknowingly excreting low levels of mercury on a daily basis to their fetuses. Additionally, children who receive dental services through Medicaid are also potentially exposed to mercury. When these children need dental fillings, because of the low cost, only mercury amalgams are available for use. This concern remains under investigation by the Subcommittee on Human Rights and Wellness.

II. Findings and Recommendations

A. *Findings investigation the following Through this vaccine safety, made*:

1. Mercury is hazardous to humans. Its use in medicinal products is undesirable, unnecessary and should be minimized or eliminated entirely.

2. For decades, ethylmercury was used extensively in medical products ranging from vaccines to topical ointments as preservative and an anti-bacteriological agent.

3. Manufacturers of vaccines and thimerosal, (an ethylmercury compound used in vaccines), have never conducted adequate testing on the safety of thimerosal. The FDA has never required manufacturers to conduct adequate safety testing on thimerosal and ethylmercury compounds.

4. Studies and papers documenting the hyperallergenicity and toxicity of thimerosal (ethylmercury) have existed for decades.

5. Autism in the United States has grown at epidemic proportions during the last decade. By some estimates the number of autistic children in the United States is growing between 10 and 17 percent per year. The medical community has been unable to determine the underlying cause(s) of this explosive growth.

6. At the same time that the incidence of autism was growing, the number of childhood vaccines containing thimerosal was growing, increasing the amount of ethylmercury to which infants were exposed threefold.

7. A growing number of scientists and researchers believe that a relationship between the increase in neurodevelopmental disorders of autism, attention deficit hyperactive disorder, and speech or language delay, and the increased use of thimerosal in vaccines is plausible and deserves more scrutiny. In 2001, the Institute of Medicine determined that such a relationship is biologically plausible, but that not enough evidence exists to support or reject this hypothesis.

8. The FDA acted too slowly to remove ethylmercury from over-the-counter products like topical ointments and skin creams. Although an advisory committee determined that ethylmercury was unsafe in these products in 1980, a rule requiring its removal was not finalized until 1998.

9. The FDA and the CDC failed in their duty to be vigilant as new vaccines containing thimerosal were approved and added to the immunization schedule. When the Hepatitis B and Haemophilus Influenza Type b vaccines were added to the recommended schedule of childhood immunizations, the cumulative amount of ethylmercury to which children were exposed nearly tripled.

10. The amount of ethylmercury to which children were exposed through vaccines prior to the 1999 announcement exceeded two safety thresholds established by the Federal government for a closely related substance – methylmercury. While the Federal Government has established no safety

threshold for ethylmercury, experts agree that the methylmercury guidelines are a good substitute. Federal health officials have conceded that the amount of thimerosal in vaccines exceeded the EPA threshold of 0.1 micrograms per kilogram of bodyweight. In fact, the amount of mercury in one dose of DTaP or Hepatitis B vaccines (25 micrograms each) exceeded this threshold many times over. Federal health officials have not conceded that this amount of thimerosal in vaccines exceeded the FDA's more relaxed threshold of 0.4 micrograms per kilogram of body weight. In most cases, however, it clearly did.

11. The actions taken by the HHS to remove thimerosal from vaccines in 1999 were not sufficiently aggressive. As a result, thimerosal remained in some vaccines for an additional two years.

12. The CDC's failure to state a preference for thimerosal-free vaccines in 2000 and again in 2001 was an abdication of their responsibility. As a result, many children received vaccines containing thimerosal when thimerosal-free alternatives were available.

13. The Influenza vaccine appears to be the sole remaining vaccine given to children in the United States on a regular basis that contains thimerosal. Two formulations recommended for children six months of age or older continue to contain trace amounts of thimerosal. Thimerosal should be removed from these vaccines. No amount of mercury is appropriate in any childhood vaccine.

14. The CDC in general and the National Immunization Program in particular are conflicted in their duties to monitor the safety of vaccines, while also charged with the responsibility of purchasing vaccines for resale as well as promoting increased immunization rates.

15. There is inadequate research regarding ethylmercury neurotoxicity and nephrotoxicity.

16. There is inadequate research regarding the relationship between autism and the use of mercury-containing vaccines.

17. To date, studies conducted or funded by the CDC that purportedly dispute any correlation between autism and vaccine injury have been of poor design, under-powered, and fatally flawed. The CDC's rush to: support and promote such research is reflective of a philosophical conflict in looking fairly at emerging theories and clinical data related to adverse reactions from vaccinations.

B. *Recommendations*

1. Access by independent researchers to the Vaccine Safety Datalink database is needed for independent replication and validation of CDC studies regarding exposure of infants to mercury-containing vaccines and autism. The current process to allow access remains inadequate.

2. A more integrated approach to mercury research is needed. There are different routes that mercury takes into the body, and there are different rates of absorption. Mercury bioaccumulates; the Agency for Toxic Substances and Disease Registry (ATSDR) clearly states: "'This substance may harm you." Studies should be conducted that pool the results of independent research that has been done thus far, and a comprehensive approach should be developed to rid humans, animals, and the environment of this dangerous toxin.

3. Greater collaboration and cooperation between federal agencies responsible for safeguarding public health in regard to heavy metals is needed.

4. ***The President should announce a White House conference on autism*** to assemble the best scientific minds from across the country and mobilize a national effort to uncover the causes of the autism epidemic.

5. Congress needs to pass legislation to include in the National Vaccine Injury Compensation Program (NVICP) provisions to allow families who believe that their children's autism is vaccine-induced the opportunity to be included in the program. Two provisions are key: First, extending the statute of limitations as recommended by the Advisory Commission on Childhood Vaccines from 3 to 6 years. Second, establishing a one to two-year window for families, whose children were injured after 1988 but who do not fit within the statute of limitations, to have the opportunity to file under the NVICP.

6. Congress should enact legislation that prohibits federal funds from being used to provide products or pharmaceuticals that contain mercury, methylmercury, or ethylmercury unless no reasonable alternative is available.

7. Congress should direct the National Institutes of Health to give priority to research projects studying causal relationships between exposure to mercury, methylmercury, and ethylmercury to autism spectrum disorders, attention deficit disorders, Gulf War Syndrome, and Alzheimer's Disease.

III. Thimerosal has been used in vaccines and other medical products for decades

A. *A brief description of mercury*

Mercury is a silver-colored metal, which unlike any other metal, is a liquid at room temperature. It flows so easily and rapidly that it is sometimes called quicksilver. The chemical symbol for Mercury is Hg.

Mercury has many properties that have made it popular for a number of commercial uses. For example, mercury expands and contracts evenly when heated or cooled. It also remains liquid over a wide range of temperatures and does not stick to glass. These properties have prompted its use in thermometers. Mercury conducts electricity and is used in some electric switches and relays to make them operate silently and efficiently. Industrial chemical manufacturers use mercury in electrolysis cells to charge substances with electricity. Mercury vapor, used in fluorescent lamps, gives off light when electricity passes through it. Before its health effects were well understood, mercury compounds were widely used in such common products as house paints and paper.

Various alloys (mixtures of metals) containing mercury have many uses. Mercury alloys are called amalgams. These would include silver amalgam, a mixture of silver and mercury that dentists use to fill cavities in teeth.

Mercury comes in many different forms – organic, inorganic, elemental, and metallic. As a result of its many practical uses, mercury became widespread in the environment. However, *it is now widely recognized that overexposure to all forms of mercury can harm the central nervous system (brain) and the renal system (kidneys)*. This has led to regulatory actions to reduce the exposure of humans to mercury on many fronts. According to the Agency for Toxic Substances and Disease Registry (ATSDR): "*The nervous system is very sensitive to all forms of mercury*."

B. *Thimerosal, which contains ethylmercury, has been used in medicines since the 1930's*

In addition to its many commercial applications, mercury has been used in a number of medical applications. One such product that came into frequent use during the twentieth century was thimerosal. Thimerosal is an organic compound made up of equal parts of thiosalicylic acid and ethylmercury. It is 49.6 percent ethylmercury by weight.

Thimerosal was developed by Dr. Morris Kharasch (1895-1957; Ukraine/USA), a chemist and Eli Lilly fellow first at the University of Maryland (1922-1927) and then at the University of Chicago. He filed for a patent on June 27, 1929, for what he described as an alkyl mercuric sulfur compound (thimerosal), which he felt had potential as an antiseptic and antibacterial product. Dr. Kharasch was considered a pioneer in his field, contributing to the development of plastics and the creation of synthetic rubber. He also went on to found the Journal of Organic Chemistry.

In October 1929, Eli Lilly and Company registered thimerosal under the trade name Merthiolate.

...

C. *Mercury is a known neurotoxin, but methylmercury has been more carefully studied than ethylmercury*

After more than a century of research, it has become widely accepted in the scientific and medical communities that mercury is a neurotoxin. While debate continues over what levels of exposure to mercury are safe, it is unquestioned today that overexposure to mercury in any form can cause neurological and renal damage. There is also a growing consensus around the theory that some individuals are more susceptible to harm from mercury than others, confounding efforts to adopt a population-level threshold for safe levels of mercury in the environment. A research paper published in 2002 summarized the scientific consensus very succinctly: "*Mercury and its compounds are cumulative toxins and in small quantities are hazardous to human health*."

Because of its many commercial applications and its widespread presence in the environment. Methylmercury received the lion's share of the attention in the scientific community during the twentieth century. A concise history of the early development of scientific knowledge about methylmercury is found in Dr. Thomas Clarkson's, "The Three Modern Faces of Mercury":

"The first methylmercury compounds were synthesized in a chemical laboratory in London in the 1860s. Two of the laboratory technicians died of methylmercury poisoning. This so shocked the chemical community that methylmercury compounds were given a wide berth for the rest of the century ... early in the twentieth century the potent anti-fungal properties ... were discovered, leading to applications to seed grains, especially for cereal crops Despite the widespread use, few cases of poisoning were reported for the first half of the twentieth century. However, in the late 1950s and 1960s serious outbreaks of alkyl mercury poisoning (methylmercury) erupted in several developing countries ... Also in the late 1950s. evidence emerged of environmental damage from treated grain. It was observed in Sweden that predatory birds were developing neurological disorders analysis, indicated a sharp rise in mercury levels."

Public health concerns about methylmercury in the edible tissue of fish suddenly erupted in 1969 when fish from Lake St. Clair bordering Michigan were found to have high levels. This and other findings have maintained public health concerns over this form of mercury."

As a result of these emerging concerns, public health officials worldwide began researching methylmercury. Today, the scientific literature is replete with evidence on toxic effects of methylmercury. In 2000, the National Academy of Sciences published Toxicological Effects of Methylmercury, which concluded:

Methylmercury is highly toxic.

The data indicate that the adverse effects of methylmercury exposure can be expressed in multiple organ systems throughout the lifespan.

The research in humans on the neurodevelopmental effects of methylmercury is extensive.

Damage to renal tubules and nephron has been observed following human exposure to inorganic and organic forms of mercury. Symptoms of renal damage have been seen only at mercury exposures that also caused neurological effects.

The cardiovascular system appears to be a target for methylmercury toxicity in the same dose range as neurodevelopmental effects – at very low mercury exposures.

Studies in humans on the carcinogenic effects of methylmercury are inconclusive.

Methylmercury may increase human susceptibility to infectious disease and autoimmune disorders by damaging the immune system.

Methylmercury may adversely affect the reproductive system.

The medical literature is replete with references to the dangers to methylmercury:

"The major toxic effects of methylmercury are on the central nervous system. Its toxic action on the developing brain differs in both mechanism and outcome from its action on the mature organ the action of methylmercury on adults is characterized by a latent period between exposure and onset of symptoms. The period can be several weeks or even months, depending on the dose and exposure period . . . paresthesia, numbness or a 'pins and needles' sensation is the first symptom to appear at the lowest dose. This may progress to cerebella ataxia, dysarrthia, constriction of the visual fields, and loss of hearing. . . . Cardiovascular disease ... accelerated progression of carotid arteriosclerosis."

The research is explicit that fetal brains are more sensitive than the adult brains to the adverse effects of methylmercury, which include:

Severe brain damage
Delayed achievement of developmental milestones
Neurological abnormalities such as brisk tendon reflexes
Widespread damage to all areas of the fetal brain, as opposed to focal lesions seen in adult tissue
Microcephaly
Purkinje [neuron] cells failed to migrate to the cerebellum

Inhibition of both cell division and migration, affecting the most basic process in brain development

Additionally, elevation in both systolic and diastolic blood pressure in seven year olds correlated with prenatal exposure to methylmercury ... indicative of later cardiovascular problems.

Despite the fact that ethylmercury has been widely used in common medical treatments, ranging from vaccines to nasal sprays to ointments, comparatively little research has been done on its health effects. The few studies that have been done tend to indicate that ethylmercury is just as toxic as methylmercury.

The FDA never required the pharmaceutical industry to conduct extensive safety studies on thimerosal or ethylmercury. It appears that our Federal regulatory framework (the FDA and its predecessor organizations) failed to require manufacturers to prove thimerosal was safe. They failed to require industry to conduct adequate testing to determine how thimerosal is metabolized. The FDA failed to require that industry conduct studies to determine the maximum safe exposure level of thimerosal. These basic issues should have been proven prior to the introduction of thimerosal into the marketplace, but more than 70 years after its introduction, these issues have still not been adequately addressed. The introduction of thimerosal appears to have been based on a single uncontrolled and poorly reported human study in the 1920s, possibly in combination with animal and laboratory studies. However, this sole human study was not a true safety study and produced a faulty foundation on which to build a *robust vaccine program in which young children would be forced to be repeatedly injected with multiple doses of ethylmercury*.

...

D. *Because of its toxicity, mercury has become heavily regulated.*

As the dangers of mercury have become better understood, the United States and other governments around the world have taken actions to reduce the release of mercury into the environment. In 1972, the federal government halted the use of mercury compounds for many industrial uses, such the paint used on the hulls of ships and compounds used to prevent the growth of fungi in lumber, because the mercury had leached into the environment and found its way into the human food chain.

In 1972, while certain agencies within the federal government recognized that mercury was a *Cumulative poison that damaged brain cells*, the FDA's vaccine division seems to have ignored the issue until 1999.

1. The EPA is Regulating the Release of Mercury into the Environment

...

2. Different Limits to Exposure to Mercury have been Established by Different Agencies

...

3. Warnings have been Issued about Mercury in Seafood

...

4. Over the course of two decades, the FDA slowly removed Ethylmercury from many Medicinal Products

...

E. *Thimerosal is still used in some medical products*

While the FDA has taken steps over the last 20 years to remove ethylmercury from topical ointments and most pediatric vaccines, a number of medical products continue to contain this preservative.

Some nasal and ophthalmic products containing thimerosal remain on the market.

About 75 percent of the flu vaccines, recently recommended to be given to children as young as six months. contain at least trace amounts of thimerosal.

Many adult vaccines contain thimerosal.

Vaccines containing thimerosal continue to be manufactured in the United States and delivered through the World Health Organization (WHO) to Third World Countries.

The WHO has continued to require the use of multi-dose vials and to use preservatives, including thimerosal, to address storage and transportation issues.

Of additional concern to the Committee, but not discussed in detail within this report, is the continued use of thimerosal in adult vaccines. There is a growing emphasis on adult immunizations.

including getting boosters to childhood immunizations. Additionally, all new military recruits, active duty, and reserve forces that are deploying overseas are routinely given a large number of vaccines, many containing ethylmercury. These vaccines are often given consecutively and all in the same day.

...

The Committee received documentation from one Air Force pilot who suffered from serious symptoms of Gulf War Syndrome. After failing to have his medical issues resolved through the military or the Veterans Administration (VA) medical system, Captain Frank Schmuck, a pilot, became so ill that he was no longer able to fly. He sought medical treatment outside the military medical system and *was tested for heavy metals, and was found to have toxic levels of mercury in his system*. After chelation therapy, he returned to good health and has resumed flying. Gulf War Syndrome victims are not routinely tested for heavy metal toxicity or treated with chelation therapy by the military or the VA. Given the lack of progress in finding other successes with recovery from this condition, this is an issue that both the Department of Defense (DOD) and the VA should be aggressively evaluating on behalf of Gulf War veterans.

IV. There are growing questions about whether mercury in childhood vaccines is related to autism spectrum disorders

A. Autism Is Growing at Epidemic Proportions

1. ***Introduction***

Autism was once considered a rare disease that affected an estimated 1 in 10,000 individuals in the United States. The Committee held its first hearing on the dramatic rise in autism in April of 2000. At the time, Federal agencies were estimating that autism affected 1 in 500 children in the United States. By 2002, the National Institutes of Health had adjusted that rate to 1 in 250 children in the United States. The Autism Society of America estimates that the number of autistic children is growing by 10 to 17 percent each year.

In that first hearing, Chairman Burton reported that according to U.S. Department of Education statistics, requests for services for school-age children with autism spectrum disorders had risen dramatically in every state.

Mr. Burton: "California has reported a 273 percent increase in children with autism since 1988 .... Florida has reported a 571 percent increase in autism. .Maryland has reported a 513 percent increase between 1993 and 1998... In 1999, there were 2,462 children ages 3 to 21 in Indiana diagnosed with autism. That is one-fourth of 1 percent of all the school children in Indiana. or 1 out of every 400... . This increase is not just better counting. If we want to find a cure, we must first look to the cause."

In July 2000, Dr. Stephanie Cave shared her observations about the rapid growth of autism and the pressures it is placing on families and medical professionals:

"I am in family practice in Baton Rouge, LA. I want to express my deep appreciation to you and to the members of the committee for allowing me to testify. I am presently treating over 300 autistic children, with an additional 150 waiting to get in.

"We are treating children from all over the United States and getting calls from many places around the globe. This is truly an epidemic. If you have any idea that it is not, I invite you to sit in my office for 2 hours."

2. *Studies Are Documenting the Incredible Growth of Autism*

In the 1990's, the CDC conducted two prevalence studies that confirmed dramatic spikes in autism cases. One was conducted in Brick Township, New Jersey. the other in Atlanta, Georgia.

In late 1997, after noticing an apparently larger than expected number of children with autism in their community. a citizen's group in Brick Township, New Jersey, contacted the New Jersey Department of Health and Senior Services (DHSS). Because of the complexity of the disorder and the concerns that environmental factors might play a role, the New Jersey DHSS, U.S. Senator

Robert Torricelli, and U.S. Representative Christopher Smith contacted the CDC and the ATSDR for assistance. In response, the CDC conducted an extensive prevalence investigation.

The rate of autism among children in Brick Township was 4 per 1.000 (1 in 250) children aged 3 through 10 years. The prevalence of the more broadly defined autism spectrum disorder was 6.7 per 1,000 (1 in 150) children. It is important to note that even though the families of Brick Township requested that the CDC include an evaluation of a possible link between autism and their children's immunization, the CDC chose not to do so. Their evaluation of the cause of the cluster of autism in Brick Township was inconclusive.

The CDC's Atlanta study confirmed the dramatic results of the Brick Township study. The CDC found that 1.987 of the 289,456 children aged 3 to 10 years in metropolitan Atlanta in 1996 were autistic (1 in 146). These numbers were 10 times higher than studies conducted in the 1980s and early 1990s.

Last November, a study on autism in California determined that the number of autistic individuals in that state has nearly tripled. Equally important, the study stated that the increase was real, and could not be explained by changes in diagnostic criteria or better diagnoses. The study, funded by the state legislature and conducted by the University of California at Davis, determined that the number of autistic people in that state grew by 273% between 1987 and 1998.

The main author of the study, Dr. Robert Byrd, said, "It is astounding to see a threefold increase in autism with no explanation . - . there's a number of things that need to be answered. We need to rethink the causes of autism."

The 2002 report confirmed a 210 percent increase in the number of new children professionally diagnosed with the most severe cases of autism entering the developmental services system between 2001 and 2002. The system added 3,577 new cases in 2002.

It is important to note that the figures reported in California do not include persons with Pervasive Developmental Disorder (PDD), PDD-Not Otherwise Specified (PDDNOS). Asperger's Syndrome. or any of the other milder autism spectrum disorders. The California data reflect only those children who have received a professional diagnosis of level one, DSM IV autism – the most severe form of autism.

3. *The Causes of the Autism Epidemic are not Known*

The underlying causes of the explosion in autism remains a mystery. While the medical community has made many advances over the years in developing treatments and better diagnostic tools, little progress has been made in understanding why some children become autistic.

Mr. Waxman: "Autism is a particularly frustrating disease. We still do not understand what causes it and we still do not have a cure. All we know for sure is that its impact on families can be devastating, During the hearings held in this committee, we have heard parents tell tragic stories of children who appear to be developing normally and then all of a sudden retreat into themselves, stop communicating, and develop autistic behavior. Other parents have testified that their children never start to develop language skills, and instead early on manifest symptoms of autism. I can only imagine how frustrating and difficult this must be for families. And I appreciate how urgently we need to understand what causes autism, how to treat it, and if possible, how to prevent it."

A summary of the developing theories on the causes of autism, as described in "Autism & Vaccines: A New Look at an Old Story" by Barbara Loe Fisher is paraphrased below:

In 1943, when child psychiatrist Leo Kanner first described 11 cases of a new mental illness in children he said was distinguished by self-absorbed detachment from other people and repetitive and bizarre behavior, he used the word "autistic" (from the Greek word auto, meaning "self.") Pointing out similarities with some behaviors exhibited by adult schizophrenics, Kanner and other psychiatrists assumed autistic children were exhibiting early-onset adult-type psychoses. Kanner's young patients came from well-educated middle and upper class families in Baltimore with mothers

and fathers who were doctors, lawyers and professors. In 1954, Kanner said, "We have not encountered any one autistic child who came of unintelligent parents." This concentration of autistic children in educated and professionally successful families led Kanner to develop the "refrigerator Mom" theory as the cause of autism, theorizing that the warm maternal instincts of educated working mothers was absent or diminished. Influenced by Kanner, pediatricians for decades were persuaded to blame mothers of autistic children for being cold and emotionally rejecting, causing the children in turn to coldly reject contact with other people.

By 1954, Kanner began modifying his "Blame the Mother" position in light of evidence that brothers and sisters of autistic children were often well-adjusted, high functioning children, These findings suggested that the development of autism was also a result of genetic or "constitutional inadequacies," as well as bad parenting. In 1971, Kanner admitted that Mothers were not to blame. However, psychoanalyst Bruno Bettleheim continued purporting the "rejecting parent" theme. Bettleheim, a holocaust death-camp survivor, insisted that the autistic child was behaving in abnormal ways in retaliation against a rejecting mother who had traumatized the child by failing to provide enough love or attention.

However, a California psychologist and father of an autistic child, Bernard Rimland, Ph.D., in 1964 disproved Dr. Bettleheim's theories through the publication of his landmark book Infantile Autism: The Syndrome and Its Implications for a Neural Theory of Behavior. In this book, Dr. Rimland methodically dismantled the psychoanalytic theory of autism and argued for a biological, specifically a neurological, basis for autistic behavior. Dr. Rimland documented the similarities between brain injured children and autistic children, liberating parents from the destructive guilt associated with having an autistic child and pointing autism research in the direction of investigating the biological mechanisms underlying the brain and immune dysfunction symptoms and their possible causes.

In 1965, Dr. Rimland established the Autism Society of America (ASA). In 1967 he established the Autism Research Institute (ARI) and began distributing a questionnaire to parents of autistic children. Some 36 years later, his databank includes information on more than 30,000 cases of autism from around the world. In analyzing the data for age of onset of autism, he discovered that before the early 1980's, most of the parents reported their children first showed signs of abnormal behavior from birth or in the first year of life. But after the mid-1980's, there was a reversal of this pattern. The numbers of parents reporting that their children developed normally in the first year and a half of life and then suddenly became autistic doubled. Today, Rimland says that the onset-at-18-months children outnumber the onset-at-birth children by 2 to 1.

Today, no one can pinpoint the exact cause or causes of autism. Nor is there any conclusive explanation for the rapid growth in cases of late-onset autism. Most experts believe that some combination of genetic and environmental factors must be at work. A leading and prominent theory is that the growing amount of mercury in childhood vaccines may have triggered an autistic response in children who are genetically predisposed to being vulnerable to mercury damage.

B. The alarming growth in autism coincided with an increase in the number *of childhood vaccines containing thimerosal* on the recommended schedule

Through most of the twentieth century, individuals were required to receive very few vaccines. However, with the licensing of the Hepatitis B (Hep B) vaccine and the Haemophilus Influenzae Type B (Hib) vaccine starting in the mid-to-late 1980's, and their subsequent recommendation for universal use in 1991, the amount of mercury to which infants were exposed rose dramatically. It was during this period of increased exposure to thimerosal and its ethylmercury component that the growing wave of late-onset autism became apparent. This confluence of events led many to suspect a correlation between the two and call for more research into the relationship between ethylmercury in vaccines and autism spectrum disorders.

A number of vaccines never contained thimerosal. These classes of vaccines are generally live-virus vaccines. The ethylmercury in thimerosal would kill the living virus, making it unsuitable for such vaccines. These shots include the Measles-Mumps-Rubella (MMR) vaccine, the oral polio vaccines (which are no longer recommended for use in the United States), and the chicken pox (varicella zoster) vaccines.

Prior to the approval of the recombinant Hepatitis B vaccine in 1986, the only vaccine containing thimerosal routinely given to infants was the DTP vaccine. DTP contained 25 micrograms of ethylmercury and was given 3 times in the first six months of life (75 micrograms of ethylmercury) and a total of four times in two years (100 micrograms of ethylmercury).

The polysaccaride Haemophulus Influenzae B (Hib) vaccine was first licensed in 1985. It had 25 micrograms of ethylmercury and was given 3 times in the first six months of life (75 micrograms of ethylmercury) and a total of four times in the first two years of life.

The approval of the Hep B vaccine in 1986 added another thimerosal-containing shot to the recommended schedule. This vaccine contained 12.5 micrograms of ethylmercury and was given within hours of birth and a total of 3 times in the first six months of life (37.5 micrograms of ethylmercury).

After 1986, some children went from getting 25 micrograms in one day or 75 micrograms in the first six months of life to getting 62.5 micrograms of ethylmercury in a day or 187.5 micrograms in the first six months of life. This would be in addition to any fetal exposure to mercury from the mother. In 1991, the CDC recommended that both Hib and Hep B be added to the universal recommendations for childhood immunization.

As was noted previously, the effects of ethylmercury have not been studied as carefully as methylmercury. and the Federal Government has not established safety thresholds tor ethylmercury exposure, Because of the obvious similarities between the two, however, when the FDA reviewed the amount of injected ethylmercury in vaccines in 1999, they compared it to the Federal limits for (ingested) methylmercury exposure. They were compelled to admit at that point that the cumulative amount of ethylmercury in vaccines exceeded the EPA’s threshold for exposure to methylmercury. This led the FDA to recommend the removal of thimerosal from most pediatric vaccines in 1999, more than a decade after the Hepatitis B vaccine was added to the schedule.

In point of fact, the potential problem was worse than the FDA suggested. Not only did the cumulative amount of ethylmercury on the routine schedule exceed the EPA's limit. the amount of ethylmercury in each individual shot of DTP (or DTaP) and Hepatitis B exceeded the limit. Young children were getting three boosters of each shot. The EPA's threshold is 0.1 micrograms of methylmercury for each kilogram of body weight. This does not mean that injury would definitely occur above this level because a significant safety margin is built in.

However, the chances of injury increase as the exposure rises above this level. For an 11-pound baby (five kilograms), the threshold would be roughly 0.5 micrograms. For a 22-pound baby (ten kilograms). the threshold would be 1 microgram. The DTP (and DTaP) vaccine contained 25 micrograms of thimerosal per dose, as does the Hepatitis B vaccine. The Hib vaccine contained 12.5 micrograms per dose. In addition, it is clear that for many, many children. the amount of thimerosal they received in vaccines in the 1990's also exceeded the FDA's higher threshold of 0.4 micrograms per kilogram of body weight.

Of particular concern to many parents are those instances in which children - received several vaccines in one visit to their pediatrician. This practice has become commonplace with the new vaccine schedules recommending 26 doses of vaccines before school attendance.

Chairman Burton spoke about one such incident at a recent hearing: "The FDA recently acknowledged that in the first 6 months of life children get more mercury than is considered safe by

the EPA. The truth is that sometimes kids go to their doctor's office and get four or five vaccines at the same time. My grandson received vaccines for nine different diseases in 1 day. He may have been exposed to 62.5 micrograms of mercury in 1 day through his vaccines. According to his weight, the maximum safe level of mercury he should have been exposed to in 1 day is 1.5 micrograms, so that. is 41 times the amount at which harm can be caused.

When testifying before the Committee, Mrs. Lynn Redwood made the following observation regarding her son's bolus exposure to mercury through vaccinations: "According to the EPA criteria, his allowable dose was only 0.5 micrograms based on his weight. He had received 125 times his allowable exposure on that day. The large injected bolus exposures continued at two months, four months, 12 months, and 18 months to a total mercury exposure of 237.5 micrograms. I also discovered that the injections that I received during my pregnancy. the first and third trimesters, and hours after the delivery of my son to prevent RH blood incompatibility disease also contained mercury."

Concern that autism may be linked to vaccines is not a new debate. Twelve years ago. the Institute of Medicine was asked to evaluate the science on a possible connection. The Institute of Medicine published Adverse Effects of Pertussis and Rubella Vaccines and confirmed that pertussis and rubella vaccines can cause brain and immune system damage. At the time, an increasing number of parents reported that their previously normal children were regressing into autism after DTP or MMR vaccination. However, the IOM physician committee charged with analyzing the medical literature for evidence of cause and effect, rejected the reported link between pertussis vaccine and autism, because 'no data were identified [in the medical literature] that address the question of a relation between vaccination with DTP or its pertussis component and autism."

Dr. Stephanie Cave, who provided testimony to the Committee. is a doctor in Baton Rouge, Louisiana whose medical practice is focused on treating children with the symptoms of autism. She concurs with other experts from whom the Committee received testimony that there appears to be a correlation between increased use of vaccines containing thimerosal and a rise in autism:

"I believe that the introduction of the hepatitis B vaccine in 1991 has sparked this recent epidemic because of thimerosal. When added to the mercury imparted through the DTP and HIB, the exposure to mercury exceeds EPA safe limits for the metal if you consider a bolus dose on a single day.

"The EPA limits are usually related to ingested mercury, which is partially cleared by the liver. Injecting boluses of ethylmercury presents an entirely different, another scenario. The 2-month dose of mercury is at least 30 times higher than the recommended daily maximum exposure set by the EPA. During the 1990's, infants received 12.5 micrograms of mercury at birth, followed by 12.5 micrograms at 1 month. 62.5 micrograms at 2 months, 50 micrograms at 4 months, 50 micrograms at 6 months, 50 micrograms at 15 to 18 months; a total of 237.5 micrograms for a child who at best weighs 10 kilograms. This far exceeds the safety limits if you consider bolus dosing. Safety limits would be more like 1 to 1.5 micrograms.

"The bile production is minimal in infancy, making it more difficult for metals to be cleared from the body. When added to a vaccine, the metals are even more dangerous because the vaccines trigger immune reactions that increase the permeability of the GI tract and the blood brain barrier.

"The injection of mercury appears to affect only certain children, but I fear that we've underestimated the devastation by concentrating only on the autistic children. We're measuring elevated levels of mercury in other children with milder difficulties like learning disabilities. ADHD. Asperger's Syndrome and many others. We do not have any idea what the scope of this problem is at this point. And there are no safety standards for infants getting bolus doses of ethylmercury."

V. Valid Concerns about Mercury in Vaccines were ignored by Federal Policymakers and Vaccine Manufacturers for decades

As early as 1931, scientists were noting adverse reactions to thimerosal. In fact, Dr. Kharasch filed a new patent application because he reformulated the product to "stabilize merthiolate due to its tendency to acquire ‘certain burning qualities’."

In 1932, in a paper published by Lilly researchers who found Merthiolate to be a skin-disinfecting agent, it was noted that another researcher has seen adverse reactions. "Reimann has reported that some individuals display a sensitiveness to thio [thimerosal] compounds, which is characterized by reddening of the treated area and the appearance of small papules and vesicles."

In 1935, in a letter from the Director of Biological Services, of the Pittman-Moore Company to Dr. Jamieson of Eli Lilly, "we have obtained marked local reaction in about 50 percent of the dogs injected with serum containing dilutions of Merthiolate varying from 1 in 40,000 to 1 in 5,000... no connection between the lot of serum and the reaction. In other words, Merthiolate is unsatisfactory as a preservative for serum intended for use on dogs... . I might say that we have tested Merthiolate on humans and find that it gives a more marked local reaction than does phenol and tricresol."

In 1942, an Army doctor in Baltimore, Maryland published a journal paper in which he raised concerns about thimerosal: "Some investigators claim that if a patient's skin is sensitive to one of the mercurials he may be sensitive to any compound containing mercury. We have investigated 5 patients with dermatitis due to Merthiolate and found that four were sensitive to Merthiolate and not to any other organic or inorganic mercury compounds with which they were tested... Sulzberger found that in performing routine patch tests with 10 percent ammoniated mercury ointment and 10 percent salicylic acid ointment he obtained relatively few positive reactions: but if the two ointments were combined so that the concentration was five percent of each, then 50 percent of all patients tested gave positive reactions." Dr. Elliss further explained in his paper, "Dr. J. H. Mitchell in a lecture before the American Academy of Dermatology in New York in December 1941, stated that he had observed a number of cases of severe dermatitis following the treatment of dermatophytosis with preparations of Merthiolate."

In 1943. Dr. Elliss published a case report in the Archives of Opthalmology, which states:

"The positive results of patch tests demonstrated that the two patients were sensitive to tincture of merthiolate were also sensitive to 1:5000 merthiolate ophthalmic ointment and that merthiolate is capable of causing an inflammation of the mucous membrane in patients who are sensitive to the drug. In view of these facts it is recommended:

1. That Merthiolate ophthalmic ointment should not be used in or about the eye unless it has been previously demonstrated by patch tests that the patient is not sensitive to the ointment.
2. That the package should be labeled to warn the consumer that such tests should be made previous to the use of merthiolate ophthalmic ointment in or about the eye. Since a patient may become sensitized to Merthiolate while using the ophthalmic ointment. it may be advisable to withdraw this product from the market before a case of permanent ocular damage occurs, in spite of the fact that no cases of ocular injury due to merthiolate have been reported."

Taken from an October 1978, letter from William R. Gibson to Dr. Alan Baskett, of the Commonwealth Laboratories in Victoria, Australia regarding a concern that thimerosal in the Australian pertussis vaccine was linked to intersucception in mice:

"I discussed the possible effect of ethylmercury with Bordetella pertussis to supplement B-adrenergic blockade. Again, it was not believed that this blockade should predispose toward intessusception, although it was recognized that increased motility resulted and that this could be causative. As with other chemicals of its generation, data relating to its safety and pharmacological effects in animal models are sparse."

In August of 1998, an FDA internal "Point Paper" was prepared for the Maternal Immunization Working Group. This document, prepared almost a full year before the Public Health Service – American Academy of Pediatrics joint statement made the following recommendation:

"For investigational vaccines indicated for maternal immunization. the use of single dose vials should be required to avoid the need of preservative in multi-dose vials .... Of concern here is the potential neurotoxic effect of mercury especially when considering cumulative doses of this component in early infancy... ."

On September 8, 1998, the Safety Working Party of the European Agency for the Evaluation of Medicinal Products issued its working paper, "Assessment of the Toxicity of Thimerosal in Relation to Its Use in Medicinal Products." The Working Party concluded:

"There is ample evidence from the literature that thiomersal (thimerosal) may cause sensitization and subsequent allergic reactions ... the use of thimerosal is vaccines given to infants in accordance with various national vaccine programs may in certain cases result in approximately two times higher intake of ethylmercury during the first year of life than what van be considered reasonably safe. Given the great uncertainty of the estimations of safe levels in young children, it is suggested to restrict the use of thimerosal in vaccines.'

In June of 2000, the CDC convened a closed meeting to discuss research evidence that showed a connection between thimerosal in vaccines and neurological injury. Dr. Thomas Verstraeten, a CDC employee who has since left the agency to work in Belgium for a vaccine manufacturer, utilized the Vaccine Safety Datalink to evaluate any possible connection between thimerosal-preserved vaccines and neurological or renal impairment. He found, "a statistically significant positive correlation between the cumulative exposure at 2 months and unspecified developmental delay: the cumulative exposure at 3 months and tics: the cumulative exposure at 6 months and attention deficit disorder. 1, 3 and 6 months and language and speech delay ... 1, 3, and 6 months of age and neurodevelopmental delays in general."

He concludes: "This analysis suggests that in our study population, the risks of tics, ADD, language and speech delays, and developmental delays in general may be increased by exposures to mercury from thimerosal-containing vaccines during the first six months of life."

This issue will be discussed in more detail in another section of this report.

The Committee and the public have been frustrated by the Department of Health and Human Services reluctance to accept that all forms of mercury are toxic and that children have likely been harmed from the FDA's negligence in assuring the safety of thimerosal and in not monitoring the increased exposure to mercury through vaccines.

During the July of 2000 hearing on mercury, Congresswoman Helen Chenoweth-Hage (R-ID) eloquently expressed the views of many.

Mrs. Chenoweth-Hage: "... I have a staffer who is in the Navy Reserve right now, but he used to be active with the airborne divisions, and he was in for a test in one of the medical military hospitals, and upon taking his temperature, they broke a thermometer, and mercury splattered across his glasses and some got in his eye. Well, the first thing they did was cutoff his clothes. The second thing was call in OSHA to clean up the mercury. And then they worked on him to make sure his eyes were irrigated, and you guys, you witnesses, absolutely amaze me. I wonder where the disconnect is, for Pete's sake.

"You listened to the testimony just as I did, and you are willing to, with a straight face, tell us that you are eventually going to phase this out after we know that a small baby's body is slammed with 62 times the amount of mercury that it is supposed to have, and OSHA reacts like they did in the case of this accident of this naval man. It doesn't make sense. No wonder people are losing faith in their government. And to have one of the witnesses tell us it is because mothers eat too much fish? Come on. We expect you to get real. We heard devastating testimony in this hearing today, and we heard it last April. And this is the kind of response we get from our government agencies?

I am sorry. When I was a little girl, my daddy talked to me about something about a duck test. I would ask each one of you to read this very excellent work by Sallie Bernard and Albert Enayati, who testified here today. My daddy used to say if it walks like a duck and talks like a duck and sounds like a duck, for Pete's sake it is a duck.

"I recommend that you read this, side-byside, page after page of analysis of the symptoms of people who are affected with mercury poisoning compared to autism, this is the duck test, and you folks are trying to tell us that you can't take this off the market when 8,000 children are going to be injected tomorrow; 80 children may be coming down, beginning tomorrow, with autism? What if there was an E. coli scare? What if there was a problem with an automobile? The recall would be like that.

"We are asking you to do more than analyze it. We are asking you to tell this body and the American people that it is more inconclusive. It passes the duck test, and we need you to respond. We need that to come off the market now because you think that this is – do you think that we are elevating the case today? Just wait until it gets in the courts. This case could dwarf the tobacco case. And we would expect you to do something now before that circus starts taking place. Denial is not proper right now.

"You know, I still go back to the fact – I still want to talk about the duck test. Mr. Egan, [FDA] I will address this to you. You know, it was shown in the last panel that autistic symptoms emerge after vaccination. It was shown that vaccines contain toxic doses of mercury. It was shown that autism and mercury poisoning, the physiological comparison is striking. There is altered neurotransmitter activity, abnormal brain neuronal organization, immune system disturbance, EEG abnormalities. It goes on and on and on, the comparisons. That is why I say, I back up what the Chairman and the ranking member are all asking you, that we cannot wait until 2001 to have this pulled off.

"You know, if a jury were to look at this, the circumstantial evidence would be overwhelming. Let's do something before we see it in the courts."

In 2003, thimerosal remains in some vaccines.

A. Many parents of autistic children believe that adverse reactions to vaccines are responsible for their children's condition

Based on their personal experiences, many parents believe that the autistic condition of their children is related to an adverse reaction to a childhood vaccine, or a series of vaccinations. This is particularly true of parents of children who have developed "late onset autism," in which symptoms do not begin to emerge until the child is between one and two years old. This time period coincides with a number of vaccinations on the childhood schedule. While this belief is not universal, many parents hold it passionately.

Dr. Jeffrey Bradstreet, when testifying before the Committee in 2001, made the following statement:

"At a recent autism conference in Chicago, and prior to either my own presentation or that of Dr. Wakefield, I asked the audience of 500 parents if they felt their child regressed following a vaccine. In that obviously non-scientific survey, approximately 90 percent the parents raised their hands to affirm vaccines were what they suspected had caused their child's symptoms. When I asked for how many had reported the event under the VAERS system, fewer than 15 said they had. Then I asked if their pediatrician had offered to report this, they just laughed. I have now conducted this simple survey with over 5000 parents at conferences around the world with similar findings. Yes, media attention creates bias. But despite the informal nature of this survey, it does tell us something about this debate we are currently engaged in:

(1) parents of children with autism suspect vaccines damaged their child,
(2) parents are not reporting this using VAERS forms,
(3) pediatricians are not reporting to VAERS either.

(4) and despite efforts by policymakers at CDC, FDA, AAP, IOM and elsewhere to reassure parents of the safety of vaccines, they remain unconvinced."

The Committee has heard moving testimony from parents in support of this belief, as well as from parent-advocates. Shelley Reynolds is a mother of two from Baton Rouge, Louisiana. When she testified before the Committee in April of 2000, her autistic son, Liam, was four years old. Her testimony left no doubt as to her views:

"Liam was a normally developing baby until June 27, 1997, when he received his MMR and Hib vaccines. He did everything he was supposed to do. He cooed, rolled over, crept, crawled, pulled up and walked on time. He said 'Mama,' he said 'Daddy,' he said 'Love you.' He learned how to sing 'Itsy Bitsy Spider. He played finger games with us. He loved to interact, and he especially loved to show off for his grandparents."

* * *

"But when he was 17 months old, shortly after he had received the shots, he started exhibiting some different behaviors. He was constantly taking off his shoes; he screamed if we dressed or undressed him; he would stare for hours in front of the television and would not move if you blocked the view. He could not tolerate playing in the sandbox anymore. He did not want to sing any of his favorite songs; he would cover his ears and scream 'No.™

* * *

"In Liam's case. we have no doubt that he developed his autism as a direct result of an adverse vaccine reaction."

* * *

"Many in the medical community continue to dismiss this as mere happenstance because autism often coincides with the time of vaccination, and state that there is no scientific evidence to back this up. My question to you is:

How long does it take for a coincidence to surface time and time and time again, case after case after case, before it can become a viable hypothesis, especially when the solution to solving the problem seems so apparent?"

At the same hearing, the Committee heard testimony from Jeana Smith of Denham Springs, Louisiana. At the time, she was the mother of five-year-old twins, one of whom was autistic. Her testimony made equally clear her conviction that her son's autism was related to a series of vaccinations given on the same day:

"Jacob met every developmental milestone that first year, right along with Jesse. They were two little peas in a pod and went everywhere together. At only1 6 months of age, Jacob and Jesse received their first MMR vaccine. On this same day, they also received their fourth DTP, their fourth Hib, and their third hepatitis B. The following 24 hours, both twins slept most of the time, with over 100-degree temperatures, in spite of receiving the recommended Tylenol dosage every 6 hours.

Immediately following that, Jacob began exhibiting strange behaviors. He was no longer excited or responsive when Daddy would come home from work. He began to become preoccupied with certain toys. He would spend long periods of time studying the way their wheels would spin or whether or not they were lined up just right. Any attempt to interrupt or distract him was met with great resistance and an eventual fit. During this time, Jesse continued to progress, starting to talk and interact with all the children around him."

* * *

"At times, Jacob was so withdrawn that we could absolutely not reach him."

* * *

"For us, there is no denying that in Jacob's case of autism, the answer does not lie in genetics, but in a catalyst. The thousands of hours of research that we have spent searching and retracing his regression continue to point to the fact that the road of Jacob's autism began when his immune system was damaged by the hepatitis B vaccine he received when he was ill. The final blow was the adverse reaction to the host of vaccines he received 16 months later. We are certain that for Jacob, the catalyst was his vaccine."

Testifying two years later, on April 18, 2002, Autism Society of America President Lee Grossman testified about the strongly held views of many of the Society's members:

"A substantial number of families within our autism community believe some forms of autism may be caused by some use of vaccines. While we do not know this to be specifically proved at this time, we should not ignore the body of evidence that calls into question the source of many children with autism. If causation is found, those injured must be provided recourse and compensation."

* * *

"I think the stories that I have heard that many of our members tell. that many of these people in the audience will tell you, is that they believe that there is evidence that there is a direct linkage. a direct causation of vaccines causing their child's autism. I think it is imperative for us, the advocates in the room, for ASA, and for Congress, for the lay public, to stand together to get this question answered, answered immediately."

B. Many parents of autistic children have filed petitions for compensation or lawsuits against vaccine manufacturers

Not surprisingly, suspicions that there may be a causal relationship between some vaccines and autism have spawned a significant amount of litigation.

As of October 2002, more than 875 families had filed petitions for compensation under the Federal Vaccine Injury Compensation Program (VICP), alleging that a vaccine or a series of vaccines caused their child's autism. It has been estimated that as many as 3,000 to 5,000 such petitions may be filed in the near future.

...

VL. A growing number of Scientists and Doctors believe that a Relationship between Thimerosal in Vaccines and Autism spectrum disorders is plausible

A. *Introduction*

A growing number of respected scientists and researchers are convinced that there is a relationship between the use of thimerosal in childhood vaccines and the growing incidence of autism. A number of these scientists have testified before the Committee. At the same time. senior officials from Federal health care agencies and other public health experts continue to insist that there is no evidence of such a relationship.

Two things appear to be clear in this debate:

First, concerns about the use of thimerosal in vaccines existed in public health agencies for more than two decades before action was taken to remove them from vaccines. The lethargic response to these legitimate concerns will be discussed in the following section of this report.

Second, much more research needs to be done before any conclusive determinations can be made about vaccines and autism spectrum disorders. Developing more and better research data will be critically important to resolving the legal disputes over compensation for children with autism, and restoring the confidence of the American public in vaccines.

This section will review the current state of the scientific debate over vaccines and autism.

B. *Institute of Medicine reports call for more research*

In 2001. the Institute of Medicine (IOM) released two reports after reviewing the evidence they received related to possible connections between vaccines and autism. The IOM was created by the National Academy of Sciences in 1970 to conduct independent analyses of public policy matters related to health care. The first report dealt with the MMR vaccine. The second dealt with vaccines containing thimerosal. The common thread linking both reports was the conclusion that much more research needed to be done before firm conclusions could be drawn.

In April of 2001, the IOM issued its report on the MMR vaccine, entitled, "Immunization Safety Review – Measles-Mumps-Rubella Vaccine and Autism." After reviewing the available scientific studies, the IOM determined that: "The evidence favors rejection of a causal relationship at the population level between MMR vaccine and autism spectrum disorders."

The IOM stated that the epidemiological evidence available at the time showed no association at a population level between the MMR vaccine and autism. However, the authors cautioned that if the vaccine triggered autistic disorders among a small number of children who were predisposed to an adverse reaction, the population studies that had been done to-date would be too imprecise to detect them:

"It is important to recognize the inherent methodological limitations of such studies in establishing causality. Studies may not have sufficient precision to detect very rare occurrences on a population level. A poor understanding of the risk factors and failure to use a standard case definition may also hamper the ability of epidemiological studies to detect rare adverse events."

The IOM recommended further research to determine if exposure to the MMR vaccine is a risk factor for autism disorders in a small number of children. They also called for targeted studies to follow up on a groundbreaking series of case studies by Dr. Andrew Wakefield of Great Britain, who determined that 12 British children who suffered from autism spectrum disorders and chronic bowel inflammation also had vaccine-strain measles virus in their tissues. Although the parents of eight of the twelve children traced the onset of autistic symptoms to the time period when the MMR vaccination was given, the IOM stated that the study was of limited utility because of its small sample size."

Six months later, the IOM issued its second report, entitled, "Immunization Safety Review – Thimerosal-Containing Vaccines and Neurodevelopmental Disorders." They found insufficient evidence to accept or reject a connection between thimerosal in vaccines and autism. They did. however, state that such a connection is "biologically plausible," and recommended much more research on the issue.

The report summarized: "The committee concludes that although the hypothesis that exposure to thimerosalcontaining vaccines could be associated with neurodevelopmental disorders is not established and rests on indirect and incomplete information, primarily from analogies with methylmercury and levels of maximum mercury exposure from vaccines given in children, the hypothesis is biologically plausible."

* * *

"The committee concludes that the evidence is inadequate to accept or reject a causal relationship between exposure to thimerosal from vaccines and the neurodevelopmental disorders of autism, ADHD, and speech or language delay."

The IOM noted that it had reviewed the results of one unpublished epidemiological study that detected a "statistically significant but weak association" between exposure to thimerosal-containing vaccines and several types of developmental disorders, including attention deficit disorder, speech and language delay, tics, and general neurodevelopmental delays.

Phase I of the study, which was performed with data from the CDC's Vaccine Safety Datalink, (VSD) uncovered the aforementioned associations.

Phase II of the study, which provided enough data to analyze only speech delays and attention deficit disorder, did not detect an association between those disorders and thimerosal, as had Phase I. After being briefed on both phases of the study, the IOM's Immunization Safety Review Committee agreed that they were inconclusive. The "VSD Study" is discussed at greater length in Section VII.

The IOM also noted with some discomfort that thimerosal had not been removed from all vaccines and medicines given to children and pregnant women. The report specifically cited the influenza vaccine, the diphtheriatetanus toxoid vaccine, and some nasal sprays. They urged that, "full consideration be given by appropriate professional societies and government agencies to removing thimerosal from vaccines administered to infants, children or pregnant women in the

United States." It was also recommended that any remaining stocks of childhood vaccines containing mercury be removed from doctor's offices and replaced with mercuryfree alternatives.

Finally, the report recommended that numerous types of research be conducted to help the scientific community better determine if there is a causal relationship between thimerosal and autism or other disorders. The IOM called for:

Case-control studies examining the potential link between neurodevelopmental disorders and thimerosal-containing vaccines;

Further analysis of cohorts of children who did not receive thimerosal-containing doses of vaccines during clinical trials;

Epidemiological studies comparing the prevalence of neurological disorders in children, who received vaccines before thimerosal was removed, to children who received vaccines after it was removed:

An increased effort to identify the primary sources and levels of prenatal and postnatal exposure to thimerosal;

Clinical research on how children metabolize and excrete metals;

Theoretical modeling of ethylmercury exposures, including the incremental burden of thimerosal on background mercury exposures from other sources;

Research in appropriate animal models on neurodevelopmental effects of ethylmercury;

Rigorous scientific investigations of chelation as a treatment for neurodevelopmental disorders; and

Research to identify a safe, effective and inexpensive alternative to thimerosal for countries that decide they want to follow the example of Europe and the United States and terminate its use in vaccines.

C. *A growing Number of Researchers believe that there may be a relationship between Vaccines and Autism spectrum disorders*

A growing number of researchers and medical professionals believe that there may be a link between the mercury preservative used in vaccines and autism spectrum disorders and other neurodevelopmental disorders. Few, if any, would make such a statement categorically until more research is done. However, judging by testimony received by the Committee, many researchers believe that this hypothesis is plausible based on work they have done to-date. They believe that this is a promising field of research that may yield breakthroughs on the question of the underlying causes of the growing incidence of autism and other neurodevelopmental disorders.

On April 25, 2001, the Committee heard testimony from Dr. *Boyd E. Haley*, who is the Chairman of the Chemistry Department at the University of Kentucky. Dr. Haley has spent many years studying the effects of mercury on the human body. Dr. Haley summarized his views in this way:

"I cannot say, nor would I say, that vaccinations cause autism. However, if the data holds up that I have been seeing with the relationship, I think it is an awfully good suspect, at least one of the co-factors that might aid in the onset of this disease. So I would really recommend and encourage you to put some pressure on the National Institutes of Health (NIH) to look at the contribution of different forms of mercury we put in our medicines and in our dentistry to see what effect they have on the neurological health of Americans."

In his testimony, Dr. Haley described his laboratory research on thimerosal:

"I was requested to do an evaluation of the potential toxicity of vaccines containing thimerosal as a "preservative" versus those vaccines not containing thimerosal. The results were very dramatic as shown in the accompanying Table attached to this document. In our preliminary studies, vaccines containing thimerosal as a preservative consistently demonstrated in-vitro toxicity that was dramatically greater than the non-thimerosal or low-thimerosal containing vaccines."

* * *

"Our results are very consistent with the reported toxicity of thimerosal-containing vaccines versus non-thimerosal containing vaccines as observed in cell culture studies reported in 1986. The

chemical rationale for the neurotoxicity of thimerosal is that this compound would release ethyl-mercury as one of its breakdown products. Ethyl-mercury is a well-known neurotoxin. Further, combining thimerosal with millimolar levels of aluminum cation plus significant levels of formaldehyde, also found in these vaccines, would make the vaccine mixture of even greater risk as a neurotoxic mixture."

Dr. Haley went on to state that infants are more susceptible to damage from mercury, because the defense mechanisms in their bodies are less well developed:

"Infants, with their immature physiology and metabolism, would not be expected to handle mercury as efficiently as mature adults."

* * *

"Using this vaccine mixture on infants, who do not have fully developed bilary (liver) and renal (kidney) systems, could dramatically increase the toxic effects, especially if they are spuriously ill. The toxic effects of exposure to thimerosal in infants cannot be reasonably compared to those observed in adults made toxic by exposure to similar ethyl-mercury containing compounds. Mercury is primarily removed through the bilary system and aluminum is removed by the renal system. Inability to rid the body of these toxicants would greatly increase the damage they are capable of doing in infants."

Dr. Haley's concerns about the inability of infants to fend off the adverse effects of mercury were echoed by *Dr. David Baskin*. Dr. Baskin is a neurosurgeon and a professor of neurosurgery and anesthesiology at Baylor College of Medicine. He has been involved in extensive research on the central nervous system and serves on scientific advisory boards of the National Institutes of Health.

Testifying before the Committee in December of 2002, Dr. Baskin said:

"We clearly know infants' brains are more sensitive. We know the blood-brain barrier, the barrier to drugs between the blood and the brain, is virtually gone in infants."

Virtually all researchers who have testified before the committee have hypothesized that some children must have a genetic predisposition that makes them more vulnerable to neurological damage from mercury.

An exchange between Congressman Burton and Dr. Baskin at the December 10, 2002, hearing reflected this emerging consensus:

Mr. *Burton*: "Do you personally believe from your studies that the mercury is a contributing factor to the cases of autism we have in this country?

Dr. *Baskin*: "Yes."

Mr. *Burton*: "Do you think it's a large contributing factor, or do you have any percentages? I mean. I know this is a tough question and everything, but you have done a lot of research."

Dr. *Baskin*: "I think it's hard to look at a percentage, I think that as NIH is focusing on, there is probably an environment-gene interaction. In other words, a lot of children get the injection and don't become autistic, and so there must be something specific or different about the way a certain subgroup of children are able to handle toxins. ... I don't think we yet know the answer to that."

In his testimony the previous year, Dr. Haley of the University of Kentucky described one possible genetic risk factor. He stated that there is a protein in the brain called APO-E that removes dangerous waste materials from the brain. He added that some individuals are born with a variety of this protein that is very efficient at removing mercury, and some individuals are born with a variety of this protein that is very inefficient at removing mercury:

"If you look at the chemistry of the APO-E proteins, this can be reflected in the fact that it is a housekeeping protein that clears the brain of waste materials. If you have APO-E2, you can carry out two atoms of mercury for every atom of APO-E that goes out. If you have APO-E4, you can carry out none.

"He (*Dr. Mike Godfrey* of New Zealand] took this and looked at autistic children. When he did the screen of autistic children, there was a huge preponderance of them that had APO-E4, indicating

that there is a genetic risk factor, which deserves further study. And it does imply that the inability to detoxify the cerebral spinal fluid may be at least part of the neurological aspect of this disease."

Dr. Baskin described research he is conducting which demonstrates what the effects of mercury are when it is not removed from brain tissue:

"Let me turn to some studies that we're doing at Baylor College of Medicine. We have the opportunity to actually grow human frontal cortex cells in cell culture. So these are cells from the front part of the brain that grow in culture. We incubate these cells with thimerosal at various doses, and we use a number of very sophisticated techniques to detect cell death and cell damage."

* * *

"Here are some pictures from our cell culture experience, and you can see the arrows pointing to those little knobs sticking off the cell. These are the cells committing the suicide program and breaking themselves into tiny little pieces with a very low dose of mercury."

"Here is a slide where you see a lot of blue cells. This is a blue dye that normal cells don't take up. In order for something to turn blue, the cell has to have holes punched in their membranes. And guess what: At an extraordinarily low dose of thimerosal, most of the cells are blue. It means that this stuff grabs a hold of the membrane and punches holes into it, so that the dye can penetrate, not only into the cytoplasm but into the very center of the cell, the nucleus, where all the DNA exists."

* * *

"Don't forget, we did this in adult brain cells. Remember that infant brain cells are much more sensitive, so there's a real cause for concern.'

Dr. Baskin testified that other researchers in his field are finding similar results:

"At the recent International Meeting for Autism Research at the Society for Neuroscience, a number of investigators around the world are finding similar things. At Columbia University, there's now a model in mice who were injected with low doses of thimerosal very similar to what's given in human vaccines. These mice develop neurological deficits that look like autism, and when you take their brains out and you analyze them, they have the same type of brain damage."

D. *Public health officials continue to defend the use of thimerosal in vaccines*

Public health officials continue to resist the idea that thimerosal may have contributed to the growth in autism spectrum disorders. In public statements as recently as December of 2002, Federal officials have continued to defend the use of thimerosal, despite the fact that:

They asked vaccine manufacturers to remove thimerosal from childhood vaccines more than three years ago:

In the 1990's, they acknowledged that many children received a cumulative amount of ethylmercury in vaccines that exceeded the EPA's safe limits for methylmercury:

One Federally sponsored study showed an association between thimerosal in vaccines and some developmental disorders.

On April 18, 2002. the Committee heard testimony from *Melinda Wharton*, Director of the Epidemiology and Surveillance Division of the CDC's National Immunization Program. Her response to a question about mercury in vaccines hinted at the skeptical attitude that prevails at the CDC and the FDA:

"As far as the thimerosal issue is concerned, the evidence is too incomplete and fragmentary to make any decisions about causation. Of course, many substances are known to be dangerous when administered in high concentrations, but the additives that are included in vaccines are present in trace amounts, and even when multiple vaccines are given, these are still very small amounts of products. It is not established even that thimerosal is associated with any harm as a vaccine additive.

"That said, we have committed a large amount of staff time and funding to try to further elaborate these issues and have designed a whole series of studies that have been described in our written testimony that we believe will help address these issues."

She further stated:

"There are not data to – there are no established harms associated with this. I know this is a subject of great concern, and a number of studies are underway, but we do not have data that support known hazards associated with thimerosal contained in vaccines at this point."

Later in 2002, *Dr. Karen Midthun*, Director of the FDA's Office of Vaccines Research and Review, expressed almost identical views:

"Our review showed no evidence of harm caused by thimerosal used as a preservative in vaccines except for local hypersensitivity reactions."

* * *

"To date, the existing data do not demonstrate a causal relationship between vaccines and autism. Nonetheless, I want to assure this committee, the public, and especially parents, that the FDA continues to take these issues seriously."

In her testimony, Dr. Midthun attempted to downplay the extent to which the exposure to ethylmercury from vaccines in the 1990s exceeded the EPA's threshold for methylmercury exposure:

"During the first 6 months of life cumulative exposure to mercury could have exceeded the more conservative limits of the EPA in some cases, depending on the specific vaccine formulations used and the weight of the infant."

There is no question that the cumulative amount of ethylmercury on the recommended schedule of childhood vaccinations exceeded the EPA's threshold for methylmercury. In fact, there is little doubt that the amount of ethylmercury in individual vaccines exceeded the threshold. The EPA's threshold is 0.1 micrograms per kilogram of body weight. For an eleven-pound baby. the EPA's safe threshold would be 0.5 micrograms. Although thimerosal has been removed from these vaccines today in the United States, in the 1990°s, Aventis Pasteur's DTaP vaccine contained 25 micrograms of thimerosal. Glaxo-SmithKline's Hepatitis B vaccine contained 12.5 micrograms of thimerosal. Wyeth Lederle's Hib vaccine contained 25 micrograms of thimerosal.

Dr. Midthun's carefully couched statement suggested that there were many instances in which U.S. infants were exposed to cumulative levels of ethylmercury from their vaccines that were significantly lower than the EPA threshold for methylmercury. In the 1990's, at least, this does not appear to have been the case. It is clear that the DTaP. Hepatitis B and Hib vaccines exceeded the EPA's threshold individually for almost all infants, without even considering cumulative amounts. In fact, as will be discussed in the next section of this report, the amount of ethylmercury in these vaccines also exceeded the FDA's higher threshold of 0.4 micrograms per kilogram for most babies.

One vaccine policymaker, who was at least partially swayed by the Faroe Islands studies and other evidence, was *Dr. Neal Halsey*, Director of the Institute of Vaccine Safety at Johns Hopkins University. Dr. Halsey was an influential member of Federal advisory committees that oversaw the expansion of the Federally recommended schedule of childhood vaccines in the 1990s. By all accounts, Dr. Halsey was instrumental in the decision to seek the removal of Thimerosal from childhood vaccines in 1999.

In contrast to Dr. Midthun's statements, Dr. Halsey told the New York Times that he was astonished when he reviewed an FDA analysis of how much mercury was in vaccines being given to children:

"My first reaction was simply disbelief, which was the reaction of almost everybody involved in vaccines. In most vaccine containers, thimerosal is listed as a mercury derivative, a hundredth of a percent. And what I believed, and what everybody else believed, was that it was truly a trace, a

biologically insignificant amount. My honest belief is that if the labels had had the mercury content in micrograms, this' would have been uncovered years ago. But the fact is, no one did the calculation."

"My first concern was that it would harm the credibility of the immunization program, But gradually it came home to me that maybe there was some real risk to the children."

In a statement released by Johns Hopkins University after the publication of the profile in the New York Times, Dr. Halsey clarified that he still does not believe that there is a connection between thimerosal and autism:

"Neal Halsey, MD, ... does not and has not supported the belief that thimerosal or vaccines themselves cause autism in children, saying scientific evidence does not suggest any causal association between any vaccine and autism."

However, Dr. Halsey's statement made it equally clear that he believes that there may be an association between exposures to low levels of mercury and other neurological impairments. His statement referred specifically to the Faroe Islands studies and the calculation that the cumulative amount of thimerosal in childhood vaccines exceeded the EPA's limits for methylmercury:

"In 1999, Dr. Halsey became concerned that the use of thimerosal as a preservative in many vaccines led to some children being exposed to more ethylmercury than was recommended, based on guidelines from the Environmental Protection Agency for exposure to methylmercury, a related product. Recent studies have determined that children who as fetuses were exposed to low to moderate amounts of methylmercury through fish consumed by their mothers were at an increased risk for having mild neurological learning deficiencies. The findings from the studies did not show an association between methylmercury exposure and autism."

* * *

"As a precaution and in an effort to make vaccines as safe as possible, Dr. Halsey worked with the American Academy of Pediatrics and the Public Health Service in 1999 to urge reductions in exposure to mercury, in all its forms, for infants and children, and to discontinue using thimerosal as a preservative whenever possible."

E. *Research on the effects of thimerosal has been too limited to draw conclusions*

To date, very little epidemiological or clinical research has been done on the neurological effects of thimerosal, and particularly its ethyl-mercury component. As the IOM noted in its report on thimerosal, "the data regarding toxicity of low doses of thimerosal and ethylmercury are very limited," and most of the conclusions that have been drawn about ethylmercury are based on analogies to methylmercury, which has been more widely studied. The few studies that have been performed on ethylmercury have been of limited value, for several reasons.

Perhaps *Dr. Thomas Verstraeten* conducted the broadest review of a possible relationship between thimerosal and neurological disorders in 2000. This study reviewed several years of medical records from the Vaccine Safety Datalink maintained by the CDC. As noted earlier, Phase I of this study purported to find a statistically significant association between exposure to thimerosal and some neurological disorders. However, this study has never been published. Moreover, because the data used in the study comes from the Vaccine Safety Datalink, and because the medical records in this database are jealously guarded by the CDC, the data used in this study has never been made public. It is discussed at greater length in the next section of this report.

In November of 2002, a study on thimerosal conducted at the University of Rochester was published in The Lancet, Great Britain's premiere medical journal. The authors studied 40 children who were given vaccines containing thimerosal, and 21 children who were given vaccines without thimerosal. Samples of blood, stools and urine were obtained from 3 to 28 days after vaccination to determine how much mercury remained in the blood and how much was expelled in the urine and in stools.

The authors found low levels of mercury in the blood of infants exposed to thimerosal, and high levels of mercury in their stools, indicating to them that ethylmercury has a shorter half life then methylmercury, and that most of the mercury was excreted through the gastro-intestinal tract.

According to the authors:

"We have shown that very low concentrations of blood mercury can be detected in infants aged 2-6 months who have been given vaccines containing thiomersal [sic]. However, no children had a concentration of blood mercury exceeding 29. . . parts per billion, which is the concentration thought to be safe in cord blood."

The authors went on to conclude:

"Overall, the results of this study show that amounts of mercury in the blood of infants receiving vaccines formulated with thiomersal [sic] are well below concentrations potentially associated with toxic effects. Coupled with 60 years of experience with administration of thiomersal-containing vaccines, we conclude that the thiomersal in routine vaccines poses very little risk to full-term infants, but that thiomersal-containing vaccines should not be administered at birth to very low birth weight, premature infants."

Skeptics of a vaccine-autism connection hailed this study. However, its value is limited by a number of criticisms that have been raised since its publication. Some of the most commonly cited shortcomings were discussed in testimony at the Committee's December 10. 2002, hearing by Baylor University's Dr. Baskin.

1. *The sample size* was very small:

Only 40 children who received thimerosal were studied. If a small number of children were genetically predisposed to injury by mercury, the chances of a sample of 40 children detecting such a trend would be very low.

In his testimony, Dr. Baskin stated: "The sample size, as you said, Dr. Weldon, was small. Autism occurs in one in 150 kids. So if a child had some different tendency in their blood to absorb more mercury or have it remain in the blood longer or be more sensitive in their brain, if they only checked 40 kids, they may well not have found even one kid with a predisposition to autism."

2. *The sample* was not random:

In his testimony, Dr. Baskin commented on the importance of a random sample size: "The sample wasn't random. They didn't take kids from different portions of the population in different areas. If there's some metabolic difference based on race or sex or where you live or other things, they wouldn't have found it."

3. *Blood samples* were drawn too late to detect peak levels of mercury:

In an effort to determine how long it takes ethylmercury to be expelled from an infant's body, and what the expected half-life of injected ethylmercury is, the authors drew blood from their subjects at varying times between three and 28 days after shots were administered. However, as Dr. Baskin notes, peak levels of mercury in the blood are expected to appear within 24 hours:

"We know the stool levels were high, but if you look at when they actually measured the blood levels, they said it was somewhere between 3 and 27 days later. The peak mercury levels after injection occur within hours or at least within the first 24 hours. So if they were drawing blood later than that, and much later than that, of course the levels weren't going to be high. But the mercury doesn't jump from the injection to the stool; it goes through the blood. At some point it was high because it was high in the stool."

* * *

"You can't do a pharmacokinetic study if you don't have the peak level. They clearly didn't have the peak level because they have high stool mercury, and they have low blood mercury—it doesn't make sense."

4. *The study did not measure* the effects of mercury on infants, only the levels of mercury:

While the University of Rochester study measured the levels of mercury in infants' bodies at various times beyond peak levels. it did not attempt to determine the effects of the mercury on their bodies. This limitation was Clearly brought out in an exchange between Congressman Burton and Dr. Christopher Portier, Director of the Environmental Toxicology Program at the National Institute of Environmental Health Sciences:

Mr. Burton: "Does the study recently published in The Lancet identify the effects of mercury on infants who are vaccinated with thimerosal?"

Dr. Portier: "No."

Given the small sample size, the failure to measure mercury at peak levels, and the study's inability to measure the effects of the ethylmercury present in the bodies of the subjects, it is difficult to understand how the authors can come to the broad conclusion that, "the thimerosal in routine vaccines poses very little risk to full-term infants."

If anything, the limitations of this study point out the need for much more research to be done. As Dr. Baskin pointed out:

"They described this as a descriptive study, and that's exactly what it was. It provides some interesting information, it's a start, but the interpretation is inaccurate."

VII. *Evidence of ethyl mercury's toxicity was neglected by manufacturers and federal regulators for years*

A. *Introduction*

Evidence of ethylmercury's toxicity was available to Federal regulators and the private sector almost from the product's inception. For far too long, both neglected this evidence. Despite evidence dating to the 1930s that ethylmercury in medicines was potentially hazardous, little was done to remove it from a number of products until the 1980's. Even then, regulatory actions to remove thimerosal and other mercury compounds from medical products proceeded at a glacial pace. The decision to remove thimerosal from topical ointments was not finalized until 1998. The removal of thimerosal from several childhood vaccines in the United States wasn't accomplished until after the turn of the century. Today, the vaccine for influenza given to infants still contains trace amounts of ethylmercury.

For decades, ethylmercury was used as a preservative or anti-bacterial agent in a range of products, including antiseptic ointments for treating cuts, nasal sprays, eye solutions, diaper rash treatments, contraceptive products, and perhaps most importantly, vaccines. Several years after an FDA advisory committee found that thimerosal wasn't safe for use in topical ointments, new childhood vaccines containing thimerosal were being approved and added to the recommended schedule. It appears that nobody analyzed the potential impact of the increased cumulative amount of mercury to which young children were being exposed. In fact, if Congress had not enacted legislation in 1997 requiring the FDA to study the amounts of mercury being used in FDA-approved products, it is questionable that the FDA would have analyzed mercury in vaccines at all.

It is no wonder that, in its report on thimerosal, the Institute of Medicine commented:

"The presence of mercury in some vaccines can raise doubts about the entire system of ensuring vaccine safety, and late recognition of the potential risk of thimerosal in vaccines may contribute to a perception among some that careful attention to vaccine components has been lacking."

It is clear that the guiding principal for FDA policymakers has been to avoid shaking the public's confidence in the safety of vaccines. For this reason, many FDA officials have stubbornly denied that thimerosal may cause adverse reactions. Ironically, the FDA's unwillingness to address this issue more forcefully, and remove thimerosal from vaccines earlier, may have done more long term damage to the public's trust in vaccines than confronting the problem head-on. Given the serious concerns about the safety of thimerosal, the FDA should have acted years earlier to remove this preservative from vaccines and other medicines.

B. Thimerosal manufacturers accumulated evidence of the toxicity of thimerosal

Eli Lilly and Company of Indianapolis licensed thimerosal in 1930. It was marketed under the brand name "Merthiolate." It was used extensively both in topical ointments to prevent infections and as a preservative in a variety of medicines. However, it now appears that very little research on the safety or effectiveness of thimerosal was ever done.

Eli Lilly was not the only manufacturer of thimerosal or other ethylmercury products. In fact, they phased out their production of thimerosal in 1974. However, Eli Lilly initially patented this product and had a longer history with it than any other company. Therefore, it is appropriate to review Lilly's track record in ensuring the safety and reliability of this product.

A review of internal Eli Lilly documents dating back 70 years suggests that the only study of thimerosal involving human subjects was done prior to 1930. For the next seven decades, Lilly spokespeople would refer to that original study as evidence of thimerosal's safety. However. it is now clear that this uncontrolled study was woefully inadequate.

As previously discussed in this study, an intravenous solution containing thimerosal was tried as an experimental treatment for 22 men who were seriously ill with Meningitis. While the treatment was found to be ineffective, the doctor who conducted the study concluded that the solution caused no harmful side effects. It is clear today that such a limited number of subjects, all suffering from the same serious illness, would hardly qualify as a sufficiently sized random sample, and a study such as this one would be of very little value by today's standards. In fact, an internal Eli Lilly memo from 1972 candidly notes the study's shortcomings:

"Considering the type of patient involved, one might question these observations (the appearance of no deleterious action) as providing adequate indication of any harmful effects of high doses of Merthiolate in humans, in particular, more long term effects."

In 1973, the FDA requested additional data on Merthiolate from Eli Lilly. Lilly's Director of Regulatory Affairs, E.A. Burrows, responded with a ringing defense of Lilly's product on February 14, 1973:

"Due to the length of time this product has been on the market, its efficacy and safety have been proven by over forty years of use throughout the world. Because of this long period of use, it would be difficult to get recognized researchers to conduct new studies for safety or efficacy. They believe that over forty years of wide usage has proven efficacy and safety beyond that which could be done in special studies."

Despite Mr. Burrow's contention, numerous internal Lilly documents recognized the lack of data on thimerosal and suggested the need for more research:

An April 24, 1930, intra-office memo stated: "... in view of our experience with the merthiolate solution. we have to know pretty definitely what to expect from merthiolate ointment and jelly before they are put on the market .... Can we expect to have the stronger ointment and jelly used without complaint which attended the use of the solution in the same strengths? ... Our experience with the solution ought to serve as a warning and certainly in the face of that warning we ought not to advocate the use of the stronger products without some pretty definite evidence that we will not repeat our solution experience."

A September 1934, paper from Lilly's files states:

"Little is known about the effect of mercuric compounds when inoculated into humans. It is therefore preferable to use the minimum amount of this preservative necessary to maintain the sterility of the product."

An April 1969, memo regarding the possible use of thimerosal in contact lens solution states:

"When Merthiolate breaks down, are the degradation products toxic or irritating? Our files yield no test information on the irritancy of degraded merthiolate."

* * *

"Would we recommend the use of merthiolate solution to store and sterilize contact lenses? In the absence of appropriate data, a positive recommendation could not be made, this use does not seem unreasonable and probably would not be hazardous."

A December 1972, memo states: "A review of some data being generated by the current concern for mercury in the environment suggests it would be advisable to obtain data on the metabolic deposition of Merthiolate...

An August 1973, memo entitled, "Merthiolate Toxicity," acknowledged: "The effects of long-term, intravenous use in man is not known, no long-term toxicity tests have been performed."

Perhaps more disturbing is that Lilly's files contained numerous papers and reports documenting the toxicity and hypersensitivity of Merthiolate. Although these papers and case reports strongly suggested the need for much more research, there apparently was little follow-up.

A July 1935, letter from the Pittman-Moore Company indicated that Merthiolate was not appropriate for use in dogs:

"We have obtained marked local reaction in about 50% of the dogs injected with serum containing dilutions of Merthiolate. varying in 1 in 40,000 to 1 in 5,000, and we have demonstrated conclusively that there is no connection between the lot of serum and the reaction. In other words, Merthiolate is unsatisfactory as a preservative for serum intended for use on dogs. Occasional dogs do not show the local reaction, but in some instances, the reaction is extremely severe. I might say that we have tested Merthiolate on humans and find that it gives a more marked local reaction than does phenol or thimerosal."

A 1947 paper published by an Army physician in Baltimore reported that Merthiolate was causing contact dermatitis in his patients. He concluded:

"No eruptions or reactions have been observed or reported to Merthiolate internally, but it may be dangerous to inject a serum containing Merthiolate into a patient sensitive to Merthiolate."

A 1948 paper from an Arizona doctor reported the case of a woman who suffered repeated multiple reactions to Merthiolate applied to her skin prior to surgery. She reportedly suffered chills and fevers and had small vesicles and erythema in the area of her Merthiolate application. After her recovery, the patient indicated that the ulcer for which she was being surgically treated appeared after repeated application of a tincture of Merthiolate. She continued applying the Merthiolate until her skin became too raw and painful to continue use, and then sought medical care.

A 1950 New York Academy of Sciences article entitled, "Mercurials as Antiseptics," found that Merthiolate "is toxic when injected parenterally and therefore cannot be used in chemotherapy."

A 1973 article, entitled, "Dangers of Skin Burns from Thimerosal," reported the case of a woman who received severe burns resulting from a chemical interaction between thimerosal and aluminum. The article suggested that thimerosal and aluminum should not be used together. Later in 1973, Lilly's legal department recommended new labeling language for thimerosal products: "Do not use when aluminum may come in contact with treated skin." Unfortunately, thimerosal and aluminum were used together in the DTP and DTaP vaccines for years.

C. The FDA was painfully slow to require the removal of mercury from over-the-counter (OTC) products.

In 1974, the FDA undertook a comprehensive review of the safety and effectiveness of over-the-counter medicines. As one facet of this review, a panel of experts was assembled to review the safety and efficacy of over-the-counter drugs containing mercury. The Advisory Review Panel on OTC Miscellaneous External Drug Products began this review in 1975. In 1980, the panel delivered its report to the FDA. It reviewed 18 products containing mercury, and found them all either unsafe or ineffective for their stated purpose of killing bacteria to prevent infections.

In terms of effectiveness, the panel stated that, "mercury compounds as a class are of dubious value for anti-microbial use." They stated that, "mercury inhibits the growth of bacteria, but does

not act swiftly to kill them." In fact, the panel cited a 1935 study of the effectiveness of thimerosal in killing staphylococcus bacteria on chick heart tissue. The study determined that thimerosal was 35 times more toxic to the heart tissue it was meant to protect than the bacteria it was meant to kill.

In terms of safety, the panel cited a number of studies demonstrating the highly allergenic nature of thimerosal and related organic mercury products. For instance, they cited a Swedish study that showed that 10 percent of school children, 16 percent of military recruits, 18 percent of twins, and 26 percent of medical students had hypersensitivity to thimerosal. They stated that while organic mercury compounds like thimerosal were initially developed to decrease the toxicity of the mercury ion, thimerosal was actually found to be more toxic than bichloride of mercury for certain human cells.

By way of summary, they stated the following:
"The Panel concludes that thimerosal is not safe for OTC topical use because of its potential for cell damage if applied to broken skin, and its allergy potential. It is not effective as a topical antimicrobial because its bacteriostatic action can be reversed."

Despite the fact that the expert committee found thimerosal and other ethyl-mercury compounds unsafe and ineffective for over-the-counter products, the FDA would not formally require the removal of mercury from these products for another 18 years. The submission of the committee's report in 1980 set in motion a tortuous bureaucratic process that would not result in the banning of mercury from over-the-counter products until 1998. The agency published Advanced Notice of Proposed Rules or Notice of Proposed Rules regarding these products in 1980, 1982, 1990, 1991, 1994 and 1995.

What makes the glacial pace of these proceedings all the more mystifying is that there appears to have been no opposition to this action throughout the process. No individuals sought to appear before the advisory committee in defense of mercury-containing products, and when the FDA sought public comment along the way on proposed rules to ban certain mercury-based products, it received none. At the time of the FDA's final action, there were 20 over-the-counter products containing mercury being marketed by eight different manufacturers. Their silence on this point is telling.

D. The FDA's actions to remove mercury from over-the-counter products should have prompted a review of mercury in vaccines

It is difficult to understand why it took the FDA 18 years to remove mercury from over-the-counter products. It is equally difficult to understand why the expert panel's 1980 findings on thimerosal’s safety in topical ointments did not prompt the FDA to further and immediately review the use of thimerosal in vaccines. Surely there must have been concern that if it was not safe to apply ethylmercury to the surface of an individual’s skin, it might not be safe to inject ethylmercury deep into an infant's tissue. The Director of the FDA's National Center expressed such a concern at a 1999 meeting for Toxicological Research, *Dr. Bernard Schwetz*, who went on to serve as the Acting Director of the FDA for nearly a year:

"One thing I haven't heard discussed, the fact that we know that ethylmercury is a skin sensitizer when it’s put on the skin, and now we're injecting this IM (intramuscularly) at a time when the immune system is just developing, the functionality of the immune system is just being set at this age. So now we're injecting a sensitizer several times. During that period of time, what's the impact of a sensitizer – of something that is known to be a skin sensitizer, what is the effect on the functional development of the immune system when you give a chemical of that kind repeatedly IM?"

Different branches of the FDA regulate over-the-counter products and vaccines. OTCs are regulated by the Center for Drug Evaluation and Research (CDER). Vaccines are regulated by the Center for Biologics Evaluation and Research (CBER). This, however, is little justification for the lack of coordination. The FDA’s determination that mercury was unsafe and should be removed

from over-the-counter medications was published in the Federal Register no fewer than five times prior to the FDA‘s belated review of mercury in vaccines.

What finally prompted the FDA to review mercury in vaccines was not its own regulatory process, but rather an act of Congress. In 1997, Congress passed and the President signed into law, the Food and Drug Administration Modernization Act (FDAMA). Among other things, this law required the FDA to compile a list of foods and drugs that contained intentionally-introduced mercury, study its effects on the human body, and restrict its use if found to be harmful.

E. Federal regulators moved too slowly to remove thimerosal from vaccines

Once the FDA did initiate its review of mercury in vaccines, it kicked off a vigorous debate among Federal regulators over the dangers of using thimerosal in childhood vaccines. This debate, which at times pitted one health-care bureaucracy against another, spanned nearly three years. Given the fact that almost twenty years had passed since an expert panel had determined that thimerosal was unsafe in topical. ointments, it is surprising that there was any further debate at all.

There was tremendous reluctance on the part of some officials to admit that a mistake had been made in allowing ethylmercury to be used in vaccines. There was great uncertainty in others caused by the lack of data specifically on ethylmercury. However, the institutional resistance to change was counter-balanced by the growing realization that there was more ethylmercury in childhood vaccines than previously thought, and that nobody had thought to calculate the cumulative amounts. The essence of the debate was captured in a 1999 e-mail from a former FDA official weighing the pros and cons of taking action. He opined that hastening the removal of thimerosal from vaccines would:

. . . raise questions about FDA being ‘asleep at the switch’ for decades by allowing a potentially hazardous compound to remain in many childhood vaccines, and not forcing manufacturers to exclude it from new products. It will also raise questions about various advisory bodies regarding aggressive recommendations for use. (We must keep in mind that the dose of ethylmercury was not generated by ‘rocket science’. Conversion of the percentage thimerosal to actual micrograms of mercury involves ninth grade algebra. What took the FDA so long to do the calculations? Why didn’t CDC and the advisory bodies do these calculations when they rapidly expanded the childhood immunization schedule?)

It is clear that each time an important decision had to be made, the factions that were skeptical of thimerosal’s dangers and favored a "go-slow’’ approach, were able to water down the actions. In 1999, when the Federal government could have ordered thimerosal removed from vaccines by a specific date, or stated a preference for thimerosal-free vaccines, a statement was instead issued asking for a commitment from vaccine manufacturers to eliminate or reduce mercury in vaccines as expeditiously as possible. As a result, almost two years passed before the three major thimerosal-containing vaccines – DTaP, Hib and Hepatitis B – were being manufactured in thimerosal-free formulations. In 2001, when the CDC and its influential advisory committee could have stated a preference for thimerosal-free vaccines, they chose not to do so. As a result, thimerosal-containing vaccines that remained in stock in doctors’ offices continued to be used. In point of fact, we have no proof that in 2003, some children in the United States are not still receiving thimerosal-preserved vaccines that have lingered in medical offices or clinics.

The CDC’s decision not to endorse thimerosal-free vaccines in 2001 is particularly troubling. With the exception of the influenza vaccine, all major childhood vaccines were being manufactured without thimerosal at that time, so there was little threat of shortages. Their failure to state a preference was an abdication of their responsibility.

The task of analyzing the amount of mercury in vaccines and its ramifications was assigned to Dr. Leslie Ball. a pediatrician employed at the FDA and her husband and colleague Dr. Robert Ball, a medical officer at FDA’s CBER. Despite the general lack of scientific research on the toxicity of ethylmercury, their review of the available literature led to two working conclusions:

1. The recommended guidelines for exposure to methylmercury were a good starting point for reviewing exposure to ethylmercury; and
2. The amount of ethylmercury in children's vaccines exceeded the EPA's guidelines for exposure to methylmercury.

An exchange of e-mails in October of 1998 makes clear that Dr. Leslie Ball was already leaning toward the removal of thimerosal from vaccines. It also makes clear that there was internal resistance to such an action. *Dr. Marion Gruber* of the Office of Vaccine Research and Review forwarded an internal FDA memo to Dr. Ball, which concluded that:

" . . . no scientific database to take regulatory actions and to recommend to take thimerosal either out of vaccines or to leave it in. In fact, somebody should perform the adequate studies to come to a conclusion on the toxicity of thimerosal or its metabolized forms."

Dr. Ball's response on October 15, 1998, to Dr. Hasting's conclusion was sharp:

"I disagree about the conclusion regarding no basis for removal of thimerosal. On a strictly scientific basis, yes, there are no data that have looked at the specific issue of thimerosal in vaccines. However, there are factors/data that would argue for the removal of thimerosal, including data on methylmercury exposure in infants and the knowledge that thimerosal is not an essential component to vaccines. In addition, the European community is moving to ban thimerosal."

In a 2002 interview with Committee staff. Dr. Ball confirmed that it was her opinion that, if there was any question, the safest course of action should be taken, and thimerosal should be removed.

An important part of the FDA's review was a comparison of the amount of ethylmercury in vaccines to the recommended safe levels for exposure to methylmercury established by the EPA and the FDA. In 1999, a consultant to the FDA, Dr. Barry Rumack, developed a pharmacokinetic model to analyze the amount of mercury to which infants were being exposed. The FDA produced to the Committee two charts developed from that model dated June 28, 1999. Both charts demonstrate what has now become widely acknowledged. that most children in the 1990s received doses of ethylmercury in their vaccines that exceeded the EPA's limits for exposure to methylmercury (0.1 micrograms per kilogram) for at least the first six months of their lives. Even more significantly, the charts also indicate that most children received doses of ethylmercury that exceeded the FDA's less-restrictive limits (0.4 micrograms per kilogram) for at least the first two months of their lives.

Federal officials have never publicly acknowledged this second fact. In public statements and Congressional testimony, they have acknowledged only that the EPA's lower limit was exceeded. even though simple math makes clear that most infants also breached the FDA's higher limit of 0.4 micrograms per kilogram.

Dr. Neal Halsey, Director of the Institute of Vaccine Safety at Johns Hopkins University, acknowledged this important fact. however. As previously mentioned, Dr. Halsey became convinced that thimerosal should be removed from vaccines. On June 22, 1999. Dr. Ball presented the results of her research to the Medical Policy Coordinating Committee of the FDA's Center for Biologics Evaluation and Review (CBER). Dr. Haisey attended that meeting. The next day, on June 23. 1999, Dr. Halsey wrote a letter to the members of the American Academy of Pediatricians' Committee on Infectious Diseases, which he chaired. He stated:

"In the past few days, I have become aware that the amount of thimerosal in most hepatitis B, DTaP and Hib vaccines that we administer to infants results in a total dose of mercury that exceeds the maximum exposure recommended by the EPA, the FDA, CDC and WHO... ."

Dr. Halsey's admission that more than just the EPA's more conservative guideline was exceeded is a significant departure from the public statements of most Federal officials. Dr. Halsey acknowledges that the guidelines of the EPA. the CDC, the FDA and the World Health Organization were all exceeded.

Another noteworthy fact is that the charts produced by Dr. Rumack, and the FDA's analysis in general, failed to take into consideration the background levels of mercury to which children are exposed from other sources. Dr. Ball pointed out this weakness in her June 1999 e-mail:

"These calculations do not account for other sources of Hg [mercury] in the environment. Even infants can have additional exposures, e.g., breast milk."

One document written by Dr. Ball estimated that exposure to mercury from sources other than vaccines could total roughly 80 to 100 micrograms per year. Background levels were included in all calculations prepared by the European Medical Evaluation Agency. which was at the time reviewing thimerosal in vaccines in Europe. If background levels of mercury had been incorporated into the FDA's and CDC's calculations, the results would have been even more pronounced, possibly even leading to more aggressive measures to remove thimerosal. It is unfortunate that this simple, and scientifically expected step was not taken.

The issue of what to do with thimerosal in vaccines came to a head in the summer of 1999. In June and July, a series of meetings were held involving the FDA, the CDC, the Public Health Service, the American Association of Pediatricians, and other agencies. Documents reviewed by the Committee indicate that the Public Health Service opposed a public effort to remove thimerosal from vaccines. One FDA document stated that the Public Health Service was concerned that stating a preference for thimerosal-free vaccines could "result in unwarranted loss of confidence in immunization programs in the US and internationally, shortages of childhood vaccines might ensue, and other potential far-reaching ramifications are envisioned."

In a July 2, 1999, e-mail, Dr. Ruth Etzel of the Department of Agriculture also noted the Public Health Service's resistance:

"We must follow the three basic rules:

(1) act quickly to inform pediatricians that the products have more mercury than we realized;

(2) be open with consumers about why we didn't catch this earlier;

(3) show contrition.

As you know, the Public Health Service informed us yesterday that they were planning to conduct business as usual, and would probably indicate no preference for either product. While the Public Health Service may think that their 'product' is immunizations, I think their 'product' is their recommendations. If the public loses faith in the PHS recommendations. then the immunization battle will falter. To keep faith, we must be open and honest now and move forward quickly to replace these products."

Adding to the pressure on the Federal government to act was the fact that steps were being taken in Europe to remove thimerosal from vaccines. On April 19, 1999. the European Agency for Medicinal Evaluation (EMEA) met in London. The EMEA is responsible for establishing guidelines for the use of drugs and biologics in the European Union. The FDA's Dr. Norman Baylor attended this meeting. Following this meeting, on June 29, 1999. the EMEA issued a document encouraging the removal of thimerosal from childhood vaccines:

"Vaccines: The fact that the target population for vaccines in primary immunization schedules is a healthy one, and in view of the demonstrated risks of thiomersal (sic) and other mercurial containing preservatives, precautionary measures (as outlined below) could be considered.

"For vaccination in infants and toddlers, the use of vaccines without thimerosal [emphasis added] and other mercurial preservatives should be encouraged."

By early July, a compromise on a course of action was reached in the U.S. between the competing factions. A joint statement was released by the American Academy of Pediatrics and the U.S. Public Health Service. The statement included the following points:

Acknowledged that some children may have been exposed to levels of mercury that exceed one Federal guideline on methylmercury during the first six months of life:

Asserted that there is no evidence of any harm caused by thimerosal in vaccines:

Called on vaccine manufacturers to make a clear commitment to reduce as expeditiously as possible, the mercury content of their vaccines;

Urged doctors and parents to immunize all children, even if thimerosal-free vaccines are not available; and

Encouraged doctors and parents to postpone the Hepatitis B vaccine (which contained thimerosal at the time, and was generally given immediately after birth) until the child is two to six months old, unless the mother tested positive for Hepatitis B. Given the information that the Federal agencies had at the time, the plan of action laid out in the joint statement was inadequate. They could have, but did not, acknowledge that the amount of thimerosal in vaccines exceeded every Federal guideline for exposure to methylmercury for the majority of infants. They could have, but did not, require vaccine manufacturers to remove thimerosal from vaccines by a specific date. They could have, but did not, urge pediatricians to choose thimerosal-free vaccines when both thimerosal-containing and thimerosal-free vaccines were available.

As a result of the limited steps taken in 1999. vaccines containing thimerosal remained on the market for nearly two years. GlaxoSmithKline's Hepatitis B vaccine did not become thimerosal-free until March of 2000, and Aventis Pasteur's DTaP vaccine did not become thimerosal-free until March 2001. In addition, thimerosal-containing vaccines on the shelves in doctor's offices around the country continued to be used in spite of the fact that thimerosal-free versions were available.

The fact that more forceful action to remove thimerosal from the vaccine marketplace was not taken in 1999 is disappointing. Just as disappointing, and even more difficult to understand, is the fact that the CDC, on two separate occasions, refused to publicly state a preference for thimerosal-free vaccines.

In June of 2000, the CDC's Advisory Committee on Immunization Practice met in Atlanta. Among other things. the Advisory Committee was called upon to recommend whether the CDC should issue a public statement of preference for thimerosal-free vaccines. At the time, the industry was in the midst of its transition to thimerosal-free childhood vaccines, and several vaccines containing thimerosal were still on the market. Of particular concern was the DTaP vaccine. In June of 2000, three of the four DTaP manufacturers (Aventis Pasteur, North American Vaccine and Wyeth) were still producing DTaP with thimerosal. Only SmithKline Beecham produced a thimerosal-free DTaP. In addition. because manufacturers of the Hib and Hepatitis B vaccines had just recently converted to formulas that were thimerosal-free or contained trace amounts of thimerosal, older versions of these vaccines containing thimerosal were still in inventories and being used around the country.

A statement of preference by the CDC would have been a clear signal to pediatricians not to use vaccines containing thimerosal, when thimerosal-free versions were available. This action would have substantially reduced the exposure to ethylmercury for many infants. Despite this knowledge, the advisory committee voted unanimously not to state a preference.

CDC officials guided the Advisory Committee toward this conclusion. For example, while three different options were presented to the Advisory Committee members. a detailed policy statement to be issued to the public had been prepared for only one of these options – a statement of no preference. In describing the three options, *Dr. Roger Bernier* of the CDC clearly indicated the CDC's desire not to state a preference for thimerosal-free vaccines. He said:

"We believe that such a policy would be consistent with the evidence that we have at this time. The policy seems to be working

* * *

"As I said, the policy seems to be working. So this indicates that on this particular factor, this policy is moving us in an upward direction towards – it's a positive thing."

In rejecting a statement of preference for thimerosal-free vaccines, the Advisory Committee considered a number of factors. These included a desire to avoid confusion, and a concern that immunization rates might fall, allowing for an outbreak of diseases such as Pertussis or Hepatitis B. However, one of the factors that were also considered was the financial health of the vaccine

industry. In describing the pros and cons of each option, Dr. Bernier returned several times to financial issues:

"We think that having this type of a more staged transition reduces the potential for financial losses of existing inventories, and is somewhat akin to what was done in the transition from oral polio to inactivated polio

* * *

"It could entail financial losses of inventory if current vaccine inventory is wasted. It could harm one or more manufacturers and may then decrease the number of suppliers."

* * *

"The evidence justifying this kind of abrupt policy change does not appear to exist. and it could entail financial losses for all existing stocks of vaccines that contain thimerosal."'

The financial health of the industry should never have been a factor in this decision. The financial health of vaccine manufacturers certainly should never have been more important to the Federal health officials than the health and well being and the nation's children. The CDC has a responsibility to protect the health of the American public. If there were any doubts about the neurological effects of ethylmercury in vaccines on children – and there were substantial doubts – the prevailing consideration should have been how best to protect children from potential harm. However, it appears that protecting the industry's profits took precedent over protecting children from mercury damage.

In opting not to state a preference for thimerosal-free vaccines, the Advisory Committee shrugged off two sensible proposals that were presented during the meeting. A representative of SmithKline Beecham (now GlaxoSmithKline) stated that her company could supply sufficient amounts of thimerosal-free DTaP vaccine to ensure that the youngest infants receiving the initial doses of DTaP could receive thimerosal-free doses:

"I think it's important that you know that, although we cannot supply the entire U.S. market right now for all five doses immediately, we would be able to supply the vast majority of the U.S. market for the primary series, that is with targeting of the first three doses."

Given the repeated concerns expressed about the effects of mercury on the developing central nervous system in very young babies, ensuring thimerosal-free doses for the first three boosters of DTaP would seem to merit serious consideration. However, this suggestion was passed over without any comment.

Later in the discussion, *Dr. Neal Halsey* made another suggestion that would limit the exposure of infants to ethylmercury. He suggested that the Advisory Committee adopt a policy that no child should receive more than one thimerosal-containing vaccine per day:

"Roger, you said that after July, the maximum exposure will be 75 micrograms. My understanding from the information presented from the manufacturers is that there really still is some Hib out there in the market that is being used, but does contain thimerosal as a preservative. There also is hepatitis B out there that does contain it. So there's no guarantee the maximum exposure, would be 75 micrograms. What I proposed last October was that they put a limit of one thimerosal-containing vaccine as a preservative per visit, which would then guarantee what you're looking for. And I think that that's the right policy because that allows for the continued use, though very limited. It eliminates the maximum exposure, but you do have the problem of what's in the pipeline."

Again, it appears that this seemingly sensible proposal received no serious consideration.

One year later, in June of 2001, the Advisory Committee again rejected the idea of expressing a preference for thimerosal-free vaccines, despite the fact that all manufacturers of Hib, Hepatitis B and DTaP had shifted to thimerosal-free products at that point. The CDC's decision not to express a preference for thimerosal-free vaccines, and the Advisory Committee's concurrence in this policy, was an abdication of their responsibility. As a result of their inaction, children continued to receive vaccinations containing ethylmercury at a time when there were serious doubts about its safety.

What makes the CDC's decision even more vexing is that just prior to the Advisory Committee meeting in 2000, a study conducted by the CDC suggested that there was at least a weak correlation between exposure to thimerosal and several types of neurological disorders.

The study, initiated in 1999, reviewed the medical records of 110,000 children in the CDC's Vaccine Safety Datalink (VSD). The VSD is a massive database that tracks the medical records of hundreds of thousands of patients belonging to seven major health maintenance organizations. Phase I of the study was designed to screen data for potential associations between thimerosal-containing vaccines and selected neurological disorders. Phase II was designed to test the hypotheses generated in the first phase.

Phase I produced a statistically-significant association between exposure to thimerosal during the first three months of life, and tics, attention deficit disorder, language and speech delays, and general neurodevelopmental delays. The study did not find a correlation between thimerosal and autism because the sample size of children diagnosed with autism was in all probability not large enough.

The findings of Dr. Verstraeten, the primary author of the study, set off a fierce debate within the Federal health agencies when they were released in June of 2000.

Enough concern was generated that a conference of medical experts was assembled at the Simpsonwood Retreat Center near Atlanta. At this conference, Dr. Verstraeten explained that the study underreported the numbers of children with developmental disorders, including autism. This occurred because the youngest subjects in the study were not yet at an age at which such disorders were likely to be diagnosed. He commented:

"But one thing that is for sure, there is certainly an under-ascertainment of all of these [disorders] because some of the children are just not old enough to be diagnosed. So the crude incidence rates are probably much lower than what you would expect because the cohort is still very young."

Dr. Colleen Boyle of the CDC raised this issue a few months earlier. She states in an April 25, 2000, e-mail to Dr. Frank DeStefano, one of the study's co-authors:

"For me, the big issue is the missed cases – and how this relates to exposure. Clearly there is a gross underreporting - 1.4% of the kids diagnosed with a speech and language problem versus 45% reported in National surveys; less than 1% with ADHD versus 3-10% reported previously, etc."

Had the study been extended until these children were older, a stronger correlation between thimerosal and neurological disorders might have been detected, as more children were diagnosed. However, this was not done. Ultimately, the majority of the Simpsonwood panel determined that the VSD study was not conclusive. Phase II of the VSD study failed to confirm the findings of Phase I, largely because of the small sample size employed (16,000, as opposed to 110,000 in Phase I). The Institute of Medicine determined that, "the small sample size limited the power of the study to detect a small effect, if it exists. The committee concludes that the Phase I and II VSD analyses are inconclusive with respect to causality."

Although the panel assembled at the Simpsonwood Retreat Center had many unanswered questions about the VSD study, some members found the evidence compelling. Dr. David Johnson, Public Health Officer for the state of Michigan and a member of the Advisory Committee on Immunization Practices stated:

"This association leads me to favor a recommendation that infants up to two years old not be immunized with Thimerosal-containing vaccines if suitable alternative preparations are available ...I do not believe that the diagnoses justifies compensation in the Vaccine Compensation Program at this point. I deal with causality, it seems pretty clear to me that the data are not sufficient one way or the other. My gut feeling? It worries me enough. Forgive this personal comment, bat I got called out at eight o'clock for an emergency call and my daughter-in law delivered a son by C-Section. Our first male in the line of the next generation, and I do not want that grandson to get a Thimerosal-containing vaccine until we know better what is going on. It will probably take a long time. In the

meantime, and I know that there are probably implications for this internationally, but in the meantime I think I want that grandson to only be given Thimerosal-free vaccines."

One participant in the Simpsonwood panel later stated that, while there was general agreement that the VSD study did not prove a causal relationship between thimerosal and neurological disorders, it did indicate the need for much more research:

"So what were the responses of the consultants? With regard to the first question, a need for further investigation. Overall the group expressed unanimous feeling that the findings supported a statistically significant, although weak, association, but that the implications – for obvious reasons – are profound. Therefore, the consultants were unanimous in their opinion that further investigation should be pursued with a degree of urgency and, parentheticaliy. not only for public health policy in this country, but for public health policy around the world."

Documents reviewed by the Committee indicate that Dr. Verstraeten was not pleased with the response to his study. During the Simpsonwood conference, he stated:

"When I saw this, and I went back through the literature, I was actually stunned by what I saw – because I thought it was plausible."

A month later, he sent an e-mail to Dr. Phillippe Grandjean, the author of several ground-breaking studies on the toxicity of mercury. Dr. Verstraeten wrote:

"I know that much of this is very hypothetical and, personally, I would rather not drag the Faroe and Seychelles studies into this entire thimerosal debate, as I think they are as comparable as apples and pears at the best. Unfortunately I have witnessed how many experts, looking at this thimerosal issue, do not seem bothered to compare apples to pears and insist if nothing is happening in these studies. then nothing should be feared of thimerosal. I do not wish to be the advocate of the anti-vaccine lobby and sound as if I am convinced that thimerosal is or was harmful; but at least I feel we should use sound scientific argumentation, and not let our standards be dictated by our desire to disprove an unpleasant theory."

It appears that many who participated in the thimerosal debates allowed their standards to be dictated by their desire to disprove an unpleasant theory. The decision by the CDC not to state a preference for mercury-free vaccines is especially difficult to understand, given the deep-seated concerns many policy-makers had about the potential impact of ethylmercury on the fragile central nervous systems of developing babies. FDA officials spoke passionately about this problem at a meeting of the National Vaccine Advisory Committee in the summer of 1999. Dr. Katherine Zoon stated:

"We need to understand more about thimerosal because in the past two days, I think we have recognized that there really is a paucity of data, And I think some of the points made about looking at the developing nervous system, looking at the developing immune systems, and the effects of these agents on that at critical times of development. hasn't been – hasn‘t been done – and I think that knowledge is very important."

At the same meeting. Dr. Bernard Schwetz, the Director of the FDA’s toxicology center, stated:

". . . the sensitivity of the fetus versus the neonate is very important, and for some of you who have forgotten about the sensitive windows during fetal development, the nervous system develops post-natally. So it isn’t unreasonable to expect that there would be particular windows of sensitivity. So it isn't the matter of averaging the dose over the whole neonatal period – it’s what's the week or what's the day or what's the series of hours that represent a particular event in the development of the nervous system when this whole thing might be dangerous. There may be weeks surrounding that when there isn’t a major problem. We don't have that information.

VII. Focused, Intensive Research effort is Badly Needed

One of the most consistent refrains heard by the Committee throughout its three-year investigation is that not enough research has been done. The Committee has heard testimony from parents, scientists and government officials that much more research is needed, and that well-designed unbiased

research that addresses the specific issues of vaccine-injury must be conducted. Areas in which research is urgently needed include:

- The causes of autism.
- Treatments for those suffering from autism spectrum disorders.
- Possible relationships between vaccine ingredients like thimerosal and autism.
- The neurotoxicity of ethylmercury.
- The neurotoxicity of dental amalgams containing mercury.
- Immune system and gastrointestinal system dysfunction after vaccination.

In 2001, the Institute of Medicine called for much more research into possible relationships between vaccines and autism spectrum disorder. In its report on an alleged relationship between the MMR vaccine and autism, the IOM noted that it "does not exclude the possibility that MMR vaccines could contribute to ASD" and recommended "this issue receive continued attention." The IOM made the following research recommendations:

- Use accepted and consistent case definitions and assessment protocols for ASD (autism spectrum disorder) in order to enhance the precision and comparability of results from surveillance, epidemiological, biological investigations.
- Explore whether exposure to MMR vaccine is a risk factor for ASD in a small number of children.
- Develop targeted investigations of whether or not measles vaccine-strain virus is present in the intestines of some children with ASD.
- Encourage all who submit reports to VAERS of any diagnosis of ASD thought to be related to MMR vaccine to provide as much detail and as much documentation as possible.
- Case Reports in VAERS or elsewhere of "rechallenge' should be identified, documented, and followed up. (In the context of MMR vaccine and ASD, rechallenge refers to children who appeared to have experienced some form of neurological regression after a first dose of MMR or other measles-containing vaccine and who appeared to have experienced another regression following a second dose of MMR or other measles-containing vaccine.)
- Study the possible effects of different MMR immunization exposures.
- Conduct further clinical and epidemiological studies of sufficient rigor to identify risk factors and biological markers of ASD in order to better understand genetic or environmental causes.
- In its report on thimerosal-containing vaccines and autism, the IOM stated that there was not enough evidence to reach any conclusions about a possible relationship between thimerosal and autism spectrum disorders.

The IOM called for the following types of research:
- Case-control studies examining the potential link between neurodevelopmental disorders and thimerosal-containing vaccines;
- Further analysis of cohorts of children who did not receive thimerosal-containing doses of vaccines during clinical trials;
- Epidemiological studies comparing the prevalence of neurological disorders in children who received vaccines before thimerosal was removed to children who received vaccines after it was removed;
- An increased effort to identify the primary sources and levels of prenatal and postnatal exposure to thimerosal;
- Clinical research on how children metabolize and excrete metals;
- Theoretical modeling of ethylmercury exposures, including the incremental burden of thimerosal on background mercury exposures from other sources;
- Research in appropriate animal models on neurodevelopmental effects of ethylmercury;
- Rigorous scientific investigations of chelation as a treatment for neurodevelopmental disorders;
- Research to identify a safe, effective and inexpensive alternative to thimerosal for countries that decide they want to follow the example of Europe and the United States and discontinue its use.

One concern that has been raised many times is that responsibility for research into autism and related issues at the NIH has been fragmented. Responsibility is divided among the National Institute of Mental Health, the National Institute of Neurological Diseases and Stroke, the National Institute of Child Health and Human Development, and the National Institute of Environmental Health Sciences. Greater overall coordination is needed. The NIH needs to develop a strategic plan on autism research to bring together the diverse activities, develop a strategy and timeline, and focus research on the most pressing research needs.

Another concern is the lack of a sufficient investment into research on autism and its causes. Autism is growing at epidemic proportions and nobody knows why. The rates of autism doubled during the Committee's investigation, yet funding for research on autism lags badly behind funding for other serious diseases. The NIH. with a budget of $27 Billion dollars last year, invested just $56 Million towards autism research. Much of that research has been focused on looking for genetic causes of autism: which is important, but does not address the possible connection to vaccine injury. To put the spending on autism in perspective, the Committee compared it to the spending on two other serious epidemics – HIV/AIDS and diabetes. At the same time that the NIH was spending $56 Million on autism research, they spent $688 Million on diabetes research and over $2.2 Billion on HIV/AIDS research.

The Centers for Disease Control and Prevention has also been negligent in addressing the research needs regarding vaccine injury and a connection to the autism epidemic. In FY 2002, the CDC invested $11.3 Million on autism. while spending $62 Million on diabetes, and $932 Million on HIV/AIDS. With spending for autism 80 times less than that for AIDS, it is obvious that CDC is not addressing the autism epidemic with enough rigor. Instead, at the time of the Committee's April 2002 hearing, the CDC actually planned to cut autism research spending to $10.2 Million.

Of additional concern has been the CDC's bias against theories regarding vaccine-induced autism. Rather than aggressively work to replicate clinical findings with laboratory data that showed a relationship between vaccines and autism, (the Wakefield autism entercolitis studies), the CDC funded researchers who also worked for vaccine manufacturers to conduct population-based epidemiological studies to look at the possible correlation between vaccine injury and a subset of the population that might be injured. The CDC to date has relied too heavily on epidemiological findings. While epidemiological studies are important, they are not a substitute for focused, clinical research.

Chairman Burton expressed some of these concerns at the June of 2002 hearing:

"Officials at HHS have aggressively denied any possible connection between vaccines and autism. They have waged an information campaign endorsing one conclusion on an issue where the science is still out. This has significantly undermined public confidence in the career public service professionals who are charged with balancing the dual roles of assuring the safety of vaccines and increasing immunization rates. Increasingly, parents come to us with concerns that integrity and an honest public health response to a crisis have been left by the wayside in lieu of protecting the public health agenda to fully immunize children. Parents are increasingly concerned that the Department may be inherently conflicted in its multiple roles of promoting immunization, regulating manufacturers, looking for adverse events, managing the vaccine injury compensation program, and developing new vaccines. Families share my concern that vaccine manufacturers have too much, influence as well. How will HHS restore the public's trust?"

It is clear that inadequate scientific evidence exists to understand fully the likely damage done to a generation of children who were repeatedly exposed to significant levels of mercury through their mandatory childhood immunizations. While the use of safe and effective vaccines for dangerous infectious diseases is very important, the lack of quality data addressing the risk of adverse reactions to vaccines and their components undermined public support for this important public health tool.

IX. Conclusions

It is obvious from all accounts that there is a crisis in the United States regarding the dramatic rise in autism rates and the resulting strain placed on families, the education system, and State Medicaid and disability programs, A further crisis will ensue in the next two decades when we see an explosion in the need for adult services and long-term housing.

In a further attempt to raise the level of awareness of the autism epidemic, in November of 2002, Chairman Burton called upon the President to announce a White House Conference on autism to "*galvanize a national effort to determine why autism has reached epidemic proportions in this country*." Chairman Burton suggested this would be a valuable opportunity to "bring together the best minds from across the country to chart a course of scientific research to uncover the underlying causes of this epidemic. . . . Mr. President. you are in a unique position to provide the leadership that is necessary to organize a national effort to resolve these problems.'

In January of 2003, the response from *Bradley A. Blakeman*, Deputy Assistant to the President and Director of Appointments and Scheduling was, "I do not foresee an opportunity to add this event to the calendar." It is unfortunate that the request of the Chairman, and the hundreds of families who personally appealed to the White House for this Conference did not appear to have been brought to the personal attention of the President, who has stated that "no child shall be left behind."

Vaccines are the only medicines that, American citizens are mandated to receive as a condition for school and day care attendance, and in some instances for employment. Additionally, families who receive Federal assistance are required to show proof that their children have been fully immunized. While the mandate for which vaccines must be administered is a State mandate, it is the Federal Government, through the Centers for Disease Control and Preventian (CDC) and its Advisory Committee for Immunization Practices that make the Universal Immunization Recommendations to which the States refer for determining mandates.

Federal programs and funding to State programs provide immunizations free-of-charge to many children. In July of 2000, it was estimated that 8,000 children a day were being exposed to mercury in excess of Federal guidelines through their mandatory vaccines. Given the importance of vaccination in our overall public health strategy, it is imperative that the Department of Health and Human Services adequately addresses the concerns of families of whose children have possible vaccine-induced autism. The continued response from agency officials that "there is no proof of harm" is a disingenuous response. The lack of conclusive proof does not mean that there is no connection between thimerosal and vaccine-induced autism. What the lack of conclusive proof indicates is that the agency has failed in its duties to assure that adequate safety studies were conducted prior to marketing. Furthermore, in the last two decades, after determining that thimerosal was no longer "generally recognized as safe" for topical ointments, the agency did not extend their evaluation to other applications of thimerosal, in particular as a vaccine preservative.

One leading researcher made the following statement to the Committee in July of 2000: "There's no question that mercury does not belong in vaccines.

"There are other compounds that could be used as preservatives. And everything we know about childhood susceptibility, neurotoxicity of mercury at the fetus and at the infant level, points out that we should not have these fetuses and infants exposed to mercury. There's no need of it in the vaccines."

The Food and Drug Administration's (FDA) mission is to "promote and protect the public health by helping safe and effective products reach the market in a timely way, and monitoring products for continued safety after they are in use." However, the FDA uses a subjective barometer in determining when a product that has known risks can remain on the market. According to the agency, "at the heart of all FDA's product evaluation decisions is a judgment about whether a new product's benefits to users will outweigh its risks. No regulated product is totally risk-free, so these judgments are important. FDA will allow a product to present more of a risk when its potential benefit is great – especially for products used to treat serious, life-threatening conditions."

This argument – that the known risks of infectious diseases outweigh a potential risk of neurological damage from exposure to thimerosal in vaccines – is one that has continuously been presented to the Committee by government officials. FDA officials have stressed that any possible risk from thimerosal was theoretical, that no proof of harm existed. However, the Committee, upon a thorough review of the scientific literature and internal documents from government and industry, did find evidence that thimerosal did pose a risk.

Thimerosal used as a preservative in vaccines in likely related to the autism epidemic. This epidemic in all probability may have been prevented or curtailed had the FDA not been asleep at the switch regarding the lack of safety data regarding injected thimerosal and the sharp rise of infant exposure to this known neurotoxin. Our public health agencies' failure to act is indicative of institutional malfeasance for self-protection and misplaced protectionism of the pharmaceutical industry.

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Jeff Bradstreet, David A. Geier,
Jerold J. Kartzinel, James B. Adams, Mark R. Geier.

A Case-Control Study of Mercury Burden in Children with Autistic Spectrum Disorders

J Am Phys Surg. 2003, Fall, 8(3), 2003
https://www.jpands.org/jpands0803.htm // https://www.jpands.org/vol8no3/geier.pdf

Abstract

Large autism epidemics have recently been reported in the United States and the United Kingdom. Emerging epidemiologic evidence and biologic plausibility suggest an association between autistic spectrum disorders and mercury exposure.

This study compares mercury excretion after a three-day treatment with an oral chelating agent, meso-2,3-dimercaptosuccinic acid (DMSA), in children with autistic spectrum disorders and a matched control population. Overall, urinary mercury concentrations were significantly higher in 221 children with autistic spectrum disorders than in 18 normal controls (Relative Increase (RI)=3.15; $P < 0.0002$). Additionally, vaccinated cases showed a significantly higher urinary mercury concentration than did vaccinated controls (RI=5.94; $P<0.005$). Similar urinary mercury concentrations were observed among matched vaccinated and unvaccinated controls, and no association was found between urinary cadmium or lead concentrations and autistic spectrum disorders.

The observed urinary concentrations of mercury could plausibly have resulted from thimerosal in childhood vaccines, although other environmental sources and thimerosal in Rh (D) immune globulin administered to mothers may be contributory.

Regardless of the mechanism by which children with autistic spectrum disorders have high urinary mercury concentrations, the *DMSA treatment described in this study might be useful to diagnose their present burden of mercury*.

...

Discussion

This study shows a strong association between increased urinary mercury concentrations following three days of treatment with DMSA and the presence of an autistic spectrum disorder. The statistically significant association persists when vaccinated cases are compared with matched vaccinated controls. No association was found between post-DMSA urinary cadmium or lead concentrations and autistic spectrum disorders. Lastly, although the study populations were small, the heavy-metal concentrations measured in matched vaccinated and unvaccinated control children were small and showed no statistically significant differences in urinary mercury, cadmium, and lead concentrations following a three-day treatment with DMSA.

...

Our analysis shows that *children who developed autistic spectrum disorders had significantly greater accumulated mercury than controls*. Our results are similar to those of the retrospective study by Holmes et al. They observed that there was a significant relationship between increasingly severe autism and decreasing mercury levels in first baby haircuts in comparison to normal controls. Our results and those of Holmes et al. probably result from a decreased ability of children with autistic spectrum disorders to excrete mercury, resulting in the retention of potentially toxic mercury levels.

...

Mercury concentrations in the human brain are six times greater than the blood. This stems from the fact that thimerosal contains the ethylmercury radical attached to the sulfur atom of the thiol group of salicylic acid. Generally, mercuric ions bind tightly but reversibly to thiol ligands. It is likely, therefore, that the ethylmercury cation of thimerosal dissociates from the thiosalicylic acid moiety immediately after injection to bind to the surrounding thiol ligands present in great excess in tissue proteins. ...

The results of our present study, combined with the published observations included above, disagree with the views expressed by Nelson and Bauman and support the hypothesis of Bernard et al., who have compared the similar biological abnormalities commonly found in autism and the corresponding pathologies arising from mercury exposure. Distinct similarities were found between autism and mercury exposure in their effects upon biochemistry, the immune system, the central nervous system structure, neurochemistry, and neurophysiology

...

Moreover, our findings appear to *confirm previously published epidemiologic evidence showing a direct association between increasing mercury from thimerosal-containing childhood vaccines and neurodevelopment disorders in children*. These studies showed that there was a two to sixfold, statistically significant increased incidence of neurodevelopment disorders following an additional 75-100 mcg dosage of mercury from thimerosal-containing childhood vaccines in comparison to thimerosal-free childhood vaccines. *These studies showed dose-response curves demonstrating a close, statistically significant correlation between increasing mercury doses from childhood vaccines and childhood neurodevelopment disorders*.

...

The results of our analyses suggest that mercury should be removed immediately from all biologic products, and others have reached a similar conclusion. Kravchenko et al. stated, "Thus thimerosal, commonly used as a preservative, has been found not only to render its primary toxic effect, but also [to be] capable of changing the properties of cells. This fact suggests that the use of thimerosal for the preservation of medical biological preparations, especially those intended for children, is inadmissible." Cox and Forsyth reported, "However, individual cases of severe reactions to thimerosal demonstrate a need for vaccines with an alternative preservative." Similarly, "...reactions can be expected in such a high percentage of merthiolate-sensitive persons that merthiolate in vaccines should be replaced by another antibacte- rial agent." Rohyans et al. revealed in 1984, "Although aqueous merthiolate has been used for years as a topical antiseptic, a recent review of its use by the Food and Drug Administration resulted in its classification as 'less than effective.' Furthermore, two of the ingredients (thimerosal and borate) in merthiolate are toxic if absorbed or injected." In addition, Seal et al. reported in *The Lancet*, "*Thimerosal is a weak antibacterial agent that is rapidly broken down to products, including ethylmercury residues, which are neurotoxic*. Its role as a preservative in vaccines has been questioned, and the pharmaceutical industry itself considers its use as historical."

[Seal D, et al. *The case against thiomersal. Lancet.* 1991 Aug 3;338(8762):315-6. doi: 10.1016/0140-6736(91)90455-x]
See also - https://pubmed.ncbi.nlm.nih.gov/1677134/

Conclusion.

Analysis of post-DMSA urinary mercury excretion found a strong, statistically significant association between greatly increased urinary mercury concentrations and the presence of autistic spectrum disorders in vaccinated children.

The mercury levels measured in this study could plausibly have resulted from exposure to mercury in routine childhood vaccines in the United States, while thimerosal in Rh (D) immune globulin and other potential environmental sources of mercury may be contributory.

Our study is unable to determine whether the statistically significantly higher urinary concentrations of mercury measured in cases in comparison to controls is caused by higher exposure to mercury, reduced ability to excrete mercury, or a combination of these explanations. Regardless of the mechanism by which children with autistic spectrum disorders accumulate high mercury levels, the DMSA treatment course described in this study appears useful and important in determining mercury body burden.

The data from this study, along with emerging epidemiologic data showing a link between increasing mercury doses from childhood vaccines and childhood neurodevelopment disorders, *increases the likelihood that mercury is one of the main factors leading to the large increase in the rate of autism and other neurodevelopment disorders*. It is to be hoped that removing thimerosal from all childhood vaccines will contribute to a decline in the numbers of new cases of autistic spectrum disorders.

Unfortunately, as discussed in a recent publication, many of the vaccines recommended for the childhood immunization schedule contained the full doses of thimerosal through 2002 (FDA, personal communication), and in addition, pediatric vaccines such as influenza, diphtheria-tetanus (DT), and possibly others, still contain the full amounts of thimerosal in 2003. Therefore, it may be quite some time before a decrease in the prevalence of neurodevelopment disorders is seen.

byronchild
The magazine for progressive families

Lisa Reagan

A Byronchild world exclusive report Release

Byron Child, 7 March 2005
https://web.archive.org/web/20050319083834/http://www.byronchild.com/vacc.htm

A Dragon By the Tail

On the eve of an historic, billion-dollar world vaccination campaign, a leaked transcript ignites questions of vaccine safety and research corruption. Meanwhile, US senators fast-track a bill to protect vaccine manufacturers from litigation. With millions of lives at stake, and billions of dollars to loose, will a merger of philanthropy, big business and compromised science win an epic race between corporate agendas and medical ethics? In this world exclusive report, byronchild exposes how the most powerful medical research bodies in the United States compromise their vaccine safety research for vested interests, as they assist in a global vaccine policy, while a bill looms in the background to protect it all.

By Lisa Reagan

On January 24, 2005 -- the same day the Global Alliance for Vaccines and Immunization (GAVI) announced the receipt of $750 million for its historic world vaccination campaign – seven US Senators introduced Senate Bill 3 . The bill is an unprecedented act giving comprehensive liability protections to vaccine manufacturers , restricting Freedom of Information Acts on drug/vaccine safety, and pre-empting states' rights to ban mercury from children's vaccines, all under the bill's official title: ‘‘Protecting America in the War on Terror Act of 2005".

Meanwhile in Texas, a US District Court judge has ordered the worlds' “big five” vaccine manufacturers to “produce any and all documents relating to payments made to, or stock ownership” by the seventeen members of the Institute of Medicine's Immunization and Safety Review Committee who issued a report last year denying a link between childhood vaccines and the country's autism epidemic.

The judge issued the order after receiving a leaked internal transcript in the first civil juried lawsuit against the vaccine manufacturers that allegedly proves the Institutes of Medicine's committee members “predetermined the necessity of not finding causality between vaccines and autism and/or neurological injury” in its official reports on the issue.

Judge T. John Ward also ordered the vaccine manufacturers to produce all communications with “members of the World Health Organization, the Center for Disease Control, the Food and Drug Administration, the Institute of Medicine, the Brighton Collaboration, or the Global Alliance for Vaccines and Immunization relating to the issue whether the thimerosal contained in pediatric vaccines causes autism or other neurological disorders.”

The vaccine manufacturer's legal counsel balked at the amount of expense involved in producing such extensive documentation for the court; however, Judge Ward reassured the defense that the process could be useful for the more than 300 pending lawsuits waiting to be tried in the US .

Vaccine manufacturers Aventis Pasteur, Merck, GlaxoSmithKline, Wyeth and Eli Lilly and Co. are cited as defendants in the lawsuit brought by the parents of a child who developed autism after receiving mandatory routine childhood immunizations.

The same IOM reports denying a link between vaccines and the country's autism epidemic have been used:

- to endorse standardized case definitions for Adverse Events Following Immunizations for "global dissemination";
- as justification for Senate Bill 3's sweeping provisions and protections;
- as a cause for no further federal monies to be spent on research of the potential vaccine/autism link;
- as a reason to silence media inquiries into vaccine safety issues, and;
- as a defense for dismissing over 4,500 petitions for vaccine injuries in a federal court.

Is it possible that a closed meeting transcript alleged as proof of a ploy to ignore vaccine risks, a near billion dollar grant for a global vaccination campaign, emerging lawsuits for vaccine injuries and a sweeping federal bill to protect vaccine manufacturers are unrelated?

Is it possible that in spite of US Congressional hearings and reports citing widespread conflicts of interest between federal policy makers and the vaccine industry that Senate Bill 3 will defy the US Constitution's provisions for state and civil rights in order to shield vaccine manufacturers from liability?

And finally, how will a world vaccine policy influenced by allegedly "predetermined" safety reports implemented through a global alliance of international governments and vaccine manufacturers with a fund of billions headquartered in Geneva, Switzerland, support or protect the health and human rights of targeted Third-World country peoples?

History of the IOM's Immunization and Safety Review Committee

Insight to these questions may lie in the pivotal year of 1999, a year preceded by a decade of declining vaccine sales, major breakups within the manufacturing industry, increased requirements for routine childhood vaccines, a growing autism epidemic, and researchers and media reports questioning the safety of vaccines and their possible link to autism.

...

The Transcript of the First Organizational Meeting of the IOM Committee

On January 11, 2001, the IOM's Immunization and Safety Review committee members gathered for its first organizational meeting in Washington, DC. It is this meeting's transcript that has been submitted as an exhibit by Waters and Kraus, a Dallas, Texas law firm.

...

Conflict of Interest in IOM Governing Council

Currently, members of the IOM's governing Council include, among 19 others , Gail H. Cassell, PhD, of Eli Lilly and Company and Helene D. Gayle, MD, from the Bill and Melinda Gates Foundation – the same foundation that donated the world's sixth largest charitable gift of $1.5 billion to create and sustain GAVI.

...

GAVI – Using Corrupt Research to Vaccinate the World?

GAVI's public and private sector partners include governments in industrialized and developing countries, UNICEF, the World Health Organization, WHO, the World Bank, non-governmental organizations, foundations, vaccine manufacturers, and public health and research institutions. WHO and GAVI's headquarters are both in Geneva, Switzerland.

...

World Economic Forum questions GAVI's Global Vaccine Campaign

Is the solution for creating a healthy world a global vaccine campaign?

...

Autism – an Epidemic too Big to Ignore

During the years that the IOM reports were drafted, 2001 to 2004, more than 4,500 petitions for "vaccine injuries resulting in autism spectrum disorder", piled up in an Omnibus Autism Proceeding with the US Court of Federal Claims.

Currently, autism is the fastest growing developmental disability in the United States, with one in 166 US children diagnosed with Autism Spectrum Disorder, up from 1 in 2500 a decade ago, and over 1.77 million affected.

In the last four years alone, the number of cases of autism has nearly doubled in California. "It is growing much faster than the growth of the population and other forms of childhood disabilities," states Cliff Allenby, director of the State Department of Development Services.

A report by the independent Environmental Working Group issued in December 2004 found that autistic children had less glutathione, an antioxidant that helps rid the body of toxic metals, when compared to a sample of healthy children. The study, led by Jill James, PhD, a professor of biochemistry and pediatrics at the University of Arkansas for Medical Sciences, found that a glutathione deficit "may contribute to the development and clinical manifestation of autism."

Autism is not a disease but a 'condition' often characterized by a failure to bond, lack of social interaction, avoidance of eye-to-eye contact, difficulties in language development, and repetitive behaviors known as stimming (self-stimulation). Milder forms of autism are *Asperger's Syndrome* , *Pervasive Developmental Disorder* and *Attention Deficit/Hyperactivity Disorder* . Collectively they are known as Autism Spectrum Disorder, ASD.

States Take Matters Into Their Own Hands

After multiple congressional hearings on conflicts of interest within the vaccine industry and government, repeated IOM reports stating no link between vaccines and autism, and with no official FDA recall for mercury containing vaccines, US citizens and state legislators took matters into their own hands and in May 2004, Iowa became the first state to ban mercury in vaccines.

...

Senate Bill 3 – Dissolution of Civil Rights?

Sighting the IOM reports' green light to justify the act's proposed sweeping protections for the vaccine industry, the bill states that, " After considering recent changes ...

...

Side Bar 1: Not The First Leaked Transcript

The 2001 IOM transcript is not the first to be leaked to the public. Another closed meeting transcript from June of 2000 recorded 53 scientists from the CDC, FDA, and the vaccine industry at the Simpsonwood Retreat Center in Georgia to review the findings of a statistically significant correlation between mercury-containing vaccines and neurological conditions.

...

Side Bar 2: Sweeping Ethics Reform to End Culture of Corruption?

Drug industry influence on medical research and practice and on the prescribing of drugs is pervasive. After a yearlong investigation into the "culture" of conflicts of interest between its scientists and manufacturers, on February 1, 2005, the National Institutes of Health, the US leading agency for medical research, announced a "sweeping ethics reform".

...

Sidebar 3: Who is Senate Majority Leader Bill Frist (R-TN), co-sponsor of Senate Bill 3?

According to the Center for Justice and Democracy, these are some facts about Senator Bill Frist, MD:

...

Side Bar 4: Senate Bill 3 – What it Could do

Of major concern to vaccine safety and civil rights advocates are the following provisions in Senate Bill 3:

...

byronchild
The magazine for progressive families

Lisa Reagan

Autism is Treatable: Hope that is real, treatments that heal

Byron Child, June 2005
https://web.archive.org/web/20050319035743/http://www.byronchild.com/arts37.htm

My name is Michael Augerson.

I'm autistic. Basically when you're autistic, you feel urges to do things that you really need to do. You can't stop yourself. Like you have taken a drug. You have no idea what others are talking about, because it doesn't make any sense to you. Others think of you as a freak, loon, or a retard.

I was able to find a way to change. Some doctors have been able to find the problems and correct them. I have a special diet, take a lot of vitamins, stay away from chemicals and take medicine for my colon and an antifungal. For me, it's like I've become a new man (or should I say teen). I now have an ability to control myself. I can understand the plot of a book and movie. I can have friends without them teasing me. I've also changed physically. A year ago, I was shorter than my brother who is three years younger. Now I'm as tall as my mother. I feel as if I've been reborn. For the first time in fourteen years, I feel normal. Other people don't see me as normal yet. I would like it if they would treat me as an equal.

I still have some problems and am willing to go through tests to find the answers. I think one day I might be able to succeed in not being autistic. It would be a dream come true for me and my family.

Written by Michael Augerson, 14, in June 2004. Michael, whose parents were told he would be institutionalised, has been healed through biomedical treatments and has been mainstreamed into a public school where he is an honour roll student.

Parents pioneer alternative paths to recovery

When Michael was diagnosed by a neurologist with severe autism at age three, he did not recognise his mother, was highly aggressive, self-abusive and rarely slept. ‘Back then, in 1989, no-one knew what autism was, much less how to treat it,' explains Michael's mother Sara.

Back then, Sara was also told that her cravings for two to three cans of tuna fish a day were healthy for her pregnancy. These days, thousands of families are discovering successful biomedical treatments for autism and cans of tuna carry warning labels to pregnant mothers about possible mercury contamination.

Like many parents of autistic children, Sara was left on her own to discover through her mother's intuition and observation what did and didn't help Michael's symptoms. She observed that diet changes, treatments for fungal infections and parasites were attributing to her son's slow, but medically documented recovery from severe autism.

‘It was a literal fluke that we discovered in Singapore – when our entire family was being treated for parasites – that this medicine would help Michael's autism. Within hours of being treated he improved dramatically. Now I can tell by looking at him if he has another parasite in him.'

Sara believes her son's recovery milestones over the years have been a Catch-22 . ‘People don't believe that these kids get better. When Michael starts improving, people say he wasn't autistic to begin with. It was really hard to get anyone to listen to us. There was no methodology to follow for treatments. We were in a constant crisis and just running with it.'

Sara and her family are one of thousands of families who have discovered successful treatments for their children's autism and shared their successes with other parents and researchers at the Autism Research Institute, a San Diego-based nonprofit and world centre for research and information that has tracked promising treatments - discovered by parents and researchers – since 1967. ARI's database is the world's largest with more than 37,000 detailed case histories of autistic children from over 60 countries.

Until 1964, when ARI's founder Bernard Rimland, PhD, released his groundbreaking book, Infantile Autism: The Syndrome and its Implications for a Neural Theory of Behaviour, the current medical belief was that autism was caused by an unloving 'refrigerator' mother and the sanctioned medical treatment for autism was 'for the mother to acknowledge her guilt, and disclose why she hated the child and wished it had never been born'.

'The child, in so-called "play therapy" was provided with a paper or clay image of a woman (his mother) and was encouraged to tear it to bits, thus expressing his hostility towards his mother, whom the psychotherapists were positive had caused his autism. There were a few drugs that were also used with autistic children, but then, as now, the idea was not to treat the autism but to slow the children down enough to make life tolerable for those who must deal with them,' said Rimland.

Rimland's book, inspired by the birth of his own autistic son Mark in 1956, exposed the lack of scientific evidence to support the 'bad mother' cause of autism, won the 1964 Century Award, and attracted the attention of parents worldwide who contacted Rimland and shared with him their personal treatment successes with their own autistic children.

Rimland went on to found the Autism Research Institute that has independently researched and chronicled these successful treatments over the past 40 years. In October 2004, over 1,000 families presented their children's medically documented recoveries from autism to the public and media at the annual ARI Defeat Autism Now! conference in Los Angeles, California.

The documented epidemic of autism

From the 60s to today, the rate of autism has skyrocketed in the United States from 1 in 10,000 to 1 in 166, and a further 1 in 6 children is diagnosed with a developmental disorder, according to the Autism Alert released by the US Department of Health & Human Services, the Centres for Disease Control, and the American Academy of Pediatrics in February 2004. Over 30,000 Australian children have autism, with a dramatic increase of more than 200% in diagnoses over the past 10 years in Australia.

Autism is not a disease but a 'condition' often characterised by a failure to bond, lack of social interaction, avoidance of eye-to-eye contact, difficulties in language development, and repetitive behaviours known as stimming (self-stimulation). Milder forms of autism are Asperger's Syndrome , Pervasive Developmental Disorder and Attention Deficit/Hyperactivity Disorder . Collectively they are known as Autism Spectrum Disorder.

While cases of autism have exploded over the last 40 years, medical treatments have not. Today, still abandoned by mainstream medical practitioners, parents and even grandparents – many of whom are scientists and physicians themselves – have consistently remained the pioneers of successful treatments and even cures. Many of these parents have worked with the scientists at the Autism Research Institute to create the Defeat Autism Now! protocol that is freely shared with other suffering families.

The name of the movement and its protocol, Defeat Autism Now! (DAN!) was in response 'to the complacency and lack of urgency that were so evident at the National Institutes of Health, and at the medical schools, where research on the treatment of autism was virtually non-existent, except for experimental trials of various drugs designed for use on adults,' testified Rimland to the US House Government Reform Subcommittee on Human Rights & Wellness in November 2003. The congressional subcommittee is currently investigating alternative treatments for autism.

'The experience of scientists and physicians within the DAN! movement leads us to the paradox that while the epidemic must spring from common causes, the treatment of children caught in the epidemic demands a thoughtful respect for their individuality. We wish to share with fellow scientists, clinicians, and family members, observation and data that may help our communities take on the responsibilities demanded by an epidemic: a capacity for prompt response to evolving information from direct experience with the situation,' said Rimland.

Jaquelyn McCandless, MD, author of Children with Starving Brains: A Medical Treatment Guide for Autism Spectrum Disorder , and a board certified neurologist and psychiatrist, began researching treatments for autism after her granddaughter was diagnosed in 1996. She has written her book in hopes of helping parents to become educated and empowered to take action now for their children.

'As a grandmother and psychiatrist, my passion to find answers made me impatient with psychiatry and behavioural medicine's head-in-the-sand attitude that autism is definitely genetic and thus incurable and untreatable except for early intervention and the use of behaviour-controlling drugs,' writes McCandless.

'Many medical doctors still advise patients not to bother with special diets or vitamins and minerals … One doctor insisted that if there was no evidence of mercury in the blood test then there was no point in pursuing the heavy metal issue further, not aware or interested in the fact that the presence of mercury, except for a very recent heavy exposure, will not show up on regular blood tests.

'To no avail I pointed out that many of the doctors and researchers who pursue "new" approaches are parents or grandparents of children with autism and would not be trying these methods on their own kin if they thought they weren't safe and effective.'

Same song, second verse

With history presenting consistent evidence that medical science takes decades to catch up with pioneering researchers like those at ARI and the practitioners of DAN! protocol, it is not a surprise to parents that the US Food and Drug Administration's website pronounces their children hopelessly incurable and parents who believe otherwise are 'desperate, easy targets for unproven therapies and sham products'.

'Progress in the acceptance of useful medical interventions is painfully slow – it is not uncommon for a safe and effective treatment to be available for decades before it is widely implemented. A recent example is the use of small amounts of folic acid, a very safe B vitamin, as a means of preventing severe birth defects. It is estimated that over 25,000 cases of mental retardation could have been prevented in the US if widespread use of folic acid supplements had been recommended when the discovery was first announced,' said Rimland.

In an open letter to the then FDA Commissioner Mark McClelland, MD, the ARI has requested that the government agency rescind its 'grossly exaggerated and unjustifiably pessimistic', statements, to reveal the public input prior to the issuance of their policy, and to abstain from enforcing the policies which flow from these statements 'until we, and our colleagues, as well as other members of the public have had an opportunity to present the information your agency has ignored.'

FDA Public Affairs Specialist Susan Kruzan, pointed out that, 'There are no approved treatments of any kind by the FDA for autism. Not even the commonly prescribed pharmaceuticals Ritalin and Risperdal are approved for treating autism,' she noted.

Moving forward, outside the box

Unlike Sara Augerson, whose son Michael was born autistic and therefore is a rare case of Classic Autism, Carolyn Yount watched her now four-year-old son Chandler slowly deteriorate after each round of vaccines at their paediatrician's office. Chandler is a more commonly seen case of Regressive Autism (incidents of children who are born autistic are 1 in 10,000 while incidents of children who become autistic after birth are 1 in 166).

'At two months he had his first round of shots and he started having stomach problems. At four months he got another round of shots and took another turn for the worse. He would pull his legs up to his chest and scream constantly,' said Carolyn. 'Now in retrospect I realise my son's stomach was being torn up by the thimerosal. At 20 months he was diagnosed with autism by a neurologist.' Thimerosal (known as thiomersal in Australia) is the neuro-toxic mercury derivative used as a preservative in some children's vaccines.

Because DAN!-trained doctors are still rare, in July 2002, Yount and her family drove 10 hours from Alabama to Virginia to meet with Elizabeth Mumper, MD, an Associate Professor of Clinical Pediatrics and Family Medicine at the University of Virginia. 'Dr. Mumper told me that Chandler was a very sick little boy and for the first time I saw all of him and he was pale as a ghost with horrendous circles under his eyes with this very distended abdomen… I just broke down because I couldn't believe this happened right before my eyes and I could be in such denial,' said Yount.

In addition to switching Chandler to the DAN! diet (casein and gluten-free), Mumper treated Chandler for mercury-toxicity. Heavy metal toxicity is common in autistic children and is thought to be attributable to a genetically vulnerable child's inability to excrete metals resulting from multiple modern sources such as mercury dental amalgams, power plant emissions, seafood like tuna, and mercury and aluminum in childhood vaccines.

Yount warns parents that the DAN diet can be 'very hard for people who are used to eating out. It took us 10 months to really get the hang of the diet but now his tummy is no longer distended and his bowels are normal and he is sleeping,' said Yount. 'We have changed every aspect of who we were before. Now everything we eat is organic and we have a water filtration system on the house, organic sheets, mattresses, hard wood floors. Now we think about everything we used to do with shock. We didn't realise before how toxic our world is.'

US Congress investigates successful treatments

As part of an ongoing congressional investigation into the autism epidemic, oversight hearings are ongoing and held by Dan Burton (R-IN), Chairman of the US House Government Reform Subcommittee on Human Rights & Wellness in November 2003 and May 2004. The congressional committee heard from Rimland about the success of DAN! and from other experts on groundbreaking new treatments that are effectively improving the medical condition of autistic children and adults.

'History teaches us that debilitating diseases like autism do not simply go away,' states Chairman Burton, whose congressional investigations into mercury and autism over the past years were inspired by his autistic grandson. 'I am encouraged that many of my colleagues in Congress, as well as our health officials, are finally starting to wake up to this realisation, and devote the necessary attention and resources to understand, and ultimately cure autism.'

One of the most poignant stories of a parent fighting for their child's recovery from autism was presented to Burton's committee by Rashid Buttar, DO, on May 6, 2004. Buttar testified that he had stopped taking referrals for autistic children from paediatric neurologists in 1998, despite the success of his hyperbaric oxygen treatments because 'the emotional component was overwhelming, just having to deal with the pain and frustration of the parents of these children'.

Then on January 25, 1999, Buttar's son Abid Azam Ali Buttar was born and Buttar became one of those frustrated parents as he watched his son slip away and into the din of regressive autism.

'The oceans of tears I cried and the hours I spent trying to figure out what was happening to my son are no different than that of any other parent in the same situation except that I am one of 190 US doctors board certified in clinical metal toxicology. When he would make eye contact with me his eyes would say, "I know you can do it Dad". The expression he would give me, just for an instant, would be that of a father encouraging his son. I thought, if this is metal related, I should know how to fix this problem."

Not only did Buttar's son fully recover from autism, but Buttar's pioneering treatments have led to the International Hyperbaric Medical Association and the American Board of Clinical Metal Toxicology collaborating under the supervision of the Oklahoma University Health Sciences to research and provide this treatment to autistic children.

The cost of inaction, action, and the alternative?

In a US Congressional testimony in June 2002, Dr. Jeff Bradstreet, MD, founder of the International Child Development Resource Centre and father of an autistic child, stated, 'While no precise studies have attempted to look at the cost of correcting the biological problems associated with ASD, at least one report from England places the custodial costs of ASD in the range of US$3 to 4 million per child per lifetime, with a societal cost that would likely be three times the individual cost. The cost of education, medical care, and therapies for behavioural and physical symptoms is staggering. Many of our families report having paid US$50,000 per year to care for their child.

'The public education system is literally swamped with children. Any survey of public educators will quickly reveal the suddenness and magnitude of the ASD problem. They lack the therapists and trained special educators to deal with the problem, so children with severe disorders receive nominal meaningful intervention. The further loss of potential future earnings from the ASD children who will likely not be self-supporting is impossibly large to calculate meaningfully. Many parents must quit working to care for the child as well. We, as a nation, are therefore paying and will continue to pay an enormous price for this epidemic.

'ICDRC estimates the minimal cost, in present value, of caring for those 420,000 existing children with autism at US$1,260,000,000,000. So over the next 50 years, a little more than US$1 trillion would be required if we stopped creating new cases today. Because autism is doubling every four years, this is likely an overly conservative estimate. The societal cost could easily be US$3-4 trillion.'

Parents can choose to act now

In her book Children with Starving Brains , McCandless invites parents to visualise the choice of trying alternative treatments or the lack of traditional treatments to standing on a pier while watching their child drown.

'You desperately look for help or a life preserver (a physician or treatments that might work). You find a rope tied to the pier (special diets, nutritional supplements, anti-fungal/anti-viral treatments, secretin, chelation for heavy metal toxicity — all of which you have learned are safe and help many of these children). However, authorities warn you not to use it because it has not been proven that the rope is strong enough (the treatment option has not received final approval by 'authorities' who are waiting for reports of completed scientific studies appearing in peer-reviewed journals). Meanwhile your child is still drowning (exhibiting autistic/ASD symptoms).

'If you were that parent on the pier you wouldn't wait for the completion of the double-blind clinical trials to assure you that that rope is strong enough. You would pick it up and throw it to your child. The worst that could happen is that the rope would break with your child closer to the pier! In real life, numerous parents, some of whom are physicians, have been finding that removing toxic metals is an effective treatment for their children.

'Parents of ASD children cannot afford to wait for approval of the guiding agencies appointed to protect our children's health to try treatment options these agencies consider "alternative medicine", particularly when the "traditional experts" have nothing better to offer. This is especially true as the parents learn that the very actions they dutifully followed on the recommendations of these authoritative agencies may have been the cause of their child's autism, such as accepting the mandate that their newborn be vaccinated with unsafe levels of ethylmercury via the HepB vaccine.

'For the first time in his life my son is telling us that he loves us as much as we love him. In an untreated autistic child this is unheard of,' said Carolyn Yount about her recovering son Chandler. 'For pediatricians to tell parents that there is nothing for them to do is wrong. There is so much we can do.'

t r u t h o u t • issues

Robert F. Kennedy Jr.

Deadly Immunity

Truth Out, 16 June 2005
https://web.archive.org/web/20050619011127/http://www.truthout.org/issues_05/061605HA.shtml

In June 2000, a group of top government scientists and health officials gathered for a meeting at the isolated Simpsonwood conference center in Norcross, Georgia. Convened by the Centers for Disease Control and Prevention, the meeting was held at this Methodist retreat center, nestled in wooded farmland next to the Chattahoochee River, to ensure complete secrecy. The agency had issued no public announcement of the session - only private invitations to fifty-two attendees. There were high-level officials from the CDC and the Food and Drug Administration, the top vaccine specialist from the World Health Organization in Geneva and representatives of every major vaccine manufacturer, including GlaxoSmithKline, Merck, Wyeth and Aventis Pasteur. All of the scientific data under discussion, CDC officials repeatedly reminded the participants, was strictly "embargoed." There would be no making photocopies of documents, no taking papers with them when they left.

The federal officials and industry representatives had assembled to discuss a disturbing new study that raised alarming questions about the safety of a host of common childhood vaccines administered to infants and young children. According to a CDC epidemiologist named Tom Verstraeten, who had analyzed the agency's massive database containing the medical records of 100,000 children, a mercury-based preservative in the vaccines - thimerosal - appeared to be responsible for a dramatic increase in autism and a host of other neurological disorders among children. "I was actually stunned by what I saw," Verstraeten told those assembled at Simpsonwood, citing the staggering number of earlier studies that indicate a link between thimerosal and speech delays, attention-deficit disorder, hyperactivity and autism. Since 1991, when the CDC and the FDA had recommended that three additional vaccines laced with the preservative be given to extremely young infants – in one case, within hours of birth – the estimated number of cases of autism had increased fifteenfold, from one in every 2,500 children to one in 166 children.

Even for scientists and doctors accustomed to confronting issues of life and death, the findings were frightening. "You can play with this all you want," Dr. Bill Weil, a consultant for the American Academy of Pediatrics, told the group. The results "are statistically significant." Dr. Richard Johnston, an immunologist and pediatrician from the University of Colorado whose grandson had been born early on the morning of the meeting's first day, was even more alarmed. "My gut feeling?" he said. "Forgive this personal comment - I do not want my grandson to get a thimerosal-containing vaccine until we know better what is going on."

But instead of taking immediate steps to alert the public and rid the vaccine supply of thimerosal, the officials and executives at Simpsonwood spent most of the next two days discussing how to cover up the damaging data. According to transcripts obtained under the Freedom of Information Act, many at the meeting were concerned about how the damaging revelations about thimerosal would affect the vaccine industry's bottom line. "We are in a bad position from the standpoint of defending any lawsuits," said Dr. Robert Brent, a pediatrician at the Alfred I. duPont Hospital for Children in Delaware. "This will be a resource to our very busy plaintiff attorneys in this country." Dr. Bob Chen,

head of vaccine safety for the CDC, expressed relief that "given the sensitivity of the information, we have been able to keep it out of the hands of, let's say, less responsible hands." Dr. John Clements, vaccines advisor at the World Health Organization, declared that "perhaps this study should not have been done at all." He added that "the research results have to be handled," warning that the study "will be taken by others and will be used in other ways beyond the control of this group."

In fact, the government has proved to be far more adept at handling the damage than at protecting children's health. The CDC paid the Institute of Medicine to conduct a new study to whitewash the risks of thimerosal, ordering researchers to "rule out" the chemical's link to autism. It withheld Verstraeten's findings, even though they had been slated for immediate publication, and told other scientists that his original data had been "lost" and could not be replicated. And to thwart the Freedom of Information Act, it handed its giant database of vaccine records over to a private company, declaring it off-limits to researchers. By the time Verstraeten finally published his study in 2003, he had gone to work for GlaxoSmithKline and reworked his data to bury the link between thimerosal and autism.

Vaccine manufacturers had already begun to phase thimerosal out of injections given to American infants – but they continued to sell off their mercury-based supplies of vaccines until last year. The CDC and FDA gave them a hand, buying up the tainted vaccines for export to developing countries and allowing drug companies to continue using the preservative in some American vaccines – including several pediatric flu shots as well as tetanus boosters routinely given to eleven-year-olds.

The drug companies are also getting help from powerful lawmakers in Washington. Senate Majority Leader Bill Frist, who has received $873,000 in contributions from the pharmaceutical industry, has been working to immunize vaccine makers from liability in 4,200 lawsuits that have been filed by the parents of injured children. On five separate occasions, Frist has tried to seal all of the government's vaccine-related documents – including the Simpsonwood transcripts – and shield Eli Lilly, the developer of thimerosal, from subpoenas. In 2002, the day after Frist quietly slipped a rider known as the "Eli Lilly Protection Act" into a homeland security bill, the company contributed $10,000 to his campaign and bought 5,000 copies of his book on bioterrorism. The measure was repealed by Congress in 2003 – but earlier this year, Frist slipped another provision into an anti-terrorism bill that would deny compensation to children suffering from vaccine-related brain disorders. "The lawsuits are of such magnitude that they could put vaccine producers out of business and limit our capacity to deal with a biological attack by terrorists," says Dean Rosen, health policy adviser to Frist.

Even many conservatives are shocked by the government's effort to cover up the dangers of thimerosal. Rep. Dan Burton, a Republican from Indiana, oversaw a three-year investigation of thimerosal after his grandson was diagnosed with autism. "Thimerosal used as a preservative in vaccines is directly related to the autism epidemic," his House Government Reform Committee concluded in its final report. "This epidemic in all probability may have been prevented or curtailed had the FDA not been asleep at the switch regarding a lack of safety data regarding injected thimerosal, a known neurotoxin." The FDA and other public-health agencies failed to act, the committee added, out of "institutional malfeasance for self protection" and "misplaced protectionism of the pharmaceutical industry."

The story of how government health agencies colluded with Big Pharma to hide the risks of thimerosal from the public is a chilling case study of institutional arrogance, power and greed. I was drawn into the controversy only reluctantly. As an attorney and environmentalist who has spent years working on issues of mercury toxicity, I frequently met mothers of autistic children who were absolutely convinced that their kids had been injured by vaccines. Privately, I was skeptical.

I doubted that autism could be blamed on a single source, and I certainly understood the government's need to reassure parents that vaccinations are safe; the eradication of deadly childhood diseases depends on it. I tended to agree with skeptics like Rep. Henry Waxman, a Democrat from California, who criticized his colleagues on the House Government Reform Committee for leaping to conclusions about autism and vaccinations. "Why should we scare people about immunization," Waxman pointed out at one hearing, "until we know the facts?"

It was only after reading the Simpsonwood transcripts, studying the leading scientific research and talking with many of the nation's pre-eminent authorities on mercury that I became convinced that the link between thimerosal and the epidemic of childhood neurological disorders is real. Five of my own children are members of the Thimerosal Generation -- those born between 1989 and 2003 – who received heavy doses of mercury from vaccines. "The elementary grades are overwhelmed with children who have symptoms of neurological or immune-system damage," Patti White, a school nurse, told the House Government Reform Committee in 1999. "Vaccines are supposed to be making us healthier; however, in twenty-five years of nursing I have never seen so many damaged, sick kids. Something very, very wrong is happening to our children." More than 500,000 kids currently suffer from autism, and pediatricians diagnose more than 40,000 new cases every year. The disease was unknown until 1943, when it was identified and diagnosed among eleven children born in the months after thimerosal was first added to baby vaccines in 1931.

Some skeptics dispute that the rise in autism is caused by thimerosal-tainted vaccinations. They argue that the increase is a result of better diagnosis – a theory that seems questionable at best, given that most of the new cases of autism are clustered within a single generation of children. "If the epidemic is truly an artifact of poor diagnosis," scoffs Dr. Boyd Haley, one of the world's authorities on mercury toxicity, "then where are all the twenty-year-old autistics?" Other researchers point out that Americans are exposed to a greater cumulative "load" of mercury than ever before, from contaminated fish to dental fillings, and suggest that thimerosal in vaccines may be only part of a much larger problem. It's a concern that certainly deserves far more attention than it has received - but it overlooks the fact that the mercury concentrations in vaccines dwarf other sources of exposure to our children.

What is most striking is the lengths to which many of the leading detectives have gone to ignore – and cover up – the evidence against thimerosal. From the very beginning, the scientific case against the mercury additive has been overwhelming. The preservative, which is used to stem fungi and bacterial growth in vaccines, contains ethylmercury, a potent neurotoxin. Truckloads of studies have shown that mercury tends to accumulate in the brains of primates and other animals after they are injected with vaccines – and that the developing brains of infants are particularly susceptible. In 1977, a Russian study found that adults exposed to much lower concentrations of ethylmercury than those given to American children still suffered brain damage years later. Russia banned thimerosal from children's vaccines twenty years ago, and Denmark, Austria, Japan, Great Britain and all the Scandinavian countries have since followed suit.

"You couldn't even construct a study that shows thimerosal is safe," says Haley, who heads the chemistry department at the University of Kentucky. "It's just too darn toxic. If you inject thimerosal into an animal, its brain will sicken. If you apply it to living tissue, the cells die. If you put it in a petri dish, the culture dies. Knowing these things, it would be shocking if one could inject it into an infant without causing damage."

Internal documents reveal that Eli Lilly, which first developed thimerosal, knew from the start that its product could cause damage – and even death – in both animals and humans. In 1930, the company tested thimerosal by administering it to twenty-two patients with terminal meningitis, all of whom died within weeks of being injected – a fact Lilly didn't bother to report in its study declaring thimerosal safe. In 1935, researchers at another vaccine manufacturer, Pittman-Moore, warned Lilly that its claims about thimerosal's safety "did not check with ours." Half the dogs Pittman injected with thimerosal-based vaccines became sick, leading researchers there to declare the preservative "unsatisfactory as a serum intended for use on dogs."

In the decades that followed, the evidence against thimerosal continued to mount. During the Second World War, when the Department of Defense used the preservative in vaccines on soldiers, it required Lilly to label it "poison." In 1967, a study in *Applied Microbiology* found that thimerosal killed mice when added to injected vaccines. Four years later, Lilly's own studies discerned that thimerosal was "toxic to tissue cells" in concentrations as low as one part per million - 100 times weaker than the concentration in a typical vaccine. Even so, the company continued to promote thimerosal as "nontoxic"

and also incorporated it into topical disinfectants. In 1977, ten babies at a Toronto hospital died when an antiseptic preserved with thimerosal was dabbed onto their umbilical cords.

In 1982, the FDA proposed a ban on over-the-counter products that contained thimerosal, and in 1991 the agency considered banning it from animal vaccines. But tragically, that same year, the CDC recommended that infants be injected with a series of mercury-laced vaccines. Newborns would be vaccinated for hepatitis B within twenty-four hours of birth, and two-month-old infants would be immunized for haemophilus influenzae B and diphtheria-tetanus-pertussis.

The drug industry knew the additional vaccines posed a danger. The same year that the CDC approved the new vaccines, Dr. Maurice Hilleman, one of the fathers of Merck's vaccine programs, warned the company that six-month-olds who were administered the shots would suffer dangerous exposure to mercury. He recommended that thimerosal be discontinued, "especially when used on infants and children," noting that the industry knew of nontoxic alternatives. "The best way to go," he added, "is to switch to dispensing the actual vaccines without adding preservatives."

For Merck and other drug companies, however, the obstacle was money. Thimerosal enables the pharmaceutical industry to package vaccines in vials that contain multiple doses, which require additional protection because they are more easily contaminated by multiple needle entries. The larger vials cost half as much to produce as smaller, single-dose vials, making it cheaper for international agencies to distribute them to impoverished regions at risk of epidemics. Faced with this "cost consideration," Merck ignored Hilleman's warnings, and government officials continued to push more and more thimerosal-based vaccines for children. Before 1989, American preschoolers received eleven vaccinations - for polio, diphtheria-tetanus-pertussis and measles-mumps-rubella. A decade later, thanks to federal recommendations, children were receiving a total of twenty-two immunizations by the time they reached first grade.

As the number of vaccines increased, the rate of autism among children exploded. During the 1990s, 40 million children were injected with thimerosal-based vaccines, receiving unprecedented levels of mercury during a period critical for brain development. Despite the well-documented dangers of thimerosal, it appears that no one bothered to add up the cumulative dose of mercury that children would receive from the mandated vaccines. "What took the FDA so long to do the calculations?" Peter Patriarca, director of viral products for the agency, asked in an e-mail to the CDC in 1999. "Why didn't CDC and the advisory bodies do these calculations when they rapidly expanded the childhood immunization schedule?"

But by that time, the damage was done. At two months, when the infant brain is still at a critical stage of development, infants routinely received three inoculations that contained a total of 62.5 micrograms of ethylmercury -- a level 99 times greater than the EPA's limit for daily exposure to methylmercury, a related neurotoxin. Although the vaccine industry insists that ethylmercury poses little danger because it breaks down rapidly and is removed by the body, several studies – including one published in April by the National Institutes of Health – suggest that ethylmercury is actually *more* toxic to developing brains and stays in the brain *longer* than methylmercury.

Officials responsible for childhood immunizations insist that the additional vaccines were necessary to protect infants from disease and that thimerosal is still essential in developing nations, which, they often claim, cannot afford the single-dose vials that don't require a preservative. Dr. Paul Offit, one of CDC's top vaccine advisers, told me, "I think if we really have an influenza pandemic – and certainly we will in the next twenty years, because we always do – there's no way on God's earth that we immunize 280 million people with single-dose vials. There has to be multidose vials."

But while public-health officials may have been well-intentioned, many of those on the CDC advisory committee who backed the additional vaccines had close ties to the industry. Dr. Sam Katz, the committee's chair, was a paid consultant for most of the major vaccine makers and was part of a team that developed the measles vaccine and brought it to licensure in 1963. Dr. Neal Halsey, another committee member, worked as a researcher for the vaccine companies and received honoraria from Abbott Labs for his research on the hepatitis B vaccine.

Indeed, in the tight circle of scientists who work on vaccines, such conflicts of interest are common. Rep. Burton says that the CDC "routinely allows scientists with blatant conflicts of interest to serve on intellectual advisory committees that make recommendations on new vaccines," even though they have "interests in the products and companies for which they are supposed to be providing unbiased oversight." The House Government Reform Committee discovered that four of the eight CDC advisers who approved guidelines for a rotavirus vaccine "had financial ties to the pharmaceutical companies that were developing different versions of the vaccine."

Offit, who shares a patent on one of the vaccines, acknowledged to me that he "would make money" if his vote eventually leads to a marketable product. But he dismissed my suggestion that a scientist's direct financial stake in CDC approval might bias his judgment. "It provides no conflict for me," he insists. "I have simply been informed by the process, not corrupted by it. When I sat around that table, my sole intent was trying to make recommendations that best benefited the children in this country. It's offensive to say that physicians and public-health people are in the pocket of industry and thus are making decisions that they know are unsafe for children. It's just not the way it works."

Other vaccine scientists and regulators gave me similar assurances. Like Offit, they view themselves as enlightened guardians of children's health, proud of their "partnerships" with pharmaceutical companies, immune to the seductions of personal profit, besieged by irrational activists whose anti-vaccine campaigns are endangering children's health. They are often resentful of questioning. "Science," says Offit, "is best left to scientists."

Still, some government officials were alarmed by the apparent conflicts of interest. In his e-mail to CDC administrators in 1999, Paul Patriarca of the FDA blasted federal regulators for failing to adequately scrutinize the danger posed by the added baby vaccines. "I'm not sure there will be an easy way out of the potential perception that the FDA, CDC and immunization-policy bodies may have been asleep at the switch re: thimerosal until now," Patriarca wrote. The close ties between regulatory officials and the pharmaceutical industry, he added, "will also raise questions about various advisory bodies regarding aggressive recommendations for use" of thimerosal in child vaccines.

If federal regulators and government scientists failed to grasp the potential risks of thimerosal over the years, no one could claim ignorance after the secret meeting at Simpsonwood. But rather than conduct more studies to test the link to autism and other forms of brain damage, the CDC placed politics over science. The agency turned its database on childhood vaccines – which had been developed largely at taxpayer expense – over to a private agency, America's Health Insurance Plans, ensuring that it could not be used for additional research. It also instructed the Institute of Medicine, an advisory organization that is part of the National Academy of Sciences, to produce a study debunking the link between thimerosal and brain disorders. The CDC "wants us to declare, well, that these things are pretty safe," Dr. Marie McCormick, who chaired the IOM's Immunization Safety Review Committee, told her fellow researchers when they first met in January 2001. "We are not ever going to come down that [autism] is a true side effect" of thimerosal exposure. According to transcripts of the meeting, the committee's chief staffer, Kathleen Stratton, predicted that the IOM would conclude that the evidence was "inadequate to accept or reject a causal relation" between thimerosal and autism. That, she added, was the result "Walt wants" -- a reference to Dr. Walter Orenstein, director of the National Immunization Program for the CDC.

For those who had devoted their lives to promoting vaccination, the revelations about thimerosal threatened to undermine everything they had worked for. "We've got a dragon by the tail here," said Dr. Michael Kaback, another committee member. "The more negative that [our] presentation is, the less likely people are to use vaccination, immunization -- and we know what the results of that will be. We are kind of caught in a trap. How we work our way out of the trap, I think is the charge."

Even in public, federal officials made it clear that their primary goal in studying thimerosal was to dispel doubts about vaccines. "Four current studies are taking place to rule out the proposed link between autism and thimerosal," Dr. Gordon Douglas, then-director of strategic planning for vaccine

research at the National Institutes of Health, assured a Princeton University gathering in May 2001. "In order to undo the harmful effects of research claiming to link the [measles] vaccine to an elevated risk of autism, we need to conduct and publicize additional studies to assure parents of safety." Douglas formerly served as president of vaccinations for Merck, where he ignored warnings about thimerosal's risks.

In May of last year, the Institute of Medicine issued its final report. Its conclusion: There is no proven link between autism and thimerosal in vaccines. Rather than reviewing the large body of literature describing the toxicity of thimerosal, the report relied on four disastrously flawed epidemiological studies examining European countries, where children received much smaller doses of thimerosal than American kids. It also cited a new version of the Verstraeten study, published in the journal *Pediatrics*, that had been reworked to reduce the link between thimerosal and autism. The new study included children too young to have been diagnosed with autism and overlooked others who showed signs of the disease. The IOM declared the case closed and – in a startling position for a scientific body – recommended that no further research be conducted.

The report may have satisfied the CDC, but it convinced no one. Rep. David Weldon, a Republican physician from Florida who serves on the House Government Reform Committee, attacked the Institute of Medicine, saying it relied on a handful of studies that were "fatally flawed" by "poor design" and failed to represent "all the available scientific and medical research." CDC officials are not interested in an honest search for the truth, Weldon told me, because "an association between vaccines and autism would force them to admit that their policies irreparably damaged thousands of children. Who would want to make that conclusion about themselves?"

Under pressure from Congress and parents, the Institute of Medicine convened another panel to address continuing concerns about the Vaccine Safety Datalink Data Sharing program. In February, the new panel, composed of different scientists, criticized the way the VSD had been used in the Verstraeten study, and urged the CDC to make its vaccine database available to the public.

So far, though, only two scientists have managed to gain access. Dr. Mark Geier, president of the Genetics Center of America, and his son, David, spent a year battling to obtain the medical records from the CDC. Since August 2002, when members of Congress pressured the agency to turn over the data, the Geiers have completed six studies that demonstrate a powerful correlation between thimerosal and neurological damage in children. One study, which compares the cumulative dose of mercury received by children born between 1981 and 1985 with those born between 1990 and 1996, found a "very significant relationship" between autism and vaccines. Another study of educational performance found that kids who received higher doses of thimerosal in vaccines were nearly three times as likely to be diagnosed with autism and more than three times as likely to suffer from speech disorders and mental retardation. Another soon-to-be published study shows that autism rates are in decline following the recent elimination of thimerosal from most vaccines.

As the federal government worked to prevent scientists from studying vaccines, others have stepped in to study the link to autism. In April, reporter Dan Olmsted of UPI undertook one of the more interesting studies himself. Searching for children who had not been exposed to mercury in vaccines – the kind of population that scientists typically use as a "control" in experiments - Olmsted scoured the Amish of Lancaster County, Pennsylvania, who refuse to immunize their infants. Given the national rate of autism, Olmsted calculated that there should be 130 autistics among the Amish. He found only four. One had been exposed to high levels of mercury from a power plant. The other three – including one child adopted from outside the Amish community - had received their vaccines.

At the state level, many officials have also conducted in-depth reviews of thimerosal. While the Institute of Medicine was busy whitewashing the risks, the Iowa legislature was carefully combing through all of the available scientific and biological data. "After three years of review, I became convinced there was sufficient credible research to show a link between mercury and the increased incidences in autism," says state Sen. Ken Veenstra, a Republican who oversaw the investigation.

"The fact that Iowa's 700 percent increase in autism began in the 1990s, right after more and more vaccines were added to the children's vaccine schedules, is solid evidence alone." Last year, Iowa became the first state to ban mercury in vaccines, followed by California. Similar bans are now under consideration in thirty-two other states.

But instead of following suit, the FDA continues to allow manufacturers to include thimerosal in scores of over-the-counter medications as well as steroids and injected collagen. Even more alarming, the government continues to ship vaccines preserved with thimerosal to developing countries – some of which are now experiencing a sudden explosion in autism rates. In China, where the disease was virtually unknown prior to the introduction of thimerosal by U.S. drug manufacturers in 1999, news reports indicate that there are now more than 1.8 million autistics. Although reliable numbers are hard to come by, autistic disorders also appear to be soaring in India, Argentina, Nicaragua and other developing countries that are now using thimerosal-laced vaccines. The World Health Organization continues to insist thimerosal is safe, but it promises to keep the possibility that it is linked to neurological disorders "under review."

I devoted time to study this issue because I believe that this is a moral crisis that must be addressed. If, as the evidence suggests, our public-health authorities knowingly allowed the pharmaceutical industry to poison an entire generation of American children, their actions arguably constitute one of the biggest scandals in the annals of American medicine. "The CDC is guilty of incompetence and gross negligence," says Mark Blaxill, vice president of Safe Minds, a nonprofit organization concerned about the role of mercury in medicines. "The damage caused by vaccine exposure is massive. It's bigger than asbestos, bigger than tobacco, bigger than anything you've ever seen."

It's hard to calculate the damage to our country – and to the international efforts to eradicate epidemic diseases – if Third World nations come to believe that America's most heralded foreign-aid initiative is poisoning their children. It's not difficult to predict how this scenario will be interpreted by America's enemies abroad. The scientists and researchers – many of them sincere, even idealistic – who are participating in efforts to hide the science on thimerosal claim that they are trying to advance the lofty goal of protecting children in developing nations from disease pandemics. They are badly misguided. Their failure to come clean on thimerosal will come back horribly to haunt our country and the world's poorest populations.

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=> https://www.globalresearch.ca/vaccinations-deadly-immunity/14510

Robert Kennedy on the Vaccine Autism Coverup
https://www.youtube.com/watch?v=zrIM2hwrLoc

Los Angeles Times

Dan Kimber

Education Matters: Mercury may play autism role

Los Angeles Times, 20 October 2006, 12 AM PT
https://www.latimes.com/socal/glendale-news-press/news/tn-gnp-xpm-2006-10-20-gnp-kimber20-story.html

I suspected that there would be feedback from last week's article about boys and girls. Most of my mail was from the ladies who were either in agreement or were appreciative that a male would even suggest that females should take a more active role in running this world of ours. There were a few grumpy males who took umbrage at the suggestion. One snidely commended me for being in touch with my feminine side; another was sure that I was needing to score a few points with the ladies in my life. While that is a lifelong quest for me, it was not in the offing here.

In trying to figure out why girls in high school and colleges across the nation are out-performing the boys, one of the more thoughtful responses came from Greg, who suggested that our one-size-fits-all education is turning off more and more students, especially the males, for its lack of relevance and its determination to run all students through the same processing mill.

I tend to agree. We should be serving our clientele more as they are and be less hung-up on how we think they should be. By all means let's challenge our kids, but let's also make some effort to find out who and what they are, and how best they might fit into this complicated world. If that means that fewer sonnets and equations and peace treaties are studied, then so be it.

One parent contacted me with another possibility. What she told me was shocking. She writes, "I believe what is happening is that this generation of kids is being exposed to an increasing amount of toxins which have effects that we are just beginning to learn about. I have an autistic son and it is quite possible that his autism is a direct result of vaccines given to him at birth – vaccines that routinely contained mercury."

Just for the record, mercury is the second most toxic substance on earth. Even minute quantities cause harm.

More than 500,000 kids currently suffer from autism, and pediatricians diagnose more than 40,000 new cases every year. The disease was unknown until 1943 when thimerosal, an additive for vaccinations for newborns that contains 50% ethyl mercury, was mixed in with vaccinations given to newborns and young children.

Twyla wrote, "My 14-year-old son received a Hepatitis B vaccination, which contained thimerosal, on the day he was born. This had become routinely recommended for all newborns even though this disease is spread through sexual contact and IV drug use. I guess they felt that they could not trust women to say whether they might be at risk for passing this virus on to the developing fetus, so it was best just to vaccinate all newborns. It did not occur to the powers-that-be that injecting even a tiny amount of mercury into a newborn baby was a very bad idea. And that first shot was only the beginning, as vaccinations continued every few months throughout infancy."

According to [Environmental Protection Agency] standards, the amount of mercury contained in a single vaccination preserved with thimerosal would be considered safe for a 500-pound man. During the 1990s, the number of vaccinations increased dramatically. Nobody in authority thought to add up the amount of mercury being injected into infants, toddlers and children until the turn of the century.

Now lets bring it forward to June 16, 2005. A group of top government scientists and health officials gathered for a meeting in Norcross, Ga. The purpose of this assembly was to study the disturbing questions being raised about the safety of a host of common childhood vaccines administered to infants and young children. According to a Center for Disease Control spokesman, "thimerosal appeared to be responsible for a dramatic increase in autism and a host of other neurological disorders among children, including attention-deficit disorder and hyperactivity.

Since 1991, when the Center for Disease Control and Federal Drug Administration gave their official stamp of approval to thimerosal, the estimated number of cases of autism had increased 15-fold, from one in every 2,500 children to one in 166 children.

Enter Eli Lilly, Merck and a host of other drug companies that knew that thimerosal posed a danger to newborns and yet continued to market it. Their primary concern, you see, was their bottom-line profits. Before 1989, American preschoolers received only three vaccinations – for polio, diphtheria-tetanus-pertussis and measles-mumps-rubella. A decade later, thanks to federal recommendations, children were receiving a total of 22 immunizations by the time they reached first grade. As the number of vaccines increased, the rate of autism among children exploded. Despite the fact that studies over the past several decades indicate that mercury tends to accumulate in the brains of primates and other animals after they are injected with vaccines, and that the brains of infants are particularly susceptible, government agencies that are supposed to protect us from such things were not equal to the task.

U.S. Senate Majority Leader Bill Frist, for example, has received more than $1 million in contributions from the pharmaceutical industry and has worked studiously to immunize vaccine makers from liability in more than 4,200 lawsuits that have been filed by the parents of injured children. (I wonder, are these the "frivolous lawsuits" that our president works so diligently on our behalf to prevent?)

Parents should know what hospitals and doctors are injecting into the bodies of their young children.

Assuming that the makers of human vaccines are legally required to disclose exactly what goes into those vaccines, parents should know if thimerosal is in the mix. Better yet, they should have to sign a paper that contains very large print and a stern warning: This may be extremely hazardous to the health of your child.

Anales de la Facultad de Medicina

Laurente J, Remuzgo F, Ávalos B, et al.

Efectos neurotóxicos del timerosal, a dosis de vacuna, obre el encéfalo y el desarrollo en hámsteres de 7 días de nacidos

Anales de la Facultad de Medicina, 2007, September, 68(3): 222-237
https://dialnet.unirioja.es/servlet/articulo?codigo=8403102
http://www.scielo.org.pe/scielo.php?script=sci_arttext&pid=S1025-55832007000300003

Neurotoxic effects of thimerosal at vaccines doses on the encephalon and development in 7 day-old hamsters

Objetivos: Determinar si la administración de timerosal, en cantidades equivalentes al contenido en las vacunas, produce efectos neurotóxicos a nivel encefálico en hámsteres de 7 días de nacidos y evaluar las influencias sobre el desarrollo de los animales de experimentación.

Diseño: Estudio experimental, prospectivo y bietápico.

Lugar: Bioterio de la Facultad de Medicina de San Fernando, Universidad Nacional Mayor de San Marcos.

Material biológico: Hámsteres de 7 días de nacidos.

Métodos: Se estudió 45 hámsteres divididos en tres grupos: grupo A (n = 15), grupo B (n = 15) y grupo C (n = 15). Se administró a los grupos B y C, por vía intramuscular, 3 dosis equivalentes de sucrosa y timerosal, respectivamente, los días 7 (0,227 µg), 9 (0,216 µg) y 11 (0,220 µg) de nacimiento, en un volumen de 20 µL de suero fisiológico. El grupo A solo recibió igual cantidad de suero fisiológico en los mismos días. Principales medidas de resultados: Peso corporal, peso encefálico, talla de los hámsteres y alteraciones histopatológicas encefálicas.

Resultados: Las pruebas Anova y t de student fueron significativas en favor al menor peso corporal, menor peso encefálico y menor talla del grupo C con respecto a los grupos A y B ($p<0,000$). Mediante $\chi 2$, se obtuvo significancia en relación a la presencia de alteraciones histopatológicas en el grupo C ($p<0,000$). El RR de presentar alteraciones fue muy elevado en este grupo.

Conclusiones: La exposición a timerosal, en cantidades equivalentes al contenido en las vacunas, disminuyó de manera significativa el peso corporal, el peso encefálico y la talla de hámsteres posnatales. Asimismo, produjo efectos neurotóxicos a nivel encefálico, encontrándose a nivel del hipocampo (regiones CA1, CA3, DG), corteza cerebral y cerebelo (células de Purkinje y células granulosas) disminución de la densidad neuronal, necrosis neuronal, desmielinización axonal y gliosis; además, el riesgo de presentar alguna de estas alteraciones fue muy elevado en el grupo de animales que recibió timerosal

English =>

Anales de la Facultad de Medicina

Neurotoxic effects of thimerosal, at vaccine doses, on the brain and development in 7-day-old hamsters

Anales de la Facultad de Medicina, 2007, September, 68(3): 222-237
https://dialnet.unirioja.es/servlet/articulo?codigo=8403102
http://www.scielo.org.pe/scielo.php?script=sci_arttext&pid=S1025-55832007000300003

Objectives: To determine if thimerosal administration in amounts equivalent to vaccines content produces neurotoxic effects on the encephalon in postnatal hamsters and on experimentation animals' development.

Design: Experimental, prospective, bietapic study. Setting: San Fernando Faculty of Medicine, Universidad Nacional Mayor de San Marcos.

Biologic material: Seven-day old hamsters.

Material: We divided 45 postnatal hamsters in three groups: group A (n = 15), group B (n = 15) and group C (n = 15). We administered three intramuscular equivalent doses of sucrose and thimerosal in 20 µL of physiological serum respectively to groups B and C on birth-days 7 (0,227 µg), 9 (0,216 µg) and 11 (0,220 µg). Group A received only 20 µL of saline solution. Main outcome measures: Body weight, encephalon weight, hamster's stature and encephalon histopathological alterations.

Results: Anova and student t tests showed statistical significance in favor of low body weight, low encephalon weight and smaller stature in group C with respect to groups A and B hamsters ($p<0,000$). $\chi 2$ statistical significance in relation to the presence of histopathological alterations in group C was also obtained ($p<0,000$). We observed greater relative risk of encephalic alterations in group C.

Conclusions: The administration of thime

rosal in doses equivalent to vaccines content was associated with low corporal weight, low encephalon weight and smaller stature in postnatal hamsters. Neurotoxic effects were also produced at encephalic level, at hippocampus (regions CA1, CA3, DG), cerebral cortex and cerebellum (Purkinje cells and granuloses cells) with decrease in neuronal density, neuronal necrosis, axonal dismyelinization and gliosis. In addition, risk increase in developing any of these alterations was high in the animal group receiving thimerosal

Raquel Rutledge

Most flu shots contain mercury, but few know it

Experts say vaccine's benefits outweigh potential risk

City of Milwaukee, 12 November 2007
https://city.milwaukee.gov/ImageLibrary/Groups/healthAuthors/DCP/PDFs/grsThimVacc/JSArticleMostflushotscontainmercury.pdf

A record 130 million Americans are expected to get a flu shot this season in hopes of ducking the nasty virus, but as the needle pierces the skin more than 80% will also get what some say is a hefty and dangerous dose of mercury.

The U.S. Centers for Disease Control and Prevention recommends that almost everyone - including pregnant women - get the injection, despite written warnings from the vaccine manufacturers.

Citing an estimated 36,000 deaths a year from the flu and flu-related illness, the mainstream medical community, including the American Academy of Pediatrics and American Lung Association, says the benefits far exceed any risk from the shot.

In a typical year between 5% and 10% of the population will get the flu virus, resulting in roughly 200,000 hospitalizations, according to the CDC. The flu can be especially dangerous for very young children and people 65 and older. Elderly people account for about 90% of all flu-related deaths.

Simply stated: The flu shot saves lives, the CDC says.

Yet a growing number of doctors, scientists and citizen organizations, such as Safe Minds, the Coalition for Mercury-Free Drugs and Moms Against Mercury, say mercury in flu shots has not been proven to be safe and can be linked to neurological disorders and other serious problems. They push for mercury-free shots that are available in limited quantities but that few know about.

"Mercury causes tremendous damage to the brain," said Paul King, scientific adviser for the Coalition for Mercury-Free Drugs.

Mercury is among the most toxic heavy metals and is known to poison the central nervous system, liver, gastrointestinal tract and other systems in the body.

About 80% of all flu shots distributed in the United States contain a mercury-based preservative called thimerosal. Thimerosal consists of 49.6% ethyl mercury, an anti-bacterial, anti-fungal that allows manufacturers to sell the vaccine in large, multi-dose containers without fear of contamination.

The Environmental Protection Agency and federal Food and Drug Administration have not set an exposure limit for ethyl mercury. The FDA says it's continuing its efforts to reduce the exposure of infants, children and pregnant women to mercury from various sources.

The federal agencies have, however, set exposure limits for another organic and closely related form of mercury, methyl mercury - the type that comes from coal-fired power plants and is found in fish. They use that standard when estimating the safety of ethyl mercury.

Doctors and scientists debate the differences of the two forms in terms of how they affect the brain and body, but all agree: Both are toxins.

"Certainly it would be good to have no mercury exposure at all," said Jeanne Santoli, deputy director of immunization services division for the CDC. "But there's no conclusive scientific evidence that the amount of mercury one might get from a flu shot is linked with any neurological development outcome that's negative."

A typical 0.5 milliliter flu shot contains 25 micrograms - or 50,000 parts per billion - of mercury.
The EPA classifies a liquid with 200 parts per billion of mercury as hazardous waste. The limit for drinking water is 2 parts per billion.

Using the standards set for methyl mercury consumption - the kind that's in fish - an average 130-pound person getting the flu shot would exceed the daily limit by more than four times. A 22-pound baby would get more than 25 times the amount of mercury considered safe. And doctors are recommending that many babies and children get two flu shots this season.

A material safety data sheet from Eli Lilly and Co., which no longer makes a flu vaccine, says effects of exposure to thimerosal may include "fetal changes, decreased offspring survival and lung tissue changes. . . . Exposure in utero and in children may cause mild to severe mental retardation and mild to severe motor coordination impairment."

It does not state at what levels of exposure these consequences could occur.
The sheet is dated Dec. 22, 1999.
That same year, the Public Health Service agencies and American Academy of Pediatrics called for the reduction of thimerosal in all children's vaccines as a "precautionary measure." By 2001 it was eliminated from most vaccines, except for the flu shot. Converting to a preservative-free flu shot would take more time.

Effects uncertain

The CDC and National Institutes of Health have commissioned a number of studies looking at vaccine safety and any links vaccines might have with autism. In 2001 the Institute of Medicine reported that the evidence was inadequate to say whether thimerosal caused autism or other disorders. The issue warranted further investigation, the report stated.

Several other studies followed. In 2004, the Institute of Medicine reported that they couldn't find a causal relationship between thimerosal-containing vaccines and autism.

This September another study published in the New England Journal of Medicine was unable to prove a causal relationship between early exposure to thimerosal and neuropsychological outcomes in children ages 7 to 10. It did not address possible links with autism.

Amid all the uncertainty and considering that mercury is a known neurotoxin, several states, such as California, Illinois and New York, have banned thimerosal in vaccines - including the flu shot - given to young children and pregnant women.

Yet every day, in grocery stores, fast food restaurants, pharmacies, at work and elsewhere, people are bombarded with the message to "Shoo the flu" and repeatedly told "the best way to beat the flu is to get a flu shot."

Nothing is ever mentioned about thimerosal.
Nothing is ever said about the manufacturers' warnings for pregnant women.

In late October the American College of Obstetricians and Gynecologists reminded all pregnant women to get the flu shot.

"Flu vaccination is an essential part of prenatal care that provides protection to both women and their babies," the organization wrote in a press release.

Yet the country's largest maker of the flu vaccine, Sanofi Pasteur, in its own literature distributed in package inserts with the vaccine, specifically states:

"Animal reproduction studies have not been conducted with Influenza Virus Vaccine. It is also not known whether Influenza Virus Vaccine can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. Influenza Virus Vaccine should be given to a pregnant woman only if clearly needed."

The same warning appears on package inserts for vaccines that do not contain thimerosal.

Other flu vaccine makers include similar warnings in package inserts for both types of flu shots.

Novartis, maker of Fluzone, goes on to instruct that the "clinical judgment of the attending physician should prevail at all times in determining whether to administer the vaccine to a pregnant woman."

Yet physicians aren't present at most flu clinics. So, many, such as Aurora Health Care's Visiting Nurse Association, rely on information from the federal government and medical associations.

"The CDC recommends all pregnant women get them," said Lisa Taylor, a registered nurse and clinical coordinator for Aurora Health Care's Shoo the Flu program, which will vaccinate an estimated 90,000 people around southeastern Wisconsin this season.

The CDC cites one study supporting its claim that the vaccination is safe for pregnant women - a 1973 study designed primarily to look at tumors in children up to 1 year old whose mothers received a polio vaccination. It included a sentence stating that one child of more than 2,000 mothers vaccinated with the flu vaccine had a spinal cord tumor.

"It's ridiculous," said David Ayoub, a physician and medical director of Springfield, Ill.-based Prairie Collaborative for Immunization Safety, a group concerned about mercury in vaccinations. "It's a big, big deception.

"Half the kids could have died, but the study never would have shown that because they were specifically looking for tumors," said Ayoub, co-author of "Influenza Vaccination During Pregnancy: A Critical Assessment of the Recommendations of the Advisory Committee on Immunization Practices," published in the Journal of American Physicians and Surgeons in 2006.

Still the CDC defends the study, calling it "relevant" and says other studies also demonstrate the vaccine's safety during pregnancy.
"If there was any evidence that this is unsafe in pregnancy, it's likely the (CDC's advisory committee) would not be recommending it," said Anthony Fiore, a medical epidemiologist with the CDC. "It's a vaccine that's been given to pregnant women for decades."

Fiore also acknowledged that not enough is known about its safety.

"We would love to have better data on flu vaccine safety in all types of persons," he said.

Grass-roots groups, such as the North Carolina-based Moms Against Mercury, say it is just that lack of data that stokes their opposition to mercury-laden inoculations recommended for the masses.

"They are putting out a lot of false information about its safety," said Amy Carson, founder of the non-profit group.

Some thimerosal-free

Vaccine manufacturers such as Sanofi Pasteur, MedImmune and Novartis say they're ramping up production of thimerosal-free vaccines but don't have capacity to convert all the flu shots immediately.

"Our ultimate goal is to be entirely (preservative)-free," said Sanofi Pasteur spokeswoman Patricia Tomsky. "But it takes more time and effort to make single doses."

A thimerosal-free vaccine costs roughly $3 to $4 more per shot, Tomsky said.

The Wisconsin Department of Health and Human Services said about one third of its supply this flu season will be thimerosal-free. People need to ask for it, if they want it, health officials say.

But many people aren't aware that mercury is in the flu shot.

"I didn't know," said Kate Strzok, a 23-year-old Oak Creek woman, as she walked out of the Piggly Wiggly where she had just gotten the flu shot. "Interesting that they don't tell you."

Journal of Toxicology and Environmental Health

Geier DA, Sykes LK, Geier MR.

A review of Thimerosal (Merthiolate) and its ethylmercury breakdown product: specific historical considerations regarding safety and effectiveness

J Toxicol Environ Health B Crit Rev. 2007, December, 10(8): 575-96
doi: 10.1080/10937400701389875.
https://pubmed.ncbi.nlm.nih.gov/18049924/ https://www.tandfonline.com/doi/full/10.1080/10937400701389875

Thimerosal (Merthiolate) is an ethylmercury-containing pharmaceutical compound that is 49.55% mercury and that was developed in 1927. Thimerosal has been marketed as an antimicrobial agent in a range of products, including topical antiseptic solutions and antiseptic ointments for treating cuts, nasal sprays, eye solutions, vaginal spermicides, diaper rash treatments, and perhaps most importantly as a preservative in vaccines and other injectable biological products, including Rho(D)-immune globulin preparations, despite evidence, dating to the early 1930s, indicating Thimerosal to be potentially hazardous to humans and ineffective as an antimicrobial agent. Despite this, Thimerosal was not scrutinized as part of U.S. pharmaceutical products until the 1980s, when the U.S. Food and Drug Administration finally recognized its demonstrated ineffectiveness and toxicity in topical pharmaceutical products, and began to eliminate it from these. Ironically, while Thimerosal was being eliminated from topicals, it was becoming more and more ubiquitous in the recommended immunization schedule for infants and pregnant women.

Furthermore, Thimerosal continues to be administered, as part of mandated immunizations and other pharmaceutical products, in the United States and globally. The ubiquitous and largely unchecked place of Thimerosal in pharmaceuticals, therefore, represents a medical crisis.

...

Conclusion

The high order of toxicity from Thimerosal and its ethylmercury breakdown product has been known and published for decades. Nonetheless, Thimerosal remains in the drug supply, especially in various vaccines manufactured both for the United States and globally. The ubiquitous and largely unchecked place of Thimerosal in pharmaceutical products, therefore, represents a medical crisis in the modern day. Reforms in the manufacture and the licensing of vaccines and other drugs, which should have been accomplished proactively, had anyone properly assessed their mercury content, must now be conducted, reactively, under significant systemic stress. With no warning, recall, or ban of mercury in vaccines and other drugs as of yet, the victim of this mandated, unwarranted, and massive mercury exposure is still an unsuspecting public, and most especially its unborn and newborn children.

Department of Health and Human Services
Centers for Disease Control and Prevention

Mercury and Vaccines (Thimerosal)

CDC, 8 February 2008
https://web.archive.org/web/20090925160838/http://www.cdc.gov/vaccinesafety/updates/thimerosal.htm

Thimerosal is a mercury-containing preservative used in some vaccines and other products since the 1930s. There is no convincing scientific evidence of harm caused by the low doses of thimerosal in vaccines, except for minor reactions like redness and swelling at the injection site. However, in July 1999, the Public Health Service agencies, the American Academy of Pediatrics, and vaccine manufacturers agreed that thimerosal *should be reduced or eliminated in vaccines* as a precautionary measure.

Since 2001, with the exception of some influenza (flu) vaccines, thimerosal is not used as a preservative in routinely recommended childhood vaccines.

For more information, please see *Infant and Environmental Exposures to Thimerosal and Neuropsychological Outcomes at Ages 7 to 10 Years.* [See: CDC, 24 September 2008]
https://web.archive.org/web/20090925165034/http://www.cdc.gov/vaccinesafety/vsd/thimerosal_outcomes/

CDC Statement on Autism and Thimerosal

As the country's leading public health agency, the Centers for Disease Control and Prevention (CDC) is committed to protecting the health of all Americans – including infants, children, and adolescents. CDC shares with parents and many others great concern about the number of children with autism spectrum disorders (ASD). We are committed to understanding what causes autism, how it can be prevented, and how it can be recognized and treated as early as possible.

Recent estimates from CDC's Autism and Developmental Disabilities Monitoring network found that about 1 in 150 children have an ASD. This estimate is higher than estimates from the early 1990s. Some people believe increased exposure to thimerosal (from the addition of important new vaccines recommended for children) explains the higher prevalence in recent years. However, evidence from several studies examining trends in vaccine use and changes in autism frequency does not support such an association. Furthermore, a scientific review* by the Institute of Medicine (IOM) concluded that "the evidence favors rejection of a causal relationship between thimerosal-containing vaccines and autism." CDC supports the IOM conclusion.

CDC recognizes that autism is an urgent health concern and supports comprehensive research as our best hope for understanding the causes of autism and other developmental disorders. Through collaborations with partners in government, research centers, and the public, CDC is focusing on three areas –

1. Understanding the frequency and trends of autism spectrum disorders.
2. Advancing research in the search for causes and effective treatments.
3. Improving early detection and diagnosis so affected children are treated as soon as possible.

Related Links

- Thimerosal in Vaccines
- CDC's Autism Information Center
- Agency for Toxic Substances and Disease Registry ToxFAQ on Mercury (April 1999)
- Centers for Disease Control and Prevention. Recommendations regarding the use of vaccines that contain thimerosal as a preservative. *MMWR* 1999:48(43);996–998.
- Food and Drug Administration/Center for Biologics Evaluation and Research - Thimerosal
- Studies on Mercury and Vaccines*

Related Research

McMahon AW, Iskander JK, Haber P, Braun MM, Ball R. Inactivated influenza vaccine (IIV) in children <2 years of age: Examination of selected adverse events reported to the Vaccine Adverse Event Reporting System (VAERS) after thimerosal-free or thimerosal-containing vaccine. *Vaccine* 2008;26(3):427–429.

BLISSTREE

Kristina Chew

Dr. Marie McCormick Subpoenaed

Blisstree, 18 April 2008

https://web.archive.org/web/20170301230535/http://www.blisstree.com/2008/04/18/mental-health-well-being/dr-marie-mccormick-subpoenaed/

What causes autism is a question to be answered by science, or so one would think rather than by, for instance, any legal decisions or court cases. Just in the past year, there have been more and more studies refuting a link between the MMR vaccine and autism and also between thimerosal and rising autism rates. More and more studies are being done that point to a complex web of genetic factors in autism. Nonetheless, legal decisions in cases involving an autistic child and claims of injury by a vaccine, as in the cases of Michelle Cedillo (whose case was brought before the "vaccine court" in June of 2007) and Hannah Poling, have continued to attract the attention of the public, and to shift attention onto the safety of vaccines, over and above the need to take care of and educate autistic children and adults.

At end of March, Kathleen Seidel, who administers the well-researched Neurodiversity website, was issued a subpoena commanding her "to appear for deposition and document production in Rev. Lisa Sykes and Seth Sykes' $20,000,000 personal injury lawsuit, Sykes v. Bayer (Case No. 3:07-CV-660, Eastern District of Virginia, Richmond Division)." Seidel has written carefully researched articles about a hypothetical vaccine-autism link and has offered cogent, well-documented critiques of biomedical research. This is her Motion to Quash the subpoena, which requested that she hand over "virtually the entire documentary record of my intellectual and financial life over the past four years." Many bloggers have spoken out in support of Seidel; here is a list.

Today Seidel noted that she is "in distinguished company." I quote from her:

Yesterday I learned that on March 26, 2008 ……. Dr. Marie McCormick, Sumner and Esther Feldberg Professor of Maternal and Child Health at the Harvard School of Public Health, and Professor of Pediatrics at Harvard Medical School, was subjected to a similar experience at her Massachusetts home.

From 2001 to 2004, Dr. McCormick chaired the Immunization Safety Review Committee of the Institute of Medicine (IOM), charged with analyzing and reporting on data regarding the safety of vaccination practices. During her tenure, the committee published numerous reports of its findings, now made freely available on the National Academy of Sciences website. In its 2001 report, Measles-Mumps-Rubella Vaccine and Autism, the committee concluded that existing studies provided no support for an association on a population level between MMR immunization and autistic spectrum conditions. Vaccines and Autism, issued in May 2004, concluded that currently-available evidence favored a rejection of a causal relationship of thimerosal-containing vaccines and autism.

As a result of her voluntary work on the committee, Dr. McCormick has found herself a frequent target of suspicion by plaintiffs, their attorneys and advocates, and opponents of vaccines, who disagree with the committee's conclusions, and whose legal and political positions are not supported by its reports. Now she, too, is the target of a subpoena in Sykes v. Bayer.

The subpoena was issued against Dr. McCormick on March 21 by Clifford Shoemaker, and commands her to appear for deposition on April 29 at the Boston offices of vaccine-injury litigators Conway, Homer & Chin-Caplan.

Clifford Shoemaker is a lawyer who has represented more than a few families who claim that their child was "injured" by a vaccine and became autistic; he is the lawyer for the family of Hannah Poling. A Motion to Quash the Subpoena has been filed on behalf of Dr. McCormick. More from Kathleen Seidel:

The Motion (assigned docket number 1:2008-mc-10102) indicates that although Dr. McCormick was served on March 26, and although her attorneys tried repeatedly to contact plaintiffs' counsel to discuss the matter and to attempt in good faith to resolve or narrow the issue, Mr. Shoemaker did not respond until April 9 — the deadline for filing a motion to quash.

The Memorandum of Law in Support of Motion to Quash Third-Party Subpoena addresses the governance of the National Academy of Sciences, the processes by which its committees conduct and publish scientific studies and investigations, and the manner in which it screens committee members for conflicts of interest. It protests the subpoena as unduly burdensome and premature, particularly given the substantive and procedural flaws in the Amended Complaint recently filed in Sykes v. Bayer. The Memorandum discusses the legal rationale for and public policy interests served by preserving confidentiality of IOM committee deliberations reflecting "preliminary, incorrect, or incomplete analysis" of scientific matters, and previous attempts to compel discovery of such material. The Memorandum also addresses the inappropriateness of issuing the subpoena to Dr. McCormick personally, and protests its burdensome demands for material readily available from public sources and its personally invasive character.

Seidel notes that she is in "solidarity and sympathy" with Dr. McCormick, and I am too. It is unfortunate that, rather than let theories about autism causation be studied and determined by scientists and researchers, some have chosen such avenues and tactics – especially when there are so many other issues about autism that need our attention and resources.

Protecting Children from Mercury-Containing Drugs

United Methodist Church, Fort Worth. 23 April – May 2, 2008
https://calms2008.umc.org/Text.aspx@mode=Petition%26Number=409.html
https://pathwaystofamilywellness.org/wellness-lifestyle/the-united-methodist-church-resolves-to-protect-children-from-mercury-in-drugs.html

Policy Base: The United Methodist Social Principles, 162.J (Alcohol and Other Drugs), 162.T (Right to Health Care)

Theological Foundation: In Mark 10:13-16, it says, "People were bringing little children to him in order that he might touch them; and the disciples spoke sternly to them. But when Jesus saw this, he was indignant and said to them, 'Let the little children come to me; do not stop them; for it is to such as these that the Kingdom of God belongs. Truly I tell you, whoever does not receive the kingdom of God as a little child will never enter it.' And he took them up in his arms, laid his hands on them, and blessed them."

Photo by Mike DuBose

When the 2008 General Conference of The United Methodist Church, meeting in Fort Worth, Texas, approved the resolution "Protecting Children from Mercury-containing Drugs" on April 29th, it brought a new and commanding voice to the issue of mercury in medicine. Comprised of 992 international delegates, the General Conference is the top decision-making body of the United Methodist Church. In passing this resolution, the United Methodist Church affirms its commitment to safe vaccines and seeks to safeguard public confidence in vaccines and other drugs by advocating the removal of mercury from them.

Mercury is a known poison, neurotoxin, and carcinogen. Of particular concern, thimerosal, the mercury-based 'preservative' first patented in 1928, remains commonplace in some vaccines (including flu and tetanus shots) as well as other drugs, both prescription and over-the-counter, used in the United States and abroad. With many published scientific, medical, toxicological, and epidemiological studies (some underwritten by pharmaceutical companies and government agencies) reaching opposite conclusions about the danger posed by mercury in the global drug

Delegates to the 2008 United Methodist General Conference meeting

Whereas, as demonstrated in the Social Principles, The United Methodist Church affirms:

"...wise policies relating to the availability of potentially beneficial or potentially damaging prescription and over-the-counter drugs; we urge that complete information about their use and misuse be readily available to both doctor and patient."

Whereas, Thimerosal (synonyms include: Thiomseral, Merthiolate, Thimerasol) is a severely toxic, antiquated, organic mercury compound (approximately 50% mercury by weight) that has been added to some vaccines and pharmaceutical products since the 1930s,

Whereas, numerous peer-reviewed scientific/medical studies published over many decades, at least since the 1930s, have recommended removing or restricting the use of Thimerasol in medicinal products, and have demonstrated its significant toxicity,

Whereas, the Food and Drug Administration (FDA) recommended, in 1982, that Thimerosal be banned from topical over-the-counter products, and the American Academy of Pediatrics (AAP) and United States Public Health Service called for its removal from all vaccines in July of 1999, as did the Institute of Medicine of the United States National Academy of Sciences in 2001,

Whereas, Thimerasol (mercury) still remains in some vaccines (including childhood vaccines and the flu shot), and many other pharmaceutical products in the US, and the mercury content of vaccines manufactured for use in developing nations has not been reduced, and in both cases, remains well in excess of Federal Safety Guidelines,

Whereas, the Environmental Protection Agency of the State of California officially declared that Thimerasol is a developmental toxin, meaning that it can cause birth defects, low birth weight, biological dysfunctions, or psychological or behavior deficits that become manifest as the child grows, and that maternal exposure during pregnancy can disrupt the development or even cause the death of the fetus (The State of California has banned administration of Thimerasol-containing vaccines to children and pregnant women),

Whereas, the public is given limited opportunity of informed consent in regard to these known risks of mercury exposure incurred through mandated injections and from many other pharmaceutical products, both prescription and over-the-counter, including topical antiseptic solutions and antiseptic ointments for treating cuts, nasal sprays, eye solutions, vaginal spermicides, diaper rash treatments, and perhaps most importantly, as a preservative in vaccines and other injectable biological products, including immune globulin preparations.

Whereas, vaccines are promoted for the prevention of diseases, it is also important to guard against any unintentional harm through their administration. It is a violation of human life to inject poison into any being, especially a pregnant woman or a newborn baby,

Whereas, there are some presently marked vaccines and pharmaceutical products that use safe, effective, and economical methods to eliminate the need for Thimerosal (mercury) preservatives, thereby increasing the safety of vaccines,

Therefore, be it resolved that The United Methodist Church support all efforts to protect the public, especially children, from mercury-containing drugs by calling on the World Health Organization, international and national health officials/agencies, including the US Secretary of Health and Human Services, the US Food and Drug Administration and the US Centers for Disease Control and Prevention to:

Immediately prioritize *mercury-free stocks of vaccines* and other pharmaceutical products for pregnant women, newborn infants and children,

Provide “the opportunity of informed consent” and promote product education to individuals about mercury exposure through their pharmaceutical products or vaccines, detailing the known risks of toxicity and Federal Safety Guidelines for exposure to mercury; and

Ban the presence of any mercury compound in pharmaceutical products or vaccines, prescribed or over-the-counter.

And be it further resolved, that, until mercury is banned from medicine, the medical missions, hospitals, clinics and ministries of The United Methodist Church strongly encourage mercury-free vaccines over mercury-containing ones. Acknowledging the difficulties in some contexts, we strongly urge that other organizations who are responsible for immunization efforts to prevent disease such as the Global Alliance for Vaccines and Immunizations, United Nations Children’s Fund (UNICEF), Rotary International, the Bill and Melinda Gates Foundation as well as any other organization from which vaccines are purchased join the United Methodist Church in the education of and advocating for mercury free drugs and vaccines.

pathways to family wellness

The United Methodist Church Resolves **to Protect Children from Mercury in Drugs**

Pathways, Spring, 2009
https://pathwaystofamilywellness.org/wellness-lifestyle/the-united-methodist-church-resolves-to-protect-children-from-mercury-in-drugs.html

When the 2008 General Conference of The United Methodist Church, meeting in Fort Worth, Texas, approved the resolution "*Protecting Children from Mercury-containing Drugs*" on April 29th, it brought a new and commanding voice to the issue of mercury in medicine. Comprised of 992 international delegates, the General Conference is the top decision-making body of the United Methodist Church. In passing this resolution, the United Methodist Church affirms its commitment to safe vaccines and seeks to safeguard public confidence in vaccines and other drugs by advocating the removal of mercury from them.

Mercury is a known poison, neurotoxin, and carcinogen. Of particular concern, thimerosal, the mercury-based 'preservative' first patented in 1928, remains commonplace in some vaccines (including flu and tetanus shots) as well as other drugs, both prescription and over-the-counter, used in the United States and abroad. With many published scientific, medical, toxicological, and epidemiological studies (some underwritten by pharmaceutical companies and government agencies) reaching opposite conclusions about the danger posed by mercury in the global drug supply, the United Methodist resolution brings a new religious and ethical perspective to this debate even as it brings this issue to the attention of a global community of concerned Christians.

With its passage, The United Methodist Church, with 11.5 million members around the world, becomes the largest global organization and the first faith community to advocate for mercury- free drugs. Because The United Methodist Church has a network of medical missions, clinics, and hospitals around the world, its leadership hopes that their expressed preference for mercury-free vaccines will cause other agencies involved in the delivery of healthcare, both in the United States and around the world, to examine this issue with great care. Early efforts, first led by the Rev. Lisa Sykes and other parents of mercury-injured children, brought their well-researched concerns about mercury in medicine to the attention of their local churches and annual conferences. Ms. Julie Taylor, Executive Secretary for Children, Youth, and Family Advocacy, within the Women's Division, explained:

"As part of its history, the organization of United Methodist Women has advocated for the health and education of women and children. Because of their faith and since the turn of the century, the women have sought to raise awareness and provide assistance for these areas of concern, both in this country and around the world. Undertaking the issue of mercury in vaccines and other drugs is just one expression of that faith and commitment. Today's women are advocating for safe vaccines. They want children to be protected from diseases but they also want that to occur in as safe a manner as possible. Getting mercury out of vaccines is one way to do that."

A number of factors underscore why this issue has ascended through the structures of The United Methodist Church so quickly. The first is that this issue is consistent with both the history and the doctrine of the denomination. Affirmed in the United Methodist Book of Discipline is the church's great commitment to social justice: "The United Methodist Church has a long history of concern for social justice. Its members have often taken forthright positions on controversial issues involving Christian principles. Early Methodists expressed their opposition to the slave trade, to smuggling, and to the cruel treatment of prisoners."

THE FLU CASE

Ulla Danielsen

Methodist minister challenges US Government over toxic Mercury in Vaccines

The Flu Case, 1 February 2010, 15:34
https://web.archive.org/web/20100415040848/http://www.theflucase.com/index.php?option=com_content&view=article&id=2668%3Amethodist-minister-challenges-us-government-over-toxic-mercury-in-vaccines&catid=1%3Alatest-news&Itemid=64&lang=en

"*When you take something Deadly and put it in something Lifesaving, does that make the deadly thing safe, or the lifesaving thing deadly*?" Asks Reverend Lisa K. Sykes, Richmond, Virginia

The first years of his life, Lisa Sykes' newborn son, whom she named Wesley, appeared to be a normal, healthy child. He was born in Richmond, Virginia, in 1996. As an American child, Wesley received all of the vaccines required by the state of Virginia through his second birthday. The doctor assured Lisa the shots her son received were essential and safe.

In his baby photos, Wesley is smiling and appears very healthy. Yet, by his third birthday, something terrible had happened to Wesley. It is noticeable in the pictures. His eyes were no longer vivid and his angelic little smile has vanished. About this time, Wesley also lost all his words and acted as if he were deaf. Even when Lisa screamed out his name loudly, Wesley would not look at her or respond to her.

Lisa K. Sykes,

Who is a Methodist minister in Richmond, Virginia, began seeking help for her son.

Diagnosed with Autism

The doctors diagnosed Wesley with autism, and afterwards he was tested for heavy metal poisoning.

The test results proved that Wesley had levels of *mercury in his urine well above the danger limit*.

For Lisa K. Sykes it was crushing, when she learned that most of the vaccines which her son had received as a toddler as well as one shot she had received during her pregnancy, all contained mercury, which at very low levels is a documented and potent poison, carcinogen and neurotoxin. "Neither my doctor nor I knew, that there was mercury present in these pharmaceutical products, containing an antiquated preservative by the name of Thiomersal," says Sykes.

She raised the issue first in the Virginia Annual Conference of the United Methodist Church, and then before the Women's Division of the General Board of Global Ministries of her denomination. The alarmed mother and minister succeeded in getting first her conference and then the Women's Division of the United Methodist Church to support her fight for *mercury-free vaccines*. Finally, on April 29, 2008, Lisa K. Sykes experienced an even greater victory, when the General Conference of the United Methodist Church, representing 11 million members world-wide, approved her resolution, "*Protecting Children from Mercury-containing Drugs*."

A Direct Connection

Lisa K. Sykes, who is now 44 years of age, is convinced that there is a direct connection between the increasing frequency of autism among US children and the increasing amount of mercury being administered to them through vaccines containing Thiomersal.

And she is not the only one to suspect such a connection.

Scientists from John Hopkins, Columbia, Tufts, Baylor and other prestigious institutions also *find evidence that supports this point of view*.

Dr. Mark Geier, President for The Genetic Centers of America, writes that a lowering burden of mercury in the vaccination programme in 2003, resulted in a falling rate in the diagnosis of developmental disorders three years later.

Meanwhile these disorders are expected to increase again, as Thiomersal has begun to reappear in newer vaccines, especially those for the seasonal and swine flu. "When you take something *deadly and put it into something life-saving*, does that make the deadly thing safe, or the lifesaving thing deadly?" asks Reverend Lisa K. Sykes.

Not only a Medical Crisis

Sykes emphasizes that she was denied both safe pharmaceuticals and informed consent. "That makes this issue not only a medical crisis - but also a crisis of civil rights, and some would say constitutional rights," the Methodist minister asserts.

For Christians the matter has become a moral and ethical issue, as many developing countries have keyed their laws to laws in the US, after they have been made victims of unsafe and cheap pharmaceutical products.

"Industry fears that if the USA bans Thiomersal, other countries will also, closing huge markets to unsafe mercury-preserved vaccines," Lisa K. Sykes argues. "In the face of federal inertia on this public health crisis, it is the faith community that is taking a decisive stand," she says.

The United Methodist Church is the first community of faith to officially advocate a ban on the use of mercury in pharmaceuticals – including Thiomersal in vaccines.

The bold step of the Methodists is a challenge to the American government, the American Medical Association, the American Academy of Pediatrics as well as the producers of vaccines, who to this day, still protest that the use of mercury in pharmaceutical products, even for pregnant women and newborn children, is safe.

Lisa K. Sykes can be reached through www.mercury-freedrugs.org and the book is www.sacredsparkbook.com .

Mercury Exports to be Banned on Health Grounds by EU

MedIndia, 25 September 2008
https://www.medindia.net/news/mercury-exports-to-be-banned-on-health-grounds-by-eu-42282-1.htm

The export of mercury will be banned in the European Union from 2011 in order to reduce health risks, the European Commission announced Thursday.

The European Commission announced Thursday that the export of mercury will be banned in the European Union from 2011 in order to reduce health risks.

Alongside the ban, which includes mixtures of metallic mercury with other substances, the new rules to be introduced in March 2011 will oblige all mercury already in Europe to be "safely stored" so as not to cause a hazard.

"Mercury poses a threat to human health and the environment in the European Union and globally," said EU Environment Commissioner Stavros Dimas.

"This important piece of legislation will protect citizens by significantly reducing exposure to this highly toxic metal.

"Let us hope that other countries will follow our example," he added.

A commission spokeswoman said that the 27 EU member states would in January consider whether a ban on mercury imports is also required.

The EU ended all mercury extraction in 2001 but remains the world's biggest exporter, supplying around a quarter of global consumption of mercury.

Mercury and its compounds are highly toxic to humans and high does can be fatal.

The use of mercury is declining worldwide but it is still used in small-scale gold mining, the chlor-alkali industry and production of vinyl-chloride monomer, the basis of PVC plastic.

It has also been used in dental amalgam for fillings.

EU Monitor

Environment:
Commission welcomes adoption of legislation to ban EU mercury exports

EU Monitor, 25 September 2008.
https://www.eumonitor.eu/9353000/1/j9vvik7m1c3gyxp/vhymhg01bszz?ctx=vi8rm2zxslzp&s0e=vhdubxdwqrzw
https://web.archive.org/web/20100220012632/http://www.theflucase.com/index.php?option=com_content&view=article&id=2578%3Aeu-acknowledged-health-risks-of-mercury-in-2008&catid=41%3Ahighlighted-news&Itemid=105&lang=en

The European Commission welcomes the final adoption by the Council today of legislation banning all exports of mercury from the European Union. The export ban is a key part of the EU's strategy for reducing the global supply of mercury and thereby limiting emissions of the highly toxic heavy metal into the environment. The legislation requires mercury that is no longer used in the chlor-alkali industry – the chemical industry sector responsible for chlorine and caustic soda production – or that is produced in certain other industrial operations, to be put into safe storage once the export ban takes effect in March 2011.

Environment Commissioner Stavros Dimas said: *"Mercury poses a threat to human health and the environment in the European Union and globally. This important piece of legislation will protect citizens by significantly reducing exposure to this highly toxic metal. Let us hope that other countries will follow our example and support our goal of cutting the global supply of this dangerous substance."*

Dangers of mercury exposure

Mercury and its compounds are highly toxic to humans, animals and ecosystems. High doses can be fatal to humans, but even relatively low doses can seriously affect the nervous system and have been linked with possible harmful effects on the cardiovascular, immune and reproductive systems. Mercury persists in the environment, where it can change into methylmercury, its most toxic form. Methylmercury readily passes through both the placenta and the blood-brain barrier, so exposure of women of child-bearing age and of children is of greatest concern.

Mercury use

Use of mercury is declining at both global and EU levels. Yet some significant uses remain. Globally, the main uses of mercury are in small-scale gold mining, the chlor-alkali industry and production of vinyl-chloride monomer, the basis of PVC plastic. In the EU only the chlor-alkali industry remains a significant user, and it is progressively phasing out the use of mercury-containing cells in its production of chlorine. The next most significant use in the EU is in dental amalgam.

EU mercury exports

Although the EU stopped all forms of mercury mining in 2001, it is the world's biggest exporter – responsible for up to a quarter of the global mercury supply. The new legislation is designed to ensure that several thousand tonnes of mercury will be taken out of circulation and stored in a way preventing its release. Euro Chlor, a federation representing the European chlor-alkali manufacturing industry, has made a voluntary commitment to ensure safe storage of mercury from the industry and compliance with all relevant national and EU legislation.

Background

The Commission launched the EU's mercury strategy – a comprehensive plan addressing mercury pollution both in the EU and globally – in January 2005. It consists of 20 measures to reduce mercury emissions, cut supply and demand and protect against exposure, especially to methylmercury found in fish. The export ban and safe storage of surplus mercury are major aspects of the strategy.

WORLD NEWS

EU to ban export of mercury by 2011 on health grounds

World News, 29 September 2008
https://web.archive.org/web/20080929100554/https://article.wn.com/view/2008/09/25/EU_to_ban_export_of_mercury_by_2011_on_health_grounds/

BRUSSELS - The export of mercury will be banned in the European Union from 2011 in order to reduce health risks, the European Commission announced Thursday. Alongside the ban, which includes mixtures of metallic mercury with other substances, the new rules to be introduced in March 2011 will oblige all mercury already in Europe to be "safely stored" so as not to cause a hazard. "Mercury poses a threat to human health and the environment in the European Union and globally," said EU Environment ...

AUCD
ASSOCIATION OF UNIVERSITY CENTERS ON DISABILITIES
Research, Education, Service

Claudia Kalb

Stomping Through a Medical Minefield

Newsweek / AUCD, 27 October 2008 // 3 November 2008
https://www.aucd.org/template/news.cfm?news_id=3200&id=1284&parent=1284

Paul Offit-salt-and-pepper hair, wire-rimmed glasses, Phillies fan-hardly seems like the kind of guy who'd receive a death threat. He's a father who likes to hang out with his teenage kids, a doctor who wears khakis until they're frayed. But Offit, chief of infectious diseases at Children's Hospital of Philadelphia and the nation's most outspoken advocate for childhood immunizations, is at the center of a white-hot medical controversy. He believes passionately in the safety of vaccines; his enemies, many of them parents who blame these shots for their children's autism, do not. Offit says he's been harassed in public, and received threatening letters, e-mails, and phone calls. One August morning, his wife, Bonnie, sent him a message before he spoke at a New York press conference promoting vaccination. Worried that protesters rallying outside the event might turn violent, she warned: "Be careful."

Immunologists were hardly the target of such wrath when Offit, 57, entered the field almost 30 years ago. But today, frustrations and fears about a mysterious brain disorder that strikes up to one in 150 kids have given rise to the most angry and divisive debate in medicine: do vaccines trigger autism? Offit, a vaccine inventor, says "no." His critics, who vilify him routinely on autism Web sites, say the question is still very much open. They think he's arrogant and a mouthpiece for Big Pharma. One recent post: "Offit should be prosecuted for crimes against our children." After the death threat – a man wrote, "I will hang you by your neck until you are dead" – an armed guard followed Offit to lunch during meetings at the Centers for Disease Control and Prevention.

But the scientist refuses to back down. In his new book, "Autism's False Prophets: Bad Science, Risky Medicine, and the Search for a Cure," Offit takes on his critics full-force, challenging them to prove the science wrong. Fearing for his safety, he isn't doing a book tour. "People think of me as this wild-eyed maniac," Offit says. "If I sat down with them for 10 minutes, they'd see that my motivation is the same as theirs. You want what's best for kids." Asked how he ranks the intensity of the vitriol aimed at him, Offit says simply, "Abortion, doctors who perform abortions."

Nobody's firebombing pediatricians' offices, and there's no moral dilemma here about when life begins. But the overarching question – what happened to my baby?--is still impossible to answer, and the anger is real and it's deep. Some parents of children with autism tell stories with an eerily similar start: an infant who was happy and healthy until she got her shots. Then, suddenly, she lost eye contact and language. Parents' dreams for their babies are buried in sadness, their pockets are emptied to pay for therapies, their worries about their children's future haunt them even as they're trying to get through the screaming, splattered minutes of the day.

Parents of children with autism are a diverse group. Many don't believe vaccines are to blame; they'd like to see attention shifted to better services for their children. But those who think vaccines are the culprit will continue to fight a government and pharmaceutical industry they do not trust. Such concerns have spread beyond the autism community. Choice has become a critical issue; a few weeks ago, parents rallied outside the New Jersey State House, protesting the state's requirement that the flu vaccine be given to children attending day care or preschool. (The parents support

legislation that would let them opt out.) A recent CDC survey found that less than 1 percent of American toddlers received no vaccines at all by 19 to 35 months. But some parents are skipping certain shots or staggering the government's recommended schedule, a move that scientists worry could lead to increased outbreaks. This summer, the CDC reported 131 cases of measles, the largest number since 1996. Many of those kids' parents, says a CDC spokesman, were concerned about vaccine safety.

Offit's book is a critical assessment of the theories that have swirled around autism, the therapies marketed to fix it, and the people – the "false prophets" - who he says have taken emotional and financial advantage of parents seeking a cure. Few scientists are willing to touch this third rail of science publicly; Offit grabs it with two hands. He documents "false promises," like secretin, a hormone derived from pigs that was said to improve symptoms. He dissects hypotheses that gave rise to fears – first, that the measles-mumps-rubella vaccine causes autism and later, that thimerosal, a mercury-containing preservative, is the culprit – then lays out the evidence against them, including more than a dozen studies showing no link. He lambastes the lawyers, doctors, media, politicians, and celebrities who he says have fueled the anxiety. The notion that vaccines cause autism, he writes, has "been clearly disproved."

...

Recently, Offit set off a flurry of angry postings when he said that a *baby's immune system could handle as many as 10,000 vaccines*. Then he upped the ante, saying it was probably "*closer to 100,000*." Offit's assessment is based on data showing the vast capacity of a child's immunological response. Parents who worry that children are getting too many shots too soon (the CDC schedule calls for about 28 immunizations against 14 diseases by age 2) were incensed. "Let's see how many of these vaccinations Offit can withstand. May I administer the 10,001st?" wrote one user on AgeofAutism.com. The outrage is triggered by Offit's approach, says Dan Olmsted, Age of Autism's editor: "He basically says the case is closed. He's very dismissive of anyone who disagrees." And critics charge that Offit, one of three patent holders of a vaccine against rotavirus – which causes severe diarrhea and kills half a million children a year worldwide – is dependent on drug companies and motivated by greed. They call him "Dr. Proffit."

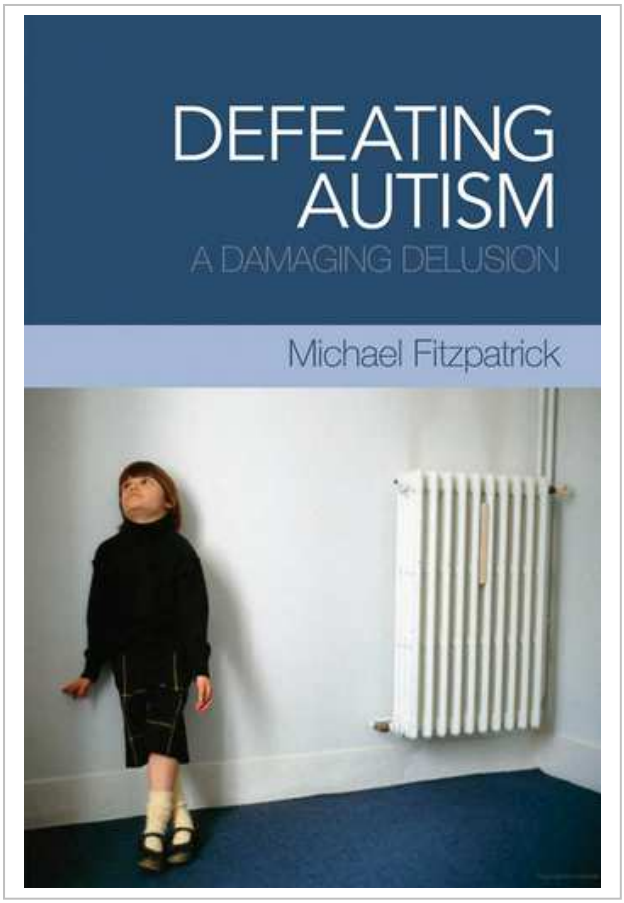
Offit isn't apologizing. He acknowledges that he got a "small percentage" of the $182 million Children's Hospital of Philadelphia received when it sold its interest in future royalties for the vaccine RotaTeq. (He won't give a precise amount, but says "it's like winning the lottery.") And he has served as both a paid and unpaid member of a scientific advisory board at Merck, which makes RotaTeq. Drug companies routinely hire experts as consultants, despite concerns by some that these relationships can undermine scientific credibility. But Offit says money has never been his motivator. At the age of 5, he spent three weeks in a polio ward, where he was housed to recover from clubfoot surgery. "It caused me to see children as very vulnerable and helpless and, I think, drove me through the 25 years of the development of the rotavirus vaccine," says Offit. Frankie Milley, who started a national organization called Meningitis Angels after losing her 18-year-old son, Ryan, to the disease, says Offit readily hands out his number to parents concerned about vaccine safety. "He truly hurts for children who are suffering or who have died," she says.

Scientific studies cannot prove a negative, so researchers must be cautious in the language they use to describe results. Because Offit refuses to garble the message, fellow scientists say, he is the perfect target. "He happens to be blessed with the gift of gab, and he's been willing to step up and be in the battle," says Dr. Edgar Marcuse, a pediatrician at Seattle Children's. "It requires a kind of offense and aggressiveness that's absolutely necessary to set the record straight." Dr. Peter Hotez, a professor and vaccine researcher at George Washington University, says government health officials should take a bolder stand in reassuring the public. Hotez feels as strongly as Offit does about the science (saying vaccines cause autism, he says, "is like saying the world is flat"), but, like other busy scientists, he's less willing to enter the fray. "Here's someone who has created an invention that saves hundreds of lives every day," says Hotez, whose daughter, 15, has autism, "and he's vilified as someone who hates children. It's just so unfair."

Michael Fitzpatrick

Defeating Autism: A Damaging Delusion

London & New York, Routledge, 27 October 2008
https://books.google.com.my/books?id=nQJ9AgAAQBAJ&source=gbs_navlinks_s



he concludes that 'we all have so much, when finally connected, that we can give'.

Jaquelyn McCandless

When her granddaughter was diagnosed with autism in 1996, Jaquelyn McCandless had been in private practice as a psychiatrist and sex therapist in California for 30 years and by her own admission 'knew almost nothing about autism' (McCandless 2005: 8). In recent years, according the biographical sketch in her 2005 book, *Children with Starving Brains*, 'her interest in women's issues and sexuality led to an alternative medical practice with a focus on anti-ageing, brain nutrition and natural hormone therapy' (McCandless 2005: xi). From here it was only a short step to providing biomedical and dietary treatments for autistic children whose 'brain cells' she believes 'are starving for nutrients'.

According to Jack Zimmerman, poet, mathematician, visionary educator and Jaquelyn's husband and co-author, she is 'an alchemist working on the edge of the mystery of healing' (McCandless 2005: 213). Jack believes that 'the children with starving brains are here to help us heal our starving hearts' (McCandless 2005: 194).

Jeffrey Bradstreet

When his son was diagnosed with autism in 1997, Jeff Bradstreet had abandoned his career as a family doctor to become a radio talk-show host. He subsequently took up the biomedical cause and founded the International Child Development Resource Center in Florida, where Andrew Wakefield was appointed director of research on his departure from the Royal Free Hospital in London in 2001. Dr Bradstreet also launched the Good News Doctor Foundation, whose logo featured a stethoscope and a bible, bringing together his 'vast research and clear grasp of scripture' and 'his professional medical expertise'. When Channel 4 flew Dr Bradstreet to London to provide back up for Dr Wakefield in the TV debate following the broadcast of *Hear the Silence*, he was variously presented as a paediatrician, a family practitioner and a professor of neuroscience.

Dr Bradstreet has collaborated on various projects of the vaccine–autism campaign as well as appearing as an expert witness in litigation claims. He has developed the 'Open Windows' autism biomedical training programme ('When God closes a door, somewhere He opens a window'). In his treatment centre, Dr Bradstreet offers the familiar biomedical treatment programme, in particular promoting his own range of vitamin and mineral supplements.

Age of Autism

John Stone

Smoke and Mirrors: Dr Richard Horton and the Wakefield Affair

Age of Autism, 22 December 2008
https://web.archive.org/web/20100414083541/http://www.ageofautism.com/2008/12/smoke-and-mirrors-dr-richard-horton-and-the-wakefield-affair.html

If we knew then what we know now we certainly would not have published the part of the paper which related to MMR, although I do believe there was and remains validity to the connection between bowel disease and autism.'

From the moment Richard Horton, editor of the Lancet, spoke these words on the BBC evening news of Friday 20 February 2004 Andrew Wakefield's career lay in tatters. For six years Horton and the Lancet had been under pressure over his decision to publish in February 1998 an 'early report' *Ileal-lymphoid-nodular-hyperplasia, non-specific colitis and autism in children* of which Wakefield - a senior researcher at the Royal Free Hospital in London - was lead author. At publication time Wakefield was already an author of more than a hundred peer review publications, but none before or since attracted the attention of this one. The paper, a series study of 12 consecutively referred cases, related to a sub-group children who had suffered adverse reactions to MMR vaccine, and hypothesised but did not confirm a connection between their symptoms and the vaccination.

Nevertheless, by implication the study struck at the heart of public health policy: the Royal Free Medical School called a press conference, and there was instant controversy. The British government and medical establishment never forgave Wakefield. They weren't that happy with Horton either, and he knew it.

Horton's decision to go to the BBC in February 2004 had been precipitated by an extraordinary meeting at the *Lancet* offices two days previously. Wakefield's 1998 paper had been investigated by a freelance journalist Brian Deer on behalf of the Sunday Times. According to Horton – giving evidence the UK General Medical Council in August 2007 – Deer had been dispatched with Liberal-Democrat member of parliament, Dr Evan Harris, in a last ditch attempt to rescue a failing story, held over from the previous week, and considered to weak to publish. Also present there with Wakefield, were Profs John Walker-Smith and Simon Murch, the two doctors presently on trial with him at the GMC, and another Royal Free doctor, the neurologist Peter Harvey.

Deer presented a raft of allegations about the conduct of the study, and unethical procedures conducted against the children in the study. These were rebutted by the doctors, and were neither upheld by the Royal Free or in turn the *Lancet*. The sticking point, however, came over the fact that Wakefield, alone of the Royal Free doctors, had been hired by the Legal Aid Board to investigate the possibility of class litigation against the MMR manufacturers. Confronted by Deer, Horton denied that he had known of this, and Deer at last had a story. Horton's decision to go public that Friday evening anticipated the publication of Deer's article in the *Sunday Times* (and comically led to him being sued by Deer in the small claims court). But Horton's declaration on its own ignited a media explosion and by the following morning he had also told the BBC that there was "a fatal conflict of interest" and the research was "fatally flawed". By Saturday, tea time, the Secretary of State for Health, John Reid, had requested that the General Medical Council investigate the case "as a matter of urgency". And all before Deer's story had gone to press for Sunday morning.

This episode smacks of gross media manipulation. Conflicts in medicine and science are commonplace – something that hitherto would not have raised an eye-brow was being foisted on the public at large as if it was grave misconduct – and that was even before considering the truth and validity of the allegation, which at the time would have been extremely hard to establish either way, and was certainly denied by Wakefield. Four years later when Wakefield finally produced powerful documentary evidence of his innocence at the General Medical Council no one in the media reported, although several journalists – including from the BBC and The Times - were present.

The outlandishness of what had happened was reflected in a remarkable passage the book which Horton was to publish within months of the episode, *MMR Science and Fiction: Exploring the Vaccine Crisis*, in which he recalled his dinner engagement on the Monday following these events, and result of the Health Secretary's immediate request that the GMC investigate:

In truth, they (the GMC) *had not a clue where to begin. At a dinner I attended on 23 February (2004), one medical regulator and I discussed the Wakefield case. He seemed unsure of how the Council could play a useful part in resolving the confusion. As we talked over coffee while the other dinner guests were departing, he scribbled down some possible lines of investigation, and passed me his card, suggesting that I contact him directly if anything sprang to mind. He seemed keen to pursue Wakefield, especially given ministerial interest. Here was professionally led regulation of doctors in action - notes exchanged over liqueurs in a beautifully panelled room of one of medicine's most venerable institutions* (p7-8)

This could almost be a comic parody of the British establishment at work if it was not for real. But Horton's decision to turn on Andrew Wakefield has been one of the long neglected (and tragic) turning points in the Wakefield affair.

I have long been curious about Horton's role in this saga. When I wrote recently to the president of the GMC, Sir Graeme Catto, to ask him to explain Horton's involvement (and potential misconduct), he declined to respond, but passed my open letter to their investigatory branch. I received this reply:

In short, I can assure you that the instigation of our investigations has absolutely nothing to do with any conversations which 'medical regulators' may have had with Dr Horton at the dinner described in his book. If such conversations took place, they were not reported back in to our investigations team who were looking at the case at the time. This being the case, the content of any such discussions had absolutely no impact at all on any of the decisions made about whether to proceed to investigate the case or, indeed, how such investigations should be carried forward.

How could they possibly know whether their investigations have been influenced by the conversations if they have not even asked about it, and are totally incurious even now that it has been pointed out? It does not matter by now what departures we have from ordinary process, or whether there is even *prima facie* evidence of misconduct. The trial must go on.

Although the "medical regulator" Horton met that Monday evening in February 2004 did not seem concerned about the ethics of exploring ways in which Andrew Wakefield might be prosecuted (and with the star witness!), he certainly did not seem convinced that Wakefield had done anything wrong. This may have been because undisclosed conflicts of interest are so common that you could not practicably start prosecuting them (where would it end?) but also (as he may already have considered) that acting as an expert witness for the courts did not by convention constitute a conflict at all. In fact, this argument was helpfully put by a legal counsel (in the British system 'a barrister') Robert Hantusch in a letter to *The Times* the following day (24 February 2004):

... the courts do not consider that the engagement of someone to act as an expert witness in litigation has the effect that that person is then biased. Indeed, if this were the legal position, no paid professional could ever at any time give evidence to a court.

And this defence was also taken up by a witness on the other side of the case, Elizabeth Miller, when it was pointed out in the satirical journal Private Eye that she had a like conflict (if it was such):

...there can be no conflict of interest when acting as an expert for the courts, because the duty to the courts overrides any other obligation, including to the person from whom the expert receives the instruction or by whom they are paid. (19 March 2004)

As of the present, of course, Miller has yet to be summoned before the GMC.

But was Horton's allegation that Wakefield had withheld information about his work with the Legal Aid Board really true? At the end of the week (27 February 2004) the Independent newspaper finally located striking evidence in Wakefield's defence: a letter published on 2 May 1998 in the Lancet, nine weeks after the controversial study, in which Wakefield replied to a correspondent, Andrew Rouse, who raised the possibility of "litigation bias":

A Rouse suggests that litigation bias might exist by virtue of information he has downloaded from the internet: from the Society for the Autistically Handicapped. Only one author (AJW) has agreed to help evaluate a small number of these children on behalf of the Legal Aid Board [emphasis added]. *These children have all been seen expressly on the basis that they were referred through normal channels (eg, from general practitioner, child psychiatrist, or community paediatrician) on the merits of their symptoms. AJW has never heard of the Society for the Autistically Handicapped and no fact sheet has been provided by them to distribute to interested parties. The only fact sheet we have produced is for general practitioners, which describes the background and protocol for the investigation of children with autism and gastrointestinal symptoms. Finally, all those children referred to us (including the 53 who have been investigated already and those on the waiting list that extends into 1999) have come through the formal channels described above. No conflict of interest exists.*

The information that Wakefield (and Rouse) were referring to was a fact sheet compiled by the legal firm Dawbarns who were pursuing a class action against the MMR manufacturers at the time, downloaded from an independent website. So, while Wakefield denied that the matter constituted a conflict he had clearly stated his involvement in the litigation at that early stage. Unfortunately, the *Independent* story made little difference. The BBC, with its commitment to balance and impartiality long forgotten, refused to report this (though I for one personally bombarded the head of news Richard Sambrook with emails), and only the *Telegraph* doctor James Le Fanu took up the issue (2 March 2004). It is worth quoting the entire passage from his column, headed 'The truth about MMR must be revealed':

The Government finds itself in an invidious situation over the MMR/autism controversy, having painted itself into a corner by denying parents the option of the single measles vaccine. They, thus, have no alternative other than to insist the MMR is totally safe - irrespective of evidence that might emerge to suggest the contrary.

Their difficulty is that this position is now looking a lot shakier than it did even a year ago. Several further independent studies have confirmed the association of the syndrome of regressive autism with chronic bowel disorder that was originally described by Andrew Wakefield. More recently, research has confirmed the presence of the measles virus in the gut and spinal fluid of affected children.

This may not constitute "proof" and, indeed, a former colleague of Dr Wakefield challenged the significance of these findings in the Lancet a fortnight ago - and he may be right to do so. None the less, it is beginning to look as if, as neurologist Peter Harvey points out in the same issue, there is now "a step-by-step cascade of evidence" linking the MMR vaccine to some cases of autism.

This could explain the assault on Dr Wakefield's integrity. The validity of his original findings, it is claimed, may have been compromised by a conflict of interest involving research funds that he failed to disclose. This might be relevant if it were true, but it is not, as anyone can check for themselves: Dr Wakefield acknowledged the source of his funding in the Lancet in 1998. It would seem to be that neither the Government nor the medical establishment can afford for Dr Wakefield to be vindicated - and they are getting pretty desperate.

But, remarkably, the role of the man at the centre of the non-disclosure allegation has largely escaped public scrutiny. In *MMR Science and Fiction*, Horton, while elaborating on the circumstances which led him to throw Wakefield to the wolves skirted delicately around the evidence that Wakefield did indeed disclose his work with the Legal Aid Board.

Critically Horton reproduces an apparently heated exchange from a parliamentary committee meeting of 1 March 2004 between Evan Harris, and the *Lancet's* boss, Crispin Davis, Chief Executive of Reed Elsevier (p.50-1). Both men wave the letter of 2 May 1998 around, Davis citing the statement that there was no conflict of interest, but neither places on the parliamentary record that Wakefield had stated in that very letter that he was engaged in the litigation, and whether it was a conflict or not, it had certainly been in the public domain from that time. (But while we are on the subject of conflicts of interest, perhaps Davis needed to point out -and Horton certainly failed to do so – before becoming sanctimonious about Wakefield that he was appointed a non-executive director of MMR defendants GlaxoSmithKline in July 2003.)

When he gave evidence to the GMC in August 2007 Horton stated that he had not understood from the declaration that Wakefield's involvement pre-dated the publication of the study two months earlier. The only trouble with this was that Rouse's letter, forwarded by the *Lancet* to Wakefield on 2 April 1998, was according to Wakefield's testimony actually dated 4 March, four days after the publication of the study – which would suggest that any such misunderstanding on Horton's part was either disingenuous in the extreme, or simply incompetence.

The problem with Horton's evasions was compounded by his transparently flawed account in his book of the session in the *Lancet* offices with Brian Deer on 18 February 2004:

There the consensus ended. Wakefield admitted that he had been commissioned by the Legal Aid Board to conduct a pilot study on behalf of parents of allegedly MMR-vaccine-damaged children. Some of his colleagues claimed that he had not disclosed this fact to them. Simon Murch and John Walker-Smith were visibly shocked by this revelation.

How anybody could have been shocked about a matter which had been in the public domain for six years is a mystery: in fact when presenting his evidence to the GMC in March 2008 Wakefield read a letter he had written in early 1997 to Walker-Smith and Murch explaining his decision to act as an expert in the MMR litigation – a line from it was subsequently quoted in a BMJ report (5 April):

If these diseases are found to be linked to the MMR vaccine, these children are the few unfortunate who have been sacrificed to protect the majority.

Thus, while there may not have been agreement between them on this, the claim that the matter was hidden from close colleagues would appear to be fanciful.

So what really happened at that meeting between the three doctors and Horton? At the GMC in August 2007 Horton described the pivotal moment of revelation as relating to the Dawbarns fact sheet which Deer had produced, which promoted the case against the MMR manufacturers and alluded to Wakefield's involvement. It was Deer's production of the fact sheet which purportedly caused discomfort to Walker-Smith and Murch, and left Horton denying to Deer and Harris that he had known of Wakefield's enrolment by the Legal Aid Board.

Beyond the Wakefield-Rouse correspondence in May 1998, did Horton have any other occasion to learn of Wakefield's Legal Aid work? Indeed, unlike Wakefield, Horton's office itself was involved in a lengthy correspondence with Dawbarns, long before the publication of the Wakefield's study in February 1998. In his testimony to the GMC in April 2008 rebutting Horton's claim, Wakefield revealed stunning new information from a previously undisclosed 1997 correspondence between the Lancet and Dawbarns about the Dawbarns fact sheet to which Horton had been party. According to this exchange, at some point in March 1997, or just before, an employee of the UK Medicines Control Agency (later MHRA), Dr B D Edwards, writing in his private capacity, alerted Horton to the use of Lancet material (not the unpublished autism study) in the Dawbarns fact sheet – this included extracts

from other articles by Wakefield and some tables. The *Lancet* then wrote to Dawbarns warning them they should apply to the journal if they wanted to continue to reproduce it. There then followed an extended letter from the lead lawyer for the case, Richard Barr, to Horton dated April 3, 1997, mentioning that Wakefield had given permission to refer to an article and citing a statement on the fact sheet:

There is convincing evidence of a link between vaccination and inflammatory bowel disease (including Crohn's disease). It is a serious lifelong illness that has affected a large number of the children we are helping. We are working with Dr Andrew Wakefield of the Royal Free Hospital London. He is investigating this condition [emphasis added].

It was important for Barr to draw attention to Wakefield's involvement, because it added moral weight to his case that the *Lancet* should allow publication. Horton wrote back denying permission and a lengthy correspondence ensued involving the *Lancet* ombudsman Prof Thomas Sherwood, in which a compromise was reached – this was concluded in the month of July 1997 just as the controversial study was being passed for publication, and presumably there would have been communications within the *Lancet* between Sherwood and Horton on the matter.

While it may have been a shock for John Walker-Smith and Simon Murch when Brian Deer produced the fact sheet in the *Lancet* offices because they had never seen it before, Horton claims that, in his role as guarantor of the ethics and reputation of The *Lancet*, it came as an even bigger shock to him because Wakefield had violated ethical guidelines by withholding disclosure of the Legal Aid connection. But when Wakefield finally produced this evidence to the GMC in April 2008 that Horton and The *Lancet's* ombudsman had been engaged in extended discussions with the Legal Aid attorneys over their desire to cite work from their expert witness Wakefield in a fact sheet, it was barely reported: not, for instance, by the BBC or by *The Times* (although they had their journalists present), nor even by Brian Deer. Only in *British Medical Journal* was there a half-buried account by Owen Dyer (April 19):

Dr Wakefield's defence challenged testimony given earlier by Richard Horton, editor of the Lancet, who said that he had not known before the article's publication of Dr Wakefield's work on behalf of MMR litigants.

Dr Wakefield alleged that newly uncovered documents reveal an extensive correspondence between the Lancet and Dawbarns, the firm of solicitors representing MMR claimants. These letters, several months before publication of the 1998 article, described Dr Wakefield's work on behalf of the MMR litigants, he said. While he was "not impugning Dr Horton's honesty," said Dr Wakefield, the documents proved "in my opinion beyond a shadow of a doubt that he was aware of all these factors."

Dr Horton, reached by email while travelling abroad, denied any foreknowledge of the conflict of interest, saying that the correspondence did not make clear Dr Wakefield's role in litigation.

In most accounts of Wakefield's Legal Aid connection, the media have generally accepted Horton's description of his editorial judgement: if he had known of the connection before publication of the 1998 study he would not have approved it. But there is another possibility: that Horton only decided it was a significant matter long after the event. Indeed, two letters written by Wakefield to the *Lancet* on the MMR issue in (September 11, 1999 and August 26, 2000) after the disclosure of May 1998 that he was working for the Legal Aid Board were passed for publication without any such declaration.

Horton's inconsistency was further exposed when in 2004 – after the Wakefield affair blew up - the *Lancet* held out for 5 months over publishing a letter from Mark Geier regarding Michael Pichichero's non-disclosure of pharmaceutical company funding in another vaccine autism study 'Mercury concentrations and metabolism in infants receiving thiomersal: a descriptive study' (2002). Pichichero's silence over his competing interests in this paper stood in contrast to information revealed in an earlier study, which had the following declaration:

The author has received research grants and/or honoraria from the following pharmaceutical companies: Abbott Laboratories, Inc.; Bristol Myers Squibb Company; Eli Lilly and Company; Merck&Co.; Pasteur Merieux Connaught; Pfizer Labs; Roche Laboratories; Roussel-Uclaf; Schering Corporation; Smith Kline Beecham Pharmaceuticals; Upjohn Company; Wyeth-Lederle.

This lapse was only resolved after I had posted on it twice in British Medical Journal Rapid Responses. To all appearances this non-disclosure – which hid extensive commercial interests - was far more compromising: but to the *Lancet* it was barely worth mentioning, and not to be compared to the perfidy of Wakefield – indeed, they only agreed to publish a version of the Geier letter if Wakefield was not mentioned in it. Some conflicts in Horton's world are evidently more fatal than others.

Many months after Wakefield's evidence a new statement was finally obtained by the prosecution at GMC from Horton, presumably explaining as best he can the apparent discrepancies in his earlier evidence, but the hearing was having trouble pinning down a time for him to be questioned about it. Though Horton's office is less than a mile up the road from the GMC hearing, he will apparently be engaged in an important peace mission to the Middle East when it next sits in January.

It was always the strategy of the British scientific establishment and government to isolate and destroy Andrew Wakefield – to make him look as if he was standing scientifically and intellectually on his own, and to make sure when they crushed him they discredited all further opposition or dissent on the vaccination issue. In the US context Horton's book *MMR Science and Fiction* would be an almost incomprehensible oddity. There is, for instance, only a single mention of thimerosal, which apparently is just another eccentric concern of Wakefield's. In essence the alleged "vaccine crisis" of the title is entirely about Wakefield and the supposed gullibility of people who doubt official science. Horton's book is not ultimately about scientific truth, it is about who is credible – we are being told not only is Wakefield not credible, most importantly the parents of vaccine damaged children are not credible either. And cleverly nuanced as Horton's argument is for a liberal readership, his decision to turn on Wakefield has behind it a highly illiberal and authoritarian basis, in which the interests and voices of the patients and their families are to be finally stamped out. It is ultimately just stage management, and a stab in the back for open debate.

John Stone has an autistic son, and lives in London.

statesman.com Austin American-Statesman

Mary Ann Roser

Insurance companies question autism clinic's charges Owner of clinic, which uses controversial therapies, says she's had to lay off staff, cut hours

Statesman, 3 May 2009.
https://web.archive.org/web/20090506050153/http://www.statesman.com/news/content/news/stories/local/05/03/0503autismclinic.html

The owner of an Austin-area clinic that treats children with autism – using techniques that are controversial in mainstream medicine – says investigations by three major insurers have left it with a pile of unpaid claims and a crisis: She's had to lay off most of her staff and drastically reduce the clinic's hours.

In addition, Kazuko Grace Curtin said the Texas Medical Board is investigating her medical director. She and the doctor – Jesus Caquias – say *the investigation is a way of harassing them because they offer nontraditional care for autism patients*.

Curtin, who has no formal medical training, said she founded the clinics because her son, now 14, has autism and she was frustrated by doctors who said he could not be helped. So, in 2003 she opened CARE Clinics, a 9,000-square-foot facility at 4201 Bee Cave Road.

She said that she and her husband, Jim Curtin, "made over $100 million" when the software company he headed, Dascom Inc., was sold to IBM but that she started the clinic with $17,000 in her own bank account. In June, she opened a second clinic in Tampa, Fla. The clinics mainly provide medical treatments to children with autism.

Curtin says they've treated more than 5,000 patients from around the world, performing more than 20,000 intravenous therapies, including chelation therapy. Chelation, which introduces a chemical solution into the body to bind with a metal or other substance to be removed, is controversial.

It's approved by the Food and Drug Administration only for removing lead from the blood, and though doctors use it for other purposes, such as treating heart disease and cancer, some practitioners say it can be dangerous, especially when used for treatments other than lead removal.

The National Institute of Mental Health *canceled a study on chelation in autistic children last fall*, saying the money would be better spent on other therapies. Agency officials were quoted at the time also citing safety concerns.

Autism is a complex neurodevelopmental disorder marked by speech difficulties and odd behaviors. Behavioral therapy is widely accepted treatment for autism, but even insurance coverage for that scientifically proven therapy can be spotty. Insurance companies often do not pay for medical treatments for autism.

Though some parents who have brought their children to CARE Clinics say they've seen improvements, critics say it uses therapies that lack strong scientific proof they work.

Dr. Alan Woolf, director of the pediatric environmental health center at Children's Hospital in Boston, said he was not personally familiar with CARE Clinics but was aware of doctors and clinics that offer to treat autism with similar therapies.

"We ask parents to be cautious because (autism) is a condition without a known etiology (cause) in most cases," Woolf said. "In that environment, parents are easily misled or will grasp onto a theory or a belief because they're desperate and looking for answers."

CARE Clinics is struggling now because Aetna stopped paying claims in August and is questioning "about $1 million" in claims, Curtin said. Cigna and United Healthcare stopped payments in October and are disputing smaller amounts that Curtin declined to reveal. United is paying again but at a lower rate, she said.

"What they were saying is, autism treatment is not established, it's experimental," Curtin said.

Spokeswomen for Cigna and United said the reviews were routine to ensure proper payments. Aetna declined to comment.

Curtin said she closed the two clinics in January to cope with the amount of paperwork she had to produce when the three insurance companies challenged charges for all patients treated in October, November and December. She reopened the Austin clinic March 6, but now it's open 10 days a month instead of 20 and has 10 employees instead of 40, she said. The Tampa clinic won't reopen until May, she said.

She also is delaying indefinitely a 30,000-square-foot medical building, school, corporate offices, sports facility, lodge and conference center in Dripping Springs.

"I need some funds," Curtin said, declining to release specific financial details about her business. "I don't know how long we can survive."

The clinic performs more than 20 tests on each child that cost "several hundred dollars" each, said Caquias, who practices general medicine,.

The tests help them identify ailments that Curtin says are common in autistic children: amino acid deficiencies, immune system dysfunction, gastrointestinal problems, multiple infections, food allergies, neurotoxicity and other impairments.

"Since this is a long-term solution that may need to be repeated over several months to several years, it can be quite costly in the tens of thousands of dollars," Caquias wrote in an e-mail. "Some children respond very well after just a few interventions, while others require many more interventions to achieve the same response."

"*We have cured many kids*," Curtin said.

Conventional doctors who work with autistic children say there's no cure.

CARE Clinics bill insurance companies for a variety of treatments for ailments such as metabolic syndrome, mitochondrial dysfunction, gastrointestinal problems and other disorders based on the child's test results, Caquias said. The autism is related to those underlying disorders, and when corrected, the autism improves, he said.

"*We really don't treat the autism per se. We treat all of the issues the patient has*," Caquias said.

Mainstream doctors say while some patients seem to have higher-than-normal gastrointestinal problems, doctors do not routinely see the medical problems the CARE Clinics treats in autistic children.

"There is a lack of support for those claims," said Dr. Dilip Karnik, a child neurologist and medical director of the autism program at Dell Children's Medical Center in Austin.

If there were evidence that the CARE Clinics' approach worked, "we would be doing it," he said. He said some children with autism do get better, some with conventional treatment, some on their own.

The Thoughtful House Center for Children, which also is on Bee Cave Road and treats children from around the world with autism, focuses on GI problems based on a theory by Executive Director Andrew Wakefield that conventional doctors and researchers also dispute. Unlike the CARE Clinics, Thoughtful House does not bill insurance companies but leaves it to parents to seek reimbursement.

In Texas, no regulatory agency oversees such clinics. Complaints go to boards that police doctors or nurses working in them. Caquias, who also practices in Brownsville, has a medical board complaint pending against him. The complaint, provided by Curtin, alleges without details "practice inconsistent with public health and welfare – quality of care" and "non-therapeutic prescribing or treatment."

The medical board disciplined him in 2006 and 2007 for minor infractions involving recordkeeping and promoting his affiliations with alternative medical boards not recognized by the American Board of Medical Specialties.

The latest complaint "*is false and malicious, filed by some unknown entity intent on destroying CARE Clinics' alternative medical treatments of Autistic children*," Caquias wrote to the board.

Caquias was among those who testified this month when the House Public Health Committee aired House Bill 3816, which would curtail the powers of the Texas Medical Board, the state agency that regulates doctors. Caquias, parents of autistic children and others alleged that those who treat autism face discrimination by the board and by insurance companies that don't want to pay for the care.

They also accused insurers of filing anonymous complaints with the board to trigger investigations of alternative medicine doctors – a charge the insurance industry and medical board denied.

The medical board is driven by complaints and "does not target any particular area of medicine," said Mari Robinson, the board's executive director. Nor does the board work with insurance companies to go after doctors, she said.

Jennifer Ahrens, executive director of the Texas Association of Life and Health Insurers, said the industry is not targeting alternative medicine doctors or trying to get out of contracts to pay claims. "To say that insurance companies are trying to get at doctors by making anonymous complaints is unfounded," she said.

Curtin blames a retired North Carolina psychiatrist, Dr. Stephen Barrett, for instigating the medical board reviews through his Web site, Quackwatch. Last year, Barrett posted an article on his site cautioning people to "Be Wary of CARE Clinics" as well as a charity that Curtin also heads. He wrote that most of the tests CARE Clinics conduct "have no proven relevance to autistic spectrum disorders."

Curtin said Barrett works for insurance companies and has been a witness in court cases for them. She also accused him of filing the latest complaint against Caquias.

Barrett wouldn't discuss the medical board complaint. He said he works independently and is not paid by any insurance companies. He said he has provided expert witness testimony a time or two, but "I have no financial relationship with anyone who's after CARE Clinics. ... There's no conspiracy, and I'm not a part of it."

The Quackwatch article "is intended to make people think very seriously about whether they should trust" the clinic, he said. "I've looked at what she's billing insurance companies for, and no insurance company, in my opinion, would knowingly pay for that stuff."

Curtin provided copies of affidavits she said she's received from three of the four patients (or their parents) named in the complaint against Caquias. She also provided the names of other parents, who in interviews spoke highly of the care their children received at CARE Clinics.

Elizabeth Dupont, 36, of El Paso said she starting taking her 6-year-old daughter, Mia, to CARE Clinics a year ago and saw her personality start to emerge by the second visit after her intestinal problems and other ailments were treated. "*She, for the first time, started looking at me*," Dupont said. "*She looked present*." She still has autism, "*but people would not know she is autistic unless I tell them*."

Marie Groover, 50, of Ashland, Ore., had a chance to take her 16-year-old son to the clinic once last year and spent $3,000 to $5,000 on testing, she said. He spoke his first words in a long time, she said. "For the (American Medical Association) to insinuate that we're being taken advantage of is so wrong," she said.

Karnik urged parents to be cautious. Blood and urine tests don't tell what is happening in the brain, he said.

Autism "must be managed by a brain scientist," he said. "You've got to know the brain, in and out."

Taylor & Francis Online
Toxicological & Environmental Chemistry

Geier DA, King PG, Geier MR.

Mitochondrial dysfunction, impaired oxidative-reduction activity, degeneration, and death in human neuronal and fetal cells induced by low-level exposure to thimerosal and other metal compounds

Toxicol Environ Chem. 11 June 2009, 91(3-4):735-749.
doi: 10.1080/02772240802246458. Epub 2009 Jun 11..

Abstract

Thimerosal (ethylmercurithiosalicylic acid), an ethylmercury (EtHg)-releasing compound (49.55% mercury (Hg)), was used in a range of medical products for more than 70 years.

Of particular recent concern, routine administering of Thimerosal-containing biologics/childhood vaccines have become *significant sources of Hg* exposure for some fetuses/infants.

This study was undertaken to investigate cellular damage among *in vitro* human neuronal (SH-SY-5Y neuroblastoma and 1321N1 astrocytoma) and fetal (nontransformed) model systems using cell vitality assays and microscope-based digital image capture techniques to assess potential damage induced by Thimerosal and other metal compounds (aluminum (Al) sulfate, lead (Pb)(II) acetate, methylmercury (MeHg) hydroxide, and mercury (Hg)(II) chloride) where the cation was reported to exert adverse effects on developing cells.

Thimerosal-associated *cellular damage* was also evaluated for similarity to pathophysiological findings observed in patients diagnosed with autistic disorders (ADs).

Thimerosal-induced cellular damage as evidenced by concentration- and time-dependent mitochondrial damage, reduced oxidative–reduction activity, cellular degeneration, and cell death in the *in vitro* human neuronal and fetal model systems studied.

Thimerosal at low nanomolar (nM) concentrations *induced significant cellular toxicity in human neuronal and fetal cells*.

Thimerosal-induced cytoxicity is similar to that observed in AD pathophysiologic studies.

Thimerosal was found to be significantly *more toxic than the other metal compounds examined*.

Future studies need to be conducted to evaluate additional mechanisms underlying Thimerosal-induced cellular damage and assess potential co-exposures to other compounds that may increase or decrease Thimerosal-mediated toxicity.

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Mary Ann Roser

Autism clinic raided by federal authorities

Statesman, 15 July 2009.
https://web.archive.org/web/20090718061558/http://www.statesman.com/blogs/content/shared-gen/blogs/austin/health/entries/2009/07/15/autism_clinic_raided_by_federa.html

CARE Clinics, an autism clinic on Bee Cave Road that was being investigated by insurance companies over insurance claims, was raided by the FBI and IRS agents today.

The clinic has been closed, perhaps permanently.

Agents are removing dozens of boxes of documents, but they declined to say what they are looking for. They directed inquiries to Special IRS Agent Mike Lemoine, who did not immediately return a call.

Kazuko Grace Curtin, owner of the CARE Clinics, said in a brief phone call that the clinic at 4201 Bee Cave Road has "finally closed." She said she was on the property talking to "a man and a woman" but didn't know what was going on. She declined to comment for this article.

Kurt Simons Co., property manager of The Schoolyard, where CARE Clinics once had a 9,000-square-foot space, locked out clinic employees this morning because of "outstanding matters," said Karen Wendler, the company's vice president. The clinic had recently reduced its space to 2,700 square feet.

Soon after the company locked out Curtin and her staff today, the federal agents showed up. The lockout was not related to the raid, Wendler said.

Wendler declined to say what problems led to the lockout.
"We helped her get started and we did not have a history of any problems," Wendler said.

Traffic at the clinic had slowed, she said.

In a previous Statesman article, Curtin said three major insurance companies were investigating billings by CARE Clinics, causing her financial problems. She had cut staff and clinic hours and had unpaid bills, she said. =>
https://web.archive.org/web/20090506050153/http://www.statesman.com/news/content/news/stories/local/05/03/0503autismclinic.html

CARE *clinics mainly treated children with autism using alternative therapies typically frowned on by mainstream doctors*. Though some parents who brought their children to CARE Clinics say they've seen improvements in their child's autistic behaviors, critics say the clinic uses therapies that lack strong scientific evidence. The clinic commonly uses intravenous chelation on patients, a controversial treatment that introduces a chemical solution into the body to bind with a metal or other substance to be removed.

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Dr. Joseph Mercola

Squalene: The Swine Flu Vaccine's Dirty Little Secret Exposed

Educate Yourself, 17 July 2009
http://educate-yourself.org/vcd/mercolasqualenedangers17jul09.shtml

According to Kathleen Sebelius, Secretary of the U.S. Department of Health and Human Services, your children should be the first target for mass swine flu vaccinations when school starts this fall.[i]

This is a ridiculous assumption for many reasons, not to mention extremely high risk.

In Australia, where the winter season has begun, Federal Health Minister Nicola Roxon is reassuring parents the swine flu is no more dangerous than regular seasonal flu. "Most people, including children, will experience very mild symptoms and recover without any medical intervention," she said.[ii]Sydney-based immunization specialist Robert Booy predicts swine flu might be fatal to about twice as many children in the coming year as regular influenza. Booy estimates 10-12 children could die from the H1N1 virus, compared with the five or six regular flu deaths seen among children in an average year in Australia.[iii]

"Cure the Disease, Kill the Patient"

Less than 100 children in the U.S. die each year from seasonal flu viruses.[iv] If we use Australia's math, a very rough estimate would be another 100 children could potentially die of swine flu in the United States in the coming year. If children are the first target group in the U.S. per Sebelius, that means we're about to inject around 75 million children with a fast tracked vaccine containing novel adjuvants, including dangerous squalene, to prevent perhaps 100 deaths. I'm not overlooking the tragedy of the loss of even one child to an illness like the H1N1 flu virus. But there can be no argument that unnecessary mass injection of millions of children with a vaccine containing an adjuvant known to cause a host of debilitating autoimmune diseases is a reckless, dangerous plan.

Why are Vaccinations Dangerous?

The presumed intent of a vaccination is to help you build immunity to potentially harmful organisms that cause illness and disease. However, your body's immune system is already designed to do this in response to organisms which invade your body naturally. Most disease-causing organisms enter your body through the mucous membranes of your nose, mouth, pulmonary system or your digestive tract – not through an injection. These mucous membranes have their own immune system, called the IgA immune system. It is a different system from the one activated when a vaccine is injected into your body. Your IgA immune system is your body's first line of defense. Its job is to fight off invading organisms at their entry points, reducing or even eliminating the need for activation of your body's immune system. When a virus is injected into your body in a vaccine, and especially when combined with an immune adjuvant like squalene, your IgA immune system is bypassed and your body's immune system kicks into high gear in response to the vaccination. Injecting organisms into your body to provoke immunity is contrary to nature, and vaccination carries enormous potential to do serious damage to your health.

And as if Vaccines weren't dangerous enough on their own … imagine them turbocharged.

The main ingredient in a vaccine is either killed viruses or live ones that have been attenuated (weakened and made less harmful).Flu vaccines can also contain a number of chemical toxins, including ethylene glycol (antifreeze), formaldehyde, phenol (carbolic acid) and even antibiotics like Neomycin and streptomycin. In addition to the viruses and other additives, many vaccines also contain immune adjuvants like aluminum and squalene. The purpose of an immune adjuvant added to a vaccine is to enhance (turbo charge) your immune response to the vaccination. Adjuvants cause your immune system to overreact to the introduction of the organism you're being vaccinated against. Adjuvants are supposed to get the job done faster (but certainly not more safely), which reduces the amount of vaccine required per dose, and the number of doses given per individual. Less vaccine required per person means more individual doses available for mass vaccination campaigns. Coincidentally, this is exactly the goal of government and the pharmaceutical companies who stand to make millions from their vaccines.

Will There be Immune Adjuvants in Swine Flu Vaccines?

The U.S. government has contracts with several drug companies to develop and produce swine flu vaccines. At least two of those companies, Novartis and GlaxoSmithKline, are using an adjuvant in their H1N1 vaccines. The adjuvant?

Squalene.

According to Meryl Nass, M.D., an authority on the anthrax vaccine, "A novel feature of the two H1N1 vaccines being developed by companies Novartis and GlaxoSmithKline is the addition of squalene-containing adjuvants to boost immunogenicity and dramatically reduce the amount of viral antigen needed. This translates to much faster production of desired vaccine quantities."[v]

Novartis's proprietary squalene adjuvant for their H1N1 vaccine is MF59. Glaxo's is ASO3. MF59 has yet to be approved by the FDA for use in any U.S. vaccine, despite its history of use in other countries. Per Dr. Nass, there are only three vaccines in existence using an approved squalene adjuvant. None of the three are approved for use in the U.S.

What Squalene Does to Rats

Oil-based vaccination adjuvants like squalene have been proved to generate concentrated, unremitting immune responses over long periods of time.[vi] 2000 study published in the American Journal of Pathology demonstrated a single injection of the adjuvant squalene into rats triggered "chronic, immune-mediated joint-specific inflammation," also known as rheumatoid arthritis.[vii] The researchers concluded the study raised questions about the role of adjuvants in chronic inflammatory diseases.

What Squalene Does to Humans

Your immune system recognizes squalene as an oil molecule native to your body. It is found throughout your nervous system and brain. In fact, you can consume squalene in olive oil and not only will your immune system recognize it, you will also reap the benefits of its antioxidant properties. The difference between "good" and "bad" squalene is the route by which it enters your body. Injection is an abnormal route of entry wh ch incites your immune system to attack all the squalene in your body, not just the vaccine adjuvant. Your immune system will attempt to destroy the molecule wherever it finds it, including in places where it occurs naturally, and where it is vital to the health of your nervous system.[viii]

Gulf War veterans with Gulf War Syndrome (GWS) received anthrax vaccines which contained squalene.[ix] MF59 (the Novartis squalene adjuvant) was an unapproved ingredient in experimental anthrax vaccines and has since been linked to the devastating autoimmune diseases suffered by countless Gulf War vets.[x]

The Department of Defense made every attempt to deny that squalene was indeed an added contaminant in the anthrax vaccine administered to Persian Gulf war military personnel – deployed and non-deployed – as well as participants in the more recent Anthrax Vaccine Immunization Program (AVIP). However, the FDA discovered the presence of squalene in certain lots of AVIP product. A test was developed to detect anti-squalene antibodies in GWS patients, and a clear link was established between the contaminated product and all the GWS sufferers who had been injected with the vaccine containing squalene. A study conducted at Tulane Medical School and published in the February 2000 issue of Experimental Molecular Pathology included these stunning statistics:

" … the substantial majority (95%) of overtly ill deployed GWS patients had antibodies to squalene. All (100%) GWS patients immunized for service in Desert Shield/Desert Storm who did not deploy, but had the same signs and symptoms as those who did deploy, had antibodies to squalene.

In contrast, none (0%) of the deployed Persian Gulf veterans not showing signs and symptoms of GWS have antibodies to squalene. Neither patients with idiopathic autoimmune disease nor healthy controls had detectable serum antibodies to squalene. The majority of symptomatic GWS patients had serum antibodies to squalene."[xi]

=> Asa P. et al. Antibodies to squalene in Gulf War syndrome. Exp Mol Pathol. 2000 Feb; 68 (1):55-64.

According to Dr. Viera Scheibner, Ph.D., a former principle research scientist for the government of Australia: "… this adjuvant [squalene] contributed to the cascade of reactions called "Gulf War Syndrome," documented in the soldiers involved in the Gulf War.

The symptoms they developed included arthritis, fibromyalgia, lymphadenopathy, rashes, photosensitive rashes, malar rashes, chronic fatigue, chronic headaches, abnormal body hair loss, non-healing skin lesions, aphthous ulcers, dizziness, weakness, memory loss, seizures, mood changes, neuropsychiatric problems, anti-thyroid effects, anaemia, elevated ESR (erythrocyte sedimentation rate), systemic lupus erythematosus, multiple sclerosis, ALS (amyotrophic lateral sclerosis), Raynaud's phenomenon, Sjorgren's syndrome, chronic diarrhoea, night sweats and low-grade fevers."[xii]

Post Vaccination Follow-Up Might as Well Be Non-Existent

There is virtually no science to support the safety of vaccine injections on your long-term health or the health of your children. Follow-up studies last on average about two weeks, and look only for glaring injuries and illnesses.Autoimmune disorders like those seen in Gulf War Syndrome frequently take years to diagnose due to the vagueness of early symptoms. Complaints like headaches, fatigue and chronic aches and pains are symptoms of many different illnesses and diseases.Don't hold your breath waiting for vaccine purveyors and proponents to look seriously at the long-term health consequences of their vaccination campaigns.

What You Can Do to Protect Yourself and Your Family

Visit the *National Vaccination Information Center* (NVIC) site and join in the fight against mandatory swine flu vaccinations. Educate yourself about influenza strains, vaccination risks, and the public health laws in your state that may require you or your children to undergo either mandatory vaccination or quarantine. Take care of your health to reduce or eliminate your risk of contracting the flu. The key is to keep your immune system strong by following these guidelines:

https://web.archive.org/web/20090626043642/http://www.nvic.org/NVIC-Vaccine-News/June-2009/Swine-Flu-Vaccine--Will-We-Have-A-Choice--by-Barba.aspx

- Eliminate sugar and processed foods from your diet. Sugar consumption has an immediate, debilitating effect on your immune system.
- Take a high quality source of animal-based omega 3 fats like Krill Oil.
- Exercise. Your immune system needs good circulation in order to perform at its best for you.
- Optimize your vitamin D levels. Vitamin D deficiency is the likely cause of seasonal flu viruses. Getting an optimal level of vitamin D will help you fight infections of all kinds.

- Get plenty of good quality sleep.
- Deal with stress effectively. If you feel overwhelmed by stress, your body will not have the reserves it needs to fight infection.
- Wash your hands. But not with an antibacterial soap. Use a pure, chemical-free soap.

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[xii] Adverse Effects of Adjuvants in Vaccines, by Viera Scheibner, Ph.D., 2000 http://www.whale.to/vaccine/adjuvants.html

United Nations Environment Programme
Chemicals
UNEP Mercury Programme

Mercury Awareness Raising Package

UNEP, 20 July 2009
https://web.archive.org/web/20090720063724/http://www.chem.unep.ch/MERCURY/awareness_raising_package/default.htm

This publication is intended to raise awareness amongst stakeholders of the effects of mercury on human health, wildlife and the environment and on relevant strategies to manage and control mercury. It is designed for the use of government officials, community leaders, and/or workers to provide information and raise awareness about mercury and the associated environment and health risks. It is intended to contribute in building public support and capacity to take preventive actions.

The document can be used in a number of ways: for reference, to train staff, to present or hand out as copies directly from the toolkit, to develop materials specific to your community.

THE FLU CASE

UNEP: No safe Mercury level in the Human Body

The Flu Case, 30 November 2009, 11:16
https://web.archive.org/web/20100102021109/http://theflucase.com/index.php?option=com_content&view=article&id=2118%3Aunep-no-safe-mercury-level-in-the-human-body&catid=1%3Alatest-news&Itemid=64&lang=en

The WHO has recommended swine flu vaccines with mercury in spite of statements by the *United Nations Environmental Programme* (UNEP) warning about the toxicity of the metal.

According UNEP's mercury homepage: "There is no safe way to use mercury and scientists have found no safe mercury level in the human body"."

UNEP advises the public to "Be aware of dangers of mercury and the risks of mercury use!" and also: "Help raise awareness about mercury exposure risks with your family and in your community."

"There is limited awareness of mercury in medicines. Continued, repeated use of these products is a human health risk", UNEP states in the UNEP MERCURY PROGRAMME, Awareness Raising Package:
https://web.archive.org/web/20090720063724/http://www.chem.unep.ch/MERCURY/awareness_raising_package/default.htm

In a section "Mercury Use in Healthcare Settings and Dentistry" UNEP makes it clear that using alternatives that are not made of mercury is "safe": "Mercury compounds are found in certain preservatives, fixatives and reagents used in hospital laboratories and as preservatives in multi-dose vaccines in which bacterial growth needs to be suppressed."

But according to UNEP "There are safe and cost-effective non-mercury alternatives for all uses of mercury in health care".

Given this evidence and recommendating, why is WHO pushing on populations swine flu vaccines with mercury at all?

rense.com

Ilya Sandra Perlingieri

Dangers in the shots: Components of H1N1 vaccines

Jeff Rense, 4 August 2009
https://rense.com/general86/dngers.htm
https://whoflu666canada.wordpress.com/category/uncategorized/

Part 1.

Please note: As of August 1, 2009, no long-term, independent safety trial studies have been done for any of the different and new flu vaccines that are supposed to be given/forced on all Americans -whether we want them or not. , After the World Health Organization [WHO] declared a Level 6 "pandemic" on June 11, the US government has mandated that all Americans over the age of six months be vaccinated. Although WHO cannot technically interfere with the internal laws of the US, they can and already have put enormous pressure on our government (and, thereby, our own laws) to require all citizens to get these toxic vaccine shots. There are to be no exceptions to this new illegal US ruling. Further, WHO is not even tracking the actual number of laboratory confirmed cases of H1N1. So, how can it be called a "pandemic"? This year's flu is mild.

There has been a tremendous rush (called "fast-tracked") to get these vaccines on the market. The tests they have done were only a few days to a few weeks long. This is totally insufficient time to determine any realistic, long-term, and potentially hazardous immune responses. Nothing has been done in any responsible manner. There is absolutely no Precautionary Principle (first do no harm) in place. What we have, first and foremost, are both out-of-control greed and scare tactics. These are directed to uninformed citizens, while the international pharmaceutical companies will make billions of dollars, with the very real potential of enormous harm to millions of victims is looming ever closer.

We all are their experimental lab rats. There is no concern about harming or killing anyone, because the companies (GlaxoSmithKline, Baxter, and Novartis, and others) have been indemnified by the government, so thatthere is absolutely no recourse for any deaths or injuries these vaccines may cause. Why would they do that, if these vaccines were safe? What secret and criminal plans were done behind closed doors to hatch this real X-Files plot? From investigative reports by Jane Burgermeister, Dr. A. True Ott, and Canadian doctor Ghislaine Lanctôt (author of "Medica Mafia"), it appears that there is criminal collusion between officials in the US government, WHO/UN, and the pharmaceutical corporations.(1)

In a call yesterday to a friend who is a doctor in California, she told me ominously: "60% of Americans could die from these vaccines." Is this what lies ahead for us in the next few months? 12,000 children ages 3-12, will be guinea pigs for these flu vaccines. It is unethical and unconscionable. To possibly rig the results, the children will be getting injections of different vaccines than will be delivered to the rest of the population this Fall. Is this the cesspool that is hijacking our country? Do we all go -lost in our daily routines, refusing to wake to the grave consequences that face us!– merrily down a path leading to such Orwellian destruction?

Here are some historical reminders of past flu epidemics. They were all contrived and created in some hidden laboratory.

The vaccine used in the mandated 1976 supposed swine flu "epidemic" caused the deaths of 2,000 people before it was removed; and 4,000 filed injury law suits. Before that, it was the Salk polio

vaccine, also fast-tracked with $9-million of tax-payer money, to inoculate 57-million Americans before it was even proved to be safe to use. And it wasn't. African green monkey kidney tissue was used to grow the polio virus; and it proved to have long-term and deadly effects. In 1955, the "British Medical Journal warned against the used of the Salk polio vaccine."(2) The warning, and there were others as well, was ignored. Before genetic engineering opened a Pandora's Box, this vaccine "was an uncontrolled experiment in interspecies viral transmission."(3) Long-term, but not known then (in the financial rush to get this vaccine produced), the use of this monkey's tissue was to be the cause of cancers detected much later. This cancer-causing monkey virus, known as SV40 (still debated in some medical circles) is documented in "The Virus and the Vaccine: The true story of a cancer-causing monkey virus, contaminated Polio Vaccine, and the millions of Americans Exposed."(4)

There are countless stories of vaccinations causing death, seizures, and other permanent injuries. Over many years, Robert F. Kennedy's has waged a valiant campaign about the dangers of vaccines. His article about what he calls "Deadly Immunity" has been re-printed just this past week.(5) It is yet another reminder of a path continuously trodden by rapacious multi-national corporations, and always with grave consequences that the public bears. Manufacturing vaccines has now become a multi-billion dollar investment by international pharmaceutical corporations. With this enormous investment, there is total lack of precaution. Money trumps safetyevery time. Now, we are talking about millions of people getting vaccinated without any safety data or long-term studies. We are the guinea pigs. Again and again.

Who benefits from all this? Follow the money trail. Novartis will receive from the US HHS [Health and Human Services] $346-million for antigen and $348.8-million for adjuvant. They also have orders from 30 other countries. Baxter has orders from five countries for 80-million doses, but has not received FDA approval. GlaxoSmithKline has received $250-million to supply the US with various "pandemic products." This is not small change; and more vaccine purchases are planned. Dr. Mae-Wan Ho and Prof. Joe Cummins, in their new article (see below), report that the total US vaccine figure for these orders amounts to $7 billion. From where is this money supposed come, when the United States is actually bankrupt (yet printing worthless fiat dollars)?

In a lengthy article posted on July 27, the distinguished British geneticist and biophysicist Dr. Mae-Wan Ho and biologist Prof. Joe Cummins have written that "Vaccines themselves can be dangerous, especially live, attenuated viral vaccines or the new recombinant nucleic acid vaccines, they have the potential to generate virulent viruses by recombination and the recombinant nucleic acids could cause autoimmune diseases. A further major source of toxicity in the case of the flu vaccines are the adjuvants, substances added in order to boost the immunogenicity of the vaccines. There is a large literature on the toxicities of adjuvants. Most flu vaccines contain dangerous levels of mercury in the form of thimerosal, a deadly preservative 50 times more toxic than the mercury itself. At high enough doses, it can cause long-term immune, sensory, neurological, motor, behavioural dysfunctions. Also associated with mercury poisoning are autism, attention deficit disorder, multiple sclerosis, and speech and language deficiencies. The Institute of Medicine has warned that infants, children, and pregnant women should not be injected with thimerosal, yet the majority of flu shots contain 25 micrograms of it."(6)

It should be noted that Dr. Mae-Wan Ho is the Director of the prestigiousLondon non-profit organization, the Institute of Science in Society [ISIS]. She has written several important books and, for more than a decade, also has been writing about the dangers of genetically engineered organismslong before anyone was writing about these issues in the US. This ISIS article is absolutely essential reading for anyone who wants additional and unbiased background information on the questionable safety of these flu vaccines.

In order to be well informed, there also are other important questions that we all must ask every public official. (1)What vaccines are actually going to be used? There are numerous websites that list ingredients for all the pharmaceutical companies involved in this multi-million dollar so-called "pandemic." Far too many of the ingredients listed are highly toxic. Some vaccines are not

recommended at all for children. (2)How many injections are going to be forced on children (some reports say four!) and adults? If this goes forward in the Fall, using schools as medical clinics, how will parents know what is in these vaccines? Given the governmental immunity for the pharmaceutical companies, what recourse does anyone have for serious immune damage or death from these vaccines?

These extremely dangerous vaccines are classified as bioweapons by the US government's own definition.

Note: Adjuvants are added to all vaccines to make dispersal faster and easier in the body (but not more safely). It affects the "action of the drug's active ingredient." It also then requires less adjuvant, so the product then can be expanded to cover many more vaccinations with less vaccine. This also means a faster production of vaccines, and more money for the drug companies with less production output of vaccine. However, the trial tests this month on children will not contain a squalene adjuvant, even though it is an ingredient in all three of the vaccines listed below. According to Jane Burgermeister's July 29 report, these three companies "will conduct their own trials under secret contract with Health and Human Services."(1, see her website) Why are they secret, when our lives are all at such risk? Again, there is a long history of rigged trials [the outcome always favoring the company, and rarely emphasizing the serious health risks and toxicity], especially when conducted by the same company that will produce a drug.

The following is an incomplete (but significant) list of vaccine ingredients: GlaxoSmithKline Plc based in London Vaccine Ingredients: Aluminum adjuvant: an aluminum-containing compound. It releases the antigen [an active substance that is capable of generating an enhanced immune response from the body, and then reacting with the products from that response], causing strong, enhanced antibody response -what Dr. Mercola calls a "turbo charge" to the body's immune system. It has been linked to Gulf War Syndrome that has caused tremendous permanent damage to thousands of military.(7) Aluminum is a known cause of cognitive dysfunction.

- AS03: The company's proprietary squalene adjuvant. (See: squalene below)
- Daronrix: Glaxo's H5N1 bird flu vaccine.
- Disodium phosphate: a white powder, water-soluble salt. It is used as an anti-caking additive in powdered products. This inorganic chemical is also used as a fungicide and microbiocide.
- Formaldehyde: a known carcinogen and reproductive or developmental toxicant. Interestingly, according to PANNA, in 2007, California used 30,328 pounds of this carcinogen, as a microbiocide [a drug or other agent that can kill microbes] on the top 50 crops grown in the state.(8)
- Octoxynol 10: (Also known as Triton X-100) A detergent, emulsifier, wetting and defoaming agent. [Octoxynol-9 is a spermatocide.] It can alter metabolic activity, damage membranes, and cause a rapid decline in cell function.
- Polysorbate 80: Also known as Tween 80. It is used as an emulsifier in cosmetics, and is one of the ingredients in Gardasil, the cervical cancer vaccine that is being mandated/promoted for teen-age girls. This ingredient is known to cause infertility, grand mal convulsions, spontaneous abortions, and life-threatening anaphylactic shock. So far, 28 Gardasil deaths have been reported.
- Sodium Chloride: Refined table salt. Salt is a naturally occurring complex mineral that balances the water inside and outside our cells. Refined salt, sodium chloride, is chemically treated and contains many other hidden chemicals that destroy natural salt's healing abilities. The body can get most of its daily requirement by eating a well-balanced, organic diet –eliminating processed foods. A good source is untreated, natural sea salt.
- Squalene: A natural oil found in sharks (mostly found in their livers) and humans. The American Journal of Pathology (2000) reported that ratsinjected with squalene triggered "chronic, immune-mediated joint-specific inflammation," -i.e., rheumatoid arthritis. How will this affect people who already have an immune inflammation, or will it cause untold new cases (lupus, chronic fatigue)? Squalene is being added to all new vaccines. It is linked to the thousands of military who have contracted "Gulf War Syndrome" and have suffered irreparable auto-immune damage, including lupis, multiple sclerosis, fibromyalgia, and rheumatoid arthritis.(9)

- Thimersol: (MERCURY). Put in all multiple doses of vaccines. Any amount of mercury is highly toxic. There is no safe level. This is has been repeatedly linked to the increasing rates of autism, multiple sclerosis, and ADD.(10)
- Vitamin E: This anti-oxidant vitamin helps protect the body's red blood cell functions, and helps to oxygenate our tissues. The best sources are from organic, cold-pressed vegetable oils, such as wheat germ, sunflower seeds, and safflower. Vitamin E from corn or soybean oil now often comes from genetically engineered sources.

Baxter International Based in Chicago. Called "Celvapan" or its common name: pandemic influenza vaccine [H5N1]

Note: Adverse reactions include: headaches, dizziness, vertigo, nasopharyngitis, chills, fatigue, malaise, injection site pain. There is "no data on Celvapan vaccination dose and schedule for subjects under 18 years of age" and for subjects who are immuno-supressed. Vaccine Ingredients: African Green Monkey: Cultured cells are taken from this species of monkey through a process called "vero cell technology." This species of monkey (and the tissue derived from it) have been implicated in transmitting several viruses, including HIV and polio. Baxter has "applied for a patent on a process using this type of cell culture to produce quantities of infecting virus, which are harvested, inactivated with formaldehyde and ultra violet light, and then detergent. Baxter has produced H5N1 [bird flu] whole virus vaccine in a Vero cell line derived from the kidney of an African green monkey."(11) According to Dr. Mae-Wan Ho and Prof. Cummins, "details of the production of this vaccine have not yet been released to the public."

Whole virus (H5N1) influenza vaccine, vero-celled derived. (See above.)
- Trometamol: Also known as Tris (or Tris buffer) or THAM. An organic compound used as a buffer. May be harmful if inhaled. Avoid contact with eyes, skin, and clothing. Long-term effects: no data. Ecological information: no data.(12)
- Sodium chloride, Polysorbate 80, and water [what kind? tap? fluoridated? chlorinated?] for injection.

Novartis International AG Based in Basel, Switzerland. Called "Focetria" or its common name: pandemic influenza vaccine. Licensed May 8, 2007.

Note: Adverse reactions include: headaches, sweating, joint pain, fever malaise, shivering, and pain at injection site. Vaccine Ingredients: Virus: The company is using a proprietary cell line. [Unknown is whether they are using dog or green monkey tissue.] By using this process, instead of growing the virus strain in chicken eggs, it "has cut weeks off the time required to begin vaccine production [to be done at its cell-based facility in Germany."(13) According to the European Assessment Report (May 2007), "Focetria should not be given to patients who have an anaphylactic reaction (severe reaction) to an of the components of the vaccine, or to any substances found at trace levels in the vaccine, such as egg, chicken protein, kanamycin, or neomycin sulphate (two antibiotics), formaldehyde, cetyltrimethylammonium bromide (CTAB, a disinfectant used to sterilize utensils and instruments) and Polysorbate 80." The CTAB Material Safety Data Sheet notes that its "chemical, physical, and toxicological properties have not been thoroughly investigated" but it "is irritating to mucous membranes and upper respiratory tract."(14) PANNA also lists this as an herbicide and microbiocide.

- Squalene: see above.
- MF59: A proprietary oil-based adjuvant that and contains (according to Dr. Mae-Wan Ho and Prof. Cummins's ISIS article, already cited) Tween 80, Span85, and squalene. The authors also note that MF59 has "substantially higher local reactogenicity and systemic toxicity than alum." This adjuvant is part of a new generation of potent vaccine enhancers. In their book, "New Generation Vaccines" authors Levine, Kaper, Rappuoli, and Good note that "The precise mechanisms of action of most adjuvants still remain only partially understood."(15) Animal rat studies using oil-based

adjuvants have demonstrated severe reactions to them, including paralysis, crippling, auto-immune disorders, and severe arthritis, and immune system impact. The FDA has yet to approved this for used in any vaccine, according to Jane Burgermeister's July 29 online report (previously cited).

- Span85: Patented by the now defunct Chiron (bought by Novartis). Its chemical name is Sorbitan Trioleate. It is an oily liquid used in medicine, textiles, cosmetics, and paints as an emulsifier, anti-rust agent, and thickener. [Some factories in China specialize only in manufacturing Tween 80 and Span 85.] According to the Pesticide Action Network North America [PANNA], this chemical is used as a pesticide. It is also used as an adjuvant and is "toxic to humans, including carcinogenicity, reproductive and developmental toxicity, neurotoxicity, and acute toxicity."(16)

Update 1:

For those in mainstream: The International Swine Flu Conference will be held in Washington, D.C., Aug. 19-20. Further information is at:www.medicalnewstoday.com/articles/159085.php and http://www.New-Fields.com/isfc.

Update 2:

In a July 23 report, the National Vaccine information Center (NVIC) is calling on all public officials "to provide evidence that it is necessary to given experimental swine flu vaccines to children in schools and that strong mechanisms for vaccine safety screening, recording, monitoring reporting, and vaccine injury compensation are in place." At present none of these are. NVIC, founded in 1982, has been committed to being a vaccine watchdog, and questions the need to turn schools into medical clinic this fall." Further information is at: ww.medicalnewstoday.com/articles/158586.php and www.nvic.org//NVIC-Vaccine-News/July-2009/Swine-Flu-Vaccine-Should-Not-Be-Given-to-Children.aspx

The deliberate rush and fast-track to get these untested vaccines ready in millions of doses, precludes any real sense of precaution and safety. There is no concern about how much very real damage, permanent debility, and death will be caused by them. On June 11, 2009, the World Health Organization [WHO] raised its pandemic level from 5 to 6 --the highest level. In the ensuing six weeks, there has been the most frantic pace by all the pharmaceutical companies to get millions of untested and unsafe vaccines to market, after all, they will be making enormous amounts of money.

Then, just a few days ago, Dr. Keijo Fukuda, WHO's flu chief, warned about the potential dangers of these different kinds of vaccines, saying: "There are certain areas where you simply do not try to make any economies. One of the things which cannot be compromised is the safety of the vaccines." (17) Safety? This statement is a bit tardy in coming. At this point, can anyone at the WHO be believed? Trusted? Why was this not the very first thing WHO addressed in May and June, before they rushed to declare a Level 6 "pandemic" (without proof)?

In another unconscionable rush, on July 23, the Food and Drug Administration (FDA) was reported "likely to approve 2009 H1N1 (swine flu) vaccines before trial data can prove their safety and effectiveness against the virus."(18) Again, where are any ethics, real safety, caution, or precautionary principle in place? It appears that there is continuing evidence from numerous sources (not just these in this article) repeatedly showing evidences of planned harm to all of us.

The issue of dangerous and deadly pharmaceutical vaccines rushed to market is not an issue that has been created in isolation. Rather, it is part of a whole, and unethical, and completely corrupted system, that is wrecking our country. We are being deliberately assaulted by one crisis after another, precisely as Naomi Klein has written in her brilliant book, "The Shock Doctrine." The looting and destruction of our country has been done, bit by bit, over many decades by selected elite insiders, while we (and our parents, too) were basking in a glow that had nothing to do with what was really happening behind the scenes in secret meetings of presidents, Congress, the Judiciary, and other high officials, along with corporate executives.

Now, however, this financial looting as well as the destruction of our Constitutional laws has accelerated enormously over the last nine years. It is all part of the elite's NWO-plan to wreck our country, destroy what remains, and have those in charge do it right in front of our own eyes. This is the

unmitigated hubris of the criminals in charge. Here we are at the brink of a pharmaceutical-military take-over. Our own government is complicit in this! Are we still so comatose and/or so heavily poisoned – from ten years of Chemtrail aerosols and the massive pollution from 100,000 mostly untested chemicals that surround our every move-- that we do not see or understand what is happening? If these deadly vaccines don't kill us, then ten years of our entire population being assaulted daily from these highly toxic aerosols and chemicals has already immensely weakened our immune systems. It is the proverbial one-two punch.

We Americans have not known real chaos on our soil since the Civil War - that was 148 years ago. This is not within our own human memory. It belongs to our great-great-grandparent's era. The 1960's and Watts Riots were tragic, but they did not engulf the entire United(?) States. Now, with all the illegal laws passed (but not even read) by a complicit Congress --no longer working "for us," but, truly against us-- we face a tremendous, epic crisis. Moreover, the deliberately created, but non-existent scare-tactic diversion "pandemic" really is a mask for the bankruptcy and on-going theft of our tax-payer dollars. No accountability to the Federal Reserve, while they steal trillions of our dollars. No accountability to the pharmaceutical companies for the real potential of irreparable harm or death from untested and dangerous vaccines. Do we get the connection? Stealing our own tax-payer trillions of dollars, the Federal Reserve is not accountable to anyone, while the country goes down the drain, due to the chaos they have deliberately created. The pharmaceutical companies are indemnified, while they manufacture highly toxic, untested drugs. The government officials approve of this. No one is held accountable. Nonetheless, WE, THE CITIZENS, are put in mortal fear about this non-existent but contrived "pandemic." This is criminal.

There is a long and dirty history of pharmaceutical companies manufacturing dangerous, often poorly tested drugs. Repeatedly, we have been the guinea pigs for one dangerous drug after another, while the drug companies took in millions of dollars. It's a sordid history -everything from thalidomide, to DES [diethylstilbestrol, a synthetic estrogen hormone], to Vioxx. Problems were covered up. Test results were falsified. Reports conveniently disappeared. Conflicts of interest are frequent. Scientists were paid off. There continues a revolving-door policy where employees of drug companies leave their jobs, only to be employed by government agencies. More recently, we now have a vast commercialization of medicine and drugs with all the radio and TV ads. For decade after decade, we have been expendable for enormous corporate profits. Our well being, our safety are never part of the corporate equation. Their bottom line is always profit. All of us continue to be expendable for that. Think about that, as 12,000 of our [I write "our" in a collective sense, as we are all responsible to one another] young children are going to be given an untested vaccine(s?) this month. Our young and innocent children are going to be the latest guinea pigs. This vaccine is not even the same one that will be forced on the rest of us this Fall.

Does any of this sound ethical? Does it sound criminal? The massive governmental corruption we see all around us is perhaps even worse than in the ancient Roman days of Caligula.

Where are Our Rights?

There are also basic human rights that are deliberately and completely ignored. Where is our right to choose? Where are our supposed legal and Constitutional rights? We have the right to live in peace, without being deliberately harmed or provoked, by the threat of Martial Law. There has been an illegal and unlawful build-up of troops and military exercises (the latest just this past week), on our own soil that is a violation of the Posse Comitatus Act of 1878. In the next few months, we are about to face our own American soldiers who have killed and maimed indiscriminately in Iraq and Afghanistan. These soldiers will now probably be deployed to accompany FEMA to come door-to-door into our homes to force us to take these poisonous injections. Can you envision what that means? Our own military is being ordered to possibly attack us in our homes [what else can it be called?] for more lies! Jim Kirwan's latest online essay is so right on! He sees clearly how damaged the returning soldiers are!(19) These are US troops who, in all probability, have been given toxic vaccines [as they had been during the Gulf War] and mind-

altering drugs, so they are doped and hardened to the reality of harming or killing us. This is what Professor Michel Chossudovsky calls the "militarization of health."(20)

We have the basic and universal right not to be deliberately harmed by our own government, or used as unwilling laboratory subjects for completely untested and dangerous vaccines. It is inhuman and in total contravention of all international laws to deliberately cause grave harm or death to citizens. This is what the Nazis did. The United States is now a rogue country that ignores basic universal human rights. Massive greed and collusion-to-cause-untold-grave-harm have taken its place. Where our own innocent, young children are used as test subjects, where our government puts us all in harm's way, where we are threatened with internment in FEMA concentration camps, if we refuse to be compliant and be injected with poisons, while nothing of basic humanity remains from any public official.

A democratic country honors and upholds its own laws and those of the international community. It does not attack, unprovoked, other countries. A democratic country holds its citizens in esteem and protects them: their lives and "promotes the general welfare." A democratic society has officials who honor their oaths of office. A truly democratic society respects the individual, supports education, and encourages peaceful domestic growth. Its legislative branch is open and honest, and does not collude to harm its citizens. Children grow up content and secure. They become well-educated citizens (not shoppers). The country thrives and can set an example for others. Peace reigns. Neighbors live in tranquility. The Common Good is held in high regard. Laws are upheld. Justice pervades. Truth is sacred.

Whatever lies are being promulgated by a corporate-controlled and compliant media, there is no real investigative journalism left. There is no search for the truth. What we have now every day is Orwellian Doublespeak, while the entire population of the United States is at grave risk of enormous physical harm.

This is not the country in which I grew up. Now, there is a complete lack of any moral direction or ethical boundaries. The government has broken its social and legal contracts with its own citizens. A government that can put all of its citizens deliberately in harm's way, is unfit. We are living in a police state, just the façade remains, while the great majority of Americans do not realize what tremendous destruction is right before us. A military state places all its financial and governmental power on killing and massive harm. This is what our violent country has done. In the last nine years, it has illegally attacked three countries (Afghanistan, Iraq, and Pakistan and has given military assistance to Israel to attack the civilian citizens of Gaza with depleted uranium bombs...this, too, is illegal under international law).

Violence is epidemic throughout our society. Children kill their peers; and our prison population (the largest of an Western country) is a tragedy. The movies are replete with one violent film after another. When violence and killing take priority in society [our budget and prison population], this is where we find ourselves as a bankrupt country. The bankruptcy goes far deeper than just the financial aspects. It goes to the core of our lost values. If many of us still believe in ethics, truth, and honorable behavior, those running the country do not exemplify our own personal values. The disconnect is tremendous.

At the same time, all our social services are trashed. No money for education. No money for elder care. No money for almost 50-million Americans who have no medical coverage. No money for the entire health and well-being of our citizenry (except for the rich). It is a complete disgrace. Yet, elite corporate power is destroying our ecnomy. Businesses are being gobbled up by larger ones (even if they are bankrupt), while millions are out of work. Banks are told not to lend to their customers who are trying desperately to hold on to their homes.(21) There is no money for crumbling bridges and disastrous, pot-holed roads across the entire country. I speak from personal experience, as I drove back and forth across the United States last year. Toll roads have increased as have the toll fees; but the roads are wrecked. There is hardly any money for the massive amount of real infrastructure repairs needed. In our financially bankrupt country, there is always fiat money for killing. There is

no money for any social services -the very backbone of a healthy society. Our entire economic structure is a planned wreckage!

The US has billions of tax-payer dollars for every kind of weapon, and bomb, and illegal DU bombs, and hi-tech military drones or sophisticated stealth weaponry, but our social services are completely cut to the bone. This is not a healthy society. It is a poorly educated and very sick one: and it shows from 40-million obese people to epidemics of cancers, and massive multiple immune illnesses. Our tax-payer trillions of dollars have been deliberately stolen from us to pay salaries of bankrupt CEOs, trillions have gone into some deep hole and are unaccounted for; and yet, the Federal Reserve (a private bankster cabal) refuses to answer any questions, as to where our money has gone. It is fraud. They are above the law. This is highway theft of unimaginable proportions. It is criminal. But, again, there is no accountability.

The irreparable damage done to hundreds of thousands of soldiers who have returned from killing innocent civilians, under both bushes, is staggering. They are maimed for life. They are unstable killers. They are damaged by squalene containing vaccines (Gulf War Syndrome) that they are given. These are the soldiers who return to either do more harm here, or are hospitalized or mutilated for the rest of their lives. Jim Kirwan writes of the tragic wrecked lives of these soldiers. This is what happens when warfare is glorified and violence is culturally epidemic.

Once upon a time, at the end of another war (WWII), the United States was hailed and admired [if we leave aside all the political and historical lies that Americans were fed then]. We were industrious, we were far more well educated. We stood for ethical values and doing the right thing [at least most Americans believed that, even if secret dealings were already under way to destroy our country from within]. Now, our ratings have plummeted: politicians work for secret groups and corporations. The very core is so rotted; but mostly still unknown to the average American.

This is where we are right now. We have had our liberties stolen from us. We have had our democratic institutions stolen from us, by those in charge. We are at the brink of even the loss of our very own lives -all under the guise of protecting us from a non-existent "pandemic." Genetically engineer the flu in some bioweapons lab, and the create debilitating and deathly vaccines that will do further harm to everyone. Chief Seattle can still remind us "what we do to ourselves, we do to the web of life."

The system – "health"(sic), politics, economics – is all rigged to do us extreme harm. The government is broken, and completely disassociated from the social construct upon which our nation was originally founded. Much of it now is being run into the ground by elements with criminal ties and intent. They have created this "pandemic" that is the set-up governmental pretext and smokescreen for the actual financial destruction of our country. It is another colossal "false flag" scenario that will engulf us all with disastrous results. Think of all the lies we have been repeatedly told and the ramifications that have resulted from this created 8-year deception -all surrounding the "official version" of the tragedy of September 11, 2001. We, the people, continue to be expendable not just for corporate profits but also for a political agenda created to harm us in the extreme.

Do we want death by injection? Is this what we want for our children and grandchildren?
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Links

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2. World Association for Vaccine Education: www.novaccine.com/
3. Vaccine Rights: www. vaccinerights.com
4. Injunction Sought to Stop Forced Swine Flu Vaccination Juggernaught:
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8. Toxicity of Formaldehyde: See: ww.pesticideinfo.org/Detail_ChemUse.jsp?Rec_Id=PC40254

9. See: http://ajp.amjpathol.org/cgi/content/abstract/156/6/2057. Also see Dr. Mercola's article on this vaccine at: http://blogs.mercola.com/sites/vitalvotes/archive/2009/07/17/

Squalene-The-Swine-Flu-Vaccines-Dirty-Little-Secret-Exposed.aspx; and Paul Joseph Watson. "Government Swine Flu Advisor on Vaccine Payroll." July 27, 2009: www.globalresearch.ca/index?phpcontext-va&aid=14550

10. See Robert F. Kennedy's 2005 article, just republished at: www.globalresearch.ca/indexphp?context=va&aid=14510; and Dr. Mae-Wan Ho's ISIS article already cited, NOTE #6.

11. Dr. Mae-Wan Ho, ISIS already cited, NOTE #6. Baxter filed for a "Swine flu patent in August 2008, a year before any flu outbreak. See: Lori Price. "Big Pharma: Baxter Files Swine Flu Vaccine Patent a Year Ahead of Outbreak. July 18, 2009: www.globalresearch.ca/index?phpcontext-va&aid=14430

12. See: bsd.leica-microsystems.com/pdfs/msds/ebv-k_msds.pdf. Interestingly, it is a prohibited substance for racing horses. See: www.asianracing.nu/vb/archive/index.php/t-547.html

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Daily Camera

Most flu shots contain mercury, but few know it

Daily Camera, 14 August 2009 at 2:40 p.m.
https://www.dailycamera.com/2009/08/14/most-flu-shots-contain-mercury-but-few-know-it/

A record 130 million Americans are expected to get a flu shot this season in hopes of ducking the nasty virus, but as the needle pierces the skin, more than 80 percent will also get what some say is a hefty and dangerous dose of mercury.

The U.S. Centers for Disease Control and Prevention recommends that almost everyone – including pregnant women – get the injection, despite written warnings from the vaccine manufacturers.

Citing an estimated 36,000 deaths a year from the flu and flu-related illness, the mainstream medical community, including the American Academy of Pediatrics and American Lung Association, says the benefits far exceed any risk from the shot.

In a typical year, between 5 percent and 10 percent of the population will get the flu virus, resulting in roughly 200,000 hospitalizations, according to the CDC. The flu can be especially dangerous for very young children and people 65 and older. Elderly people account for about 90 percent of all flu-related deaths.

Simply stated: The flu shot saves lives, the CDC says.

Yet a growing number of doctors, scientists and citizen organizations, such as Safe Minds, the Coalition for Mercury-Free Drugs and Moms Against Mercury, say mercury in flu shots has not been proved to be safe and can be linked to neurological disorders and other serious problems. They push for mercury-free shots that are available in limited quantities but that few know about.

"Mercury causes tremendous damage to the brain," said Paul King, scientific adviser for the Coalition for Mercury-Free Drugs. Mercury is among the most toxic heavy metals and is known to poison the central nervous system, liver, gastrointestinal tract and other systems in the body. About 80 percent of all flu shots distributed in the United States contain a mercury-based preservative called thimerosal. Thimerosal consists of 49.6 percent ethyl mercury, an anti-bacterial, anti-fungal that allows manufacturers to sell the vaccine in large, multi-dose containers without fear of contamination.

The Environmental Protection Agency and federal Food and Drug Administration have not set an exposure limit for ethyl mercury. –

The federal agencies have, however, set exposure limits for another organic and closely related form of mercury, methyl mercury – the type that comes from coal-fired power plants and is found in fish. They use that standard when estimating the safety of ethyl mercury.

Doctors and scientists debate the differences of the two forms in terms of how they affect the brain and body, but all agree: Both are toxins. A typical 0.5 milliliter flu shot contains 25 micrograms – or 50,000 parts per billion – of mercury.

The EPA classifies a liquid with 200 parts per billion of mercury as hazardous waste. The limit for drinking water is 2 parts per billion.

Using the standards set for methyl mercury consumption – the kind that's in fish – an average 130-pound person getting the flu shot would exceed the daily limit by more than four times. A 22-pound baby would get more than 25 times the amount of mercury considered safe. And doctors are recommending that many babies and children get two flu shots this season.

A material safety data sheet from Eli Lilly and Co., which no longer makes a flu vaccine, says effects of exposure to thimerosal may include "fetal changes, decreased offspring survival and lung tissue changes. … Exposure in utero and in children may cause mild to severe mental retardation and mild to severe motor coordination impairment."

It does not state at what levels of exposure these consequences could occur.

The CDC and National Institutes of Health have commissioned a number of studies looking at vaccine safety and any links vaccines might have with autism. In 2001 the Institute of Medicine reported that the evidence was inadequate to say whether thimerosal caused autism or other disorders. The issue warranted further investigation, the report stated.

Several other studies followed. In 2004, the Institute of Medicine reported that it couldn't find a causal relationship between thimerosal-containing vaccines and autism.

This September, another study published in the New England Journal of Medicine was unable to prove a causal relationship between early exposure to thimerosal and neuropsychological outcomes in children ages 7 to 10. It did not address possible links with autism.

Amid all the uncertainty, and considering that mercury is a known neurotoxin, several states, such as California, Illinois and New York, have banned thimerosal in vaccines – including the flu shot – given to young children and pregnant women.

Yet every day, in grocery stores, fast-food restaurants, pharmacies, at work and elsewhere, people are bombarded with the message to "Shoo the flu" and are repeatedly told "the best way to beat the flu is to get a flu shot."

Nothing is ever mentioned about thimerosal.

Nothing is ever said about the manufacturers' warnings for pregnant women.

In late October the American College of Obstetricians and Gynecologists reminded all pregnant women to get the flu shot.

Yet the country's largest maker of the flu vaccine, Sanofi Pasteur, in its own literature distributed in package inserts with the vaccine, specifically states:

"Animal reproduction studies have not been conducted with Influenza Virus Vaccine. It is also not known whether Influenza Virus Vaccine can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. Influenza Virus Vaccine should be given to a pregnant woman only if clearly needed."

Other flu vaccine makers include similar warnings in package inserts for both types of flu shots. Novartis, maker of Fluzone, goes on to instruct that the "clinical judgment of the attending physician should prevail at all times in determining whether to administer the vaccine to a pregnant woman."

Yet physicians aren't present at most flu clinics. So, many, such as Aurora Health Care's Visiting Nurse Association, rely on information from the federal government and medical associations.

"The CDC recommends all pregnant women get them," said Lisa Taylor, a registered nurse and clinical coordinator for Aurora Health Care's Shoo the Flu program, which will vaccinate an estimated 90,000 people around southeastern Wisconsin this season.

The CDC cites one study supporting its claim that the vaccination is safe for pregnant women – a 1973 study designed primarily to look at tumors in children up to 1 year old whose mothers received a

polio vaccination. It included a sentence stating that one child of more than 2,000 mothers vaccinated with the flu vaccine had a spinal cord tumor.

"It's ridiculous," said David Ayoub, a physician and medical director of Springfield, Ill.-based Prairie Collaborative for Immunization Safety, a group concerned about mercury in vaccinations. "It's a big, big deception.

"Half the kids could have died, but the study never would have shown that because they were specifically looking for tumors," said Ayoub, co-author of "Influenza Vaccination During Pregnancy: A Critical Assessment of the Recommendations of the Advisory Committee on Immunization Practices," published in the Journal of American Physicians and Surgeons in 2006.

Still the CDC defends the study, calling it "relevant" and says other studies also demonstrate the vaccine's safety during pregnancy.

Vaccine manufacturers such as Sanofi Pasteur, MedImmune and Novartis say they're ramping up production of thimerosal-free vaccines but don't have capacity to convert all the flu shots immediately.

molecules

Christopher B. Fox.

Squalene Emulsions for Parenteral Vaccine and Drug Delivery

Molecules, 1 September 2009, 14, 3286-3312
doi:10.3390/molecules14093286 // http://www.mdpi.com/1420-3049/14/9/3286/pdf

Abstract

Squalene is a linear triterpene that is extensively utilized as a principal component of parenteral emulsions for drug and vaccine delivery. In this review, the chemical structure and sources of squalene are presented. Moreover, the physicochemical and biological properties of squalene-containing emulsions are evaluated in the context of parenteral formulations. Historical and current parenteral emulsion products containing squalene or squalane are discussed. The safety of squalene-based products is also addressed. Finally, analytical techniques for characterization of squalene emulsions are examined.

1. Introduction to Squalene and Emulsions

Squalene is widely used for numerous vaccine and drug delivery emulsions due to its stability-enhancing effects and biocompatibility. Emulsions containing squalene facilitate solubilization, modified release, and cell uptake of drugs, adjuvants, and vaccines. Squalene and its hydrogenated form, squalane, have unique properties that are ideally suited for making stable and non-toxic nanoemulsions. Because of these characteristics, numerous squalene-based emulsions have been effectively developed for drug and vaccine applications.

...

6. Conclusions

In summary, squalene has proven effective for numerous vaccine and drug delivery applications due to its unique properties, including high surface tension (allowing small droplet size emulsions), stability, and biocompatibility. Squalene and squalane emulsions allow the solubilization and slowed release of lipophilic drugs, adjuvants, and vaccines, facilitating increased bioavailability and sustained mechanisms of action. Moreover, squalene emulsions demonstrate adjuvant activity such as eliciting increased antibody titers and cell mediated responses in vaccine applications. Finally, there are various established methods for the analysis of squalene and emulsion formulations, allowing thorough physicochemical characterization and stability monitoring. It is expected that squalene and squalane will continue to play a significant role as components in future vaccine and drug formulations.

see a discussions =>

Isoaho M. **Suomalaiset, Pandemrix on Nanorokote ja meitä on raskaasti huijattu**! – 29 November 2009:
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Immunization Program
Washington State Department of Health CHILD Profile
IMMUNIZE At All Ages

H1N1 (Swine Flu) Vaccine Mercury Suspension

Washington State, Health, 23 September 2009, 01:08 PM
https://web.archive.org/web/20090928091425/http://www.doh.wa.gov/cfh/immunize/providers/h1n1-thimerosal.htm

Declaration of Outbreak and Vaccine Shortage

On September 23, 2009, the Secretary of Health declared an outbreak of the H1N1 (swine flu) influenza virus and a shortage of mercury-free H1N1 vaccines. The declaration also temporarily suspends the state's mercury limits for certain mercury-containing H1N1 vaccines. The six-month suspension is effective September 23, 2009 through March 23, 2010 and applies only to H1N1 vaccines.

Washington State law allows the Secretary of Health to suspend the state's legal mercury limit for a vaccine if the secretary determines there is an outbreak of disease or shortage of vaccine available to protect the public health against vaccine-preventable disease. =>

See: *Signed Declaration from Secretary of Health Mary Selecky*
https://web.archive.org/web/20090930220831/http://www.doh.wa.gov/cfh/Immunize/documents/suspdeclaration.pdf

Suspension of Mercury Limits

Mercury-free H1N1 vaccine may not be available at all times. The state's mercury limit could prevent pregnant women and children under three years who want the vaccine from getting it. Lifting mercury limits for H1N1 vaccine will give pregnant women and parents or guardians of children under three the option of getting the vaccine if they want it. The suspension applies only to H1N1 vaccines.

- Frequently Asked Questions: Suspension of Thimerosal (Mercury) Limits for H1N1 (Swine Flu) Vaccine (PDF, 48 KB)

Patient Notification

When the mercury limits are suspended, Washington State law requires patients to be notified that they're getting vaccine containing more mercury than is usually allowed if they are:

- Pregnant or lactating.
- The parent or guardian of a child under 18 years getting the vaccine.

Materials to Assist Providers

To assist providers, the Department of Health has created a guidance chart to help providers identify which patients need to be notified and a sample notification that can be used with patients when administering H1N1 vaccine:

- Provider Guidance for Patient Notification (PDF, 117 KB)
- Parent/Patient Notice Sample (PDF, 62 KB)

Related Links

- Department of Health H1N1 (Swine Flu) Information
- Washington State Law: Mercury in Vaccines
- Mercury and Vaccine Safety

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
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DECLARATION OF OUTBREAK AND VACCINE SHORTAGE AND SUSPENSION OF RCW 70.95M.115 LIMITS FOR CERTAIN INFLUENZA A (H1N1) 2009 MONOVALENT VACCINES IN MULTI-DOSE VIAL PRESENTATIONS

WHEREAS RCW 70.95M.115 prohibits vaccinating a person who is known to be pregnant or under three years of age with influenza vaccine that contains more than 1.0 microgram of thimerosal per 0.5 milliliter dose. RCW 70.90M.115(3) authorizes the secretary of the department of health to temporarily suspend those limits if there is an outbreak of vaccine-preventable disease or a shortage of vaccine that complies with the limits.

The H1N1 influenza virus is a new influenza virus first detected in humans in the United States in April 2009. The United States continues to report the largest number of H1N1 cases of any country worldwide. There have been confirmed cases in all states in the United States. Significant illness from H1N1 influenza has continued into the summer across the country. As of September 04, 2009, the Centers for Disease Control and Prevention (CDC) reported 9,079 hospitalized cases and 593 deaths in the United States and its territories. As of September 16, 2009, there have been 171 hospitalized cases and 16 deaths in Washington State. Of the 16 deaths in Washington State, two have been pregnant women. According to the CDC, rates of infection (the number of reported cases per 100,000 population) are highest among people 0 to 24 years old. Rates of hospitalization among children have been highest in children younger than two years of age.

Nationally and within Washington, the spread of the H1N1 influenza virus has continued through the summer. The CDC and the Department of Health anticipate that the incidence of disease and influenza-related hospitalizations and deaths will increase rapidly starting in September 2009. Vaccination is considered the most effective method to stop community outbreaks as well as reduce overall sickness and death

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WSR 09-19-152

70.95M.115(3). At the end of that six month period of suspension, I will reassess the available supply of vaccine to determine if it is necessary to continue this declaration of vaccine shortage.

Signed this 23rd day of September, 2009 at Olympia, Washington

Mary C. Selecky, Secretary
Washington State Department of Health

https://web.archive.org/web/20090930220831/http://www.doh.wa.gov/cfh/Immunize/documents/suspdeclaration.pdf

KOMONEWS.COM

Herb Weisbaum

Washington OKs mercury in swine flu vaccine

KOMO News, 24 September 2009, 4:22 pm
https://web.archive.org/web/20090928112418/http://www.komonews.com/news/local/61285622.html#idc-ctools

Olympia, Wash. - The state Health Department *will allow more mercury* than usual in some of the swine flu vaccine to make sure shots *are available to pregnant women and children under age three*.

The department says mercury-free swine flu vaccine may not always be in stock, so it wants to give people the choice of using vaccine with the mercury preservative called thimerosal, which is believed to be safe.

The Centers for Disease Control's Web site says the following about thimerosal:
https://web.archive.org/web/20090925160838/http://www.cdc.gov/vaccinesafety/updates/thimerosal.htm
- "There is no convincing scientific evidence of harm caused by the low doses of thimerosal in vaccines, except for minor reactions like redness and swelling at the injection site.
- "However, in July 1999, the Public Health Service agencies, the American Academy of Pediatrics and vaccine manufacturers agreed that thimerosal should be reduced or eliminated in vaccines as a precautionary measure. Most vaccines for children under six are thimerosal-free."

The suspension of the mercury limit announced Thursday lasts six months and applies only to the swine flu vaccine expected to become available in October.

The temporary measure is needed because there could be a shortage of swine flu vaccine in the state when the first batches of the vaccine are released.

KOMO News has learned that none of the single-dose vials of swine flu vaccine or seasonal flu vaccine, as well as the nasal sprays contain thimerosal. It's only the bigger vials - the ones that have multiple doses - that will have thimerosal.

Under current law, those bigger vials would be prohibited, which is why Secretary of Health Mary Seleck suspended the law - to let them into the state.

"The virus is here. It's making a lot of people sick. We're already seeing absenteeism in schools. We know that the virus has some unfortunate health effects on some populations. So we really want to make the vaccine available," she said.

Selecky points out that the H1N1 shot is voluntary.

"And we'll make sure that those who are pregnant women and parents with children under the age of 3 get the information about what's available and what choices they can make," she said.

Here is the priority list of recipients for swine flu shots once the vaccine arrives:
- Anyone age 6 months to 24 years
- Pregnant women
- Healthcare workers
- People under 50 with chronic illnesses

Journal of Toxicology and Environmental Health, Part A

Hewitson L, Houser LA, Stott C, et al.

Delayed acquisition of neonatal reflexes in newborn primates receiving a thimerosal-containing hepatitis B vaccine: influence of gestational age and birth weight

J Toxicol Environ Health A. 2010; 73(19):1298-313. Available online 2 October 2009.
doi: 10.1080/15287394.2010.484709. // https://pubmed.ncbi.nlm.nih.gov/20711932/
https://web.archive.org/web/20091023212911/http://www.sciencedirect.com/science?_ob=ArticleURL&_udi=B6W81-4XC57CT-1&_user=10&_rdoc=1&_fmt=&_orig=search&_sort=d&_docanchor=&view=c&_acct=C000050221&_version=1&_urlVersion=0&_userid=10&md5=163a9340a2cb2e9c65b170e058dc21b1

Abstract

This study examined whether acquisition of neonatal reflexes in newborn rhesus macaques was influenced by receipt of a single neonatal dose of hepatitis B vaccine containing the preservative thimerosal (Th).

Hepatitis B vaccine containing a weight-adjusted Th dose was administered to male macaques within 24 h of birth (n = 13). Unexposed animals received saline placebo (n = 4) or no injection (n = 3).

Infants were tested daily for acquisition of nine survival, motor, and sensorimotor reflexes.

In exposed animals there was a significant delay in the acquisition of root, snout, and suck reflexes, compared with unexposed animals. No neonatal responses were significantly delayed in unexposed animals.

Gestational age (GA) and birth weight (BW) were not significantly correlated. Cox regression models were used to evaluate main effects and interactions of exposure with BW and GA as independent predictors and time-invariant covariates.

Significant main effects remained for exposure on root and suck when controlling for GA and BW, such that exposed animals were relatively delayed in time-to-criterion.

Interaction models indicated there were various interactions between exposure, GA, and BW and that inclusion of the relevant interaction terms significantly improved model fit. This, in turn, indicated that lower BW and/or lower GA exacerbated the adverse effects following vaccine exposure.

This primate model provides a possible means of assessing adverse neurodevelopmental outcomes from neonatal Th-containing hepatitis B vaccine exposure, particularly in infants of lower GA or BW. The mechanisms underlying these effects and the requirements for Th requires further study.

WHALE
THEY FEAR THOSE WITH KNOWLEDGE AND CONTROL THOSE WITHOUT IT

Autism Prevalence Now at 1 in 91 Children, 1 in 58 Boys

Whale, 5 October 2009
http://whale.to/vaccine/autism_prevalence.html

SafeMinds Calls For a Ban on Thimerosal from Seasonal and H1N1 Flu Vaccines in Pregnant Women and Young Children

Monday, October 5, 2009, Reston, VA – Today the Maternal & Child Health Bureau of Health Resources and Services Administration (HRSA), US Department of Health and Human Services released a study evaluating the number of children in the U.S. who currently have a Autism Spectrum Disorder (ASD) diagnosis, The Prevalence of Parent-Reported Diagnosis of Autism Spectrum Disorder among Children in the United States, 2007. The Study evaluated data from a national Survey of Children's Health andfound that 1 in 91 children between the ages of 3 and 17 currently carry an ASD diagnosis -1 in 58 boys.

Even more alarming, for the subset of children between ages 6 and 14 immunized during the 1990's the prevalence is actually 1 in 71 children with an autism diagnosis. This age group represents children in the U.S. with the highest exposure to thimerosal, the mercury preservative routinely used until CDC, AAP and industry recommended its removal "as soon as possible" from all childhood vaccines. Despite this recommendation, mercury, one of the most neurotoxic substances on the planet, is still used in most seasonal and H1N1 vaccines.

SafeMinds continues to call for a ban on mercury-containing seasonal and H1N1 flu vaccines, for pregnant women and young children. Theresa Wrangham, President of SafeMinds stated, "We are especially alarmed by these findings because the seasonal influenza and H1N1 vaccines contain mercury well in excess of EPA safe exposure guidelines. Pregnant women and young children should not be given mercury-containing medicines risking such significant side effects. The precautionary principal demands the removal of thimerosal from all vaccines pursuant to the now decade-old recommendation. How long must we wait to get a known neurotoxin out of all vaccines?"

All flu vaccines are categorized by the FDA as Class C drugs, meaning either studies in animals have revealed adverse effects on the fetus and there are no controlled studies in women, or studies in women and animals are not available. In addition, a 2005 study funded by the NIH found that ethyl-mercury used in vaccines crosses into the brain of infant primates, resulting in appreciable levels of mercury being trapped in the brain.

Concern over vaccine safety and the use of thimerosal is well established. In fact the Institute of Medicine, HHS' National Vaccine Advisory Committee, Congress, Health & Human Service's National Vaccine Advisory Committee, the American Academy of Pediatrics former President Dr. Lou Cooper, and former Director of the National Institutes of Health Dr. Bernadine Healy all agree that current research is inadequate to demonstrate vaccine safety, as required by law, especially in terms of risk for neurological damage, including autism, in a genetically susceptible subset of the population. Most have made statements in support of a study evaluating health outcomes in vaccinated compared with unvaccinated subjects.

SafeMinds is a charitable non-profit and leader in funding and advancing the science regarding mercury exposure as it relates to autism. Our expertise extends beyond mercury-related exposures to broader vaccine safety issues, due to many Board Members holding government agency committee positions such as the Interagency Autism Coordinating Committee, various CDC Vaccine Committees, the Department of Defense Autism Spectrum Disorder Research Program and the National Vaccine Advisory Committee's Vaccine Safety Working Group.

This Statement has been endorsed by National Autism Association, Autism Action Network/ Formerly ACHAMP,

Paul Joseph Watson

Autism Explodes as Childhood Vaccines Increase

Prison Planet, 5 October 2009
https://web.archive.org/web/20091007231108/http://www.prisonplanet.com/autism-explodes-as-childhood-vaccines-increase.html

Amount of children suffering from brain disorder doubles since last government survey in 2003.

Cases of autism amongst children have doubled since 2003 according to a government survey out today, highlighting once again the direct link between vaccines containing mercury and the brain disorder, as millions more parents give the green light for their kids to be injected with the thimerosal-containing H1N1 shot over the coming weeks.

"While research has suggested that the prevalence of autism spectrum disorders in American children was about 1 of every 150 children, a new government study estimates that the prevalence is more likely about 1 in every 91 children," **reports U.S. News & World Report.**

"The study, which is published in the October issue of Pediatrics, estimated that 110 of every 10,000 U.S. youngsters will be diagnosed at some point in their lives with an autism spectrum disorder. That currently translates to about 673,000 American children with some form of autism, according to the study."

Claims by the CDC and the Institute of Medicine, following a whitewash study that ignored previously verified evidence, that thimerosal, a mercury based preservative, has no causal relationship to skyrocketing cases of autism have been soundly rejected by top doctors and scientists ever since.

Epidemiologist Tom Verstraeten and Dr. Richard Johnston, an immunologist and pediatrician from the University of Colorado, both concluded that thimerosal was responsible for the dramatic rise in cases of autism but their findings were dismissed by the CDC.

Cases of autism in the U.S. have now increased by over 2700 per cent since 1991, which is when vaccines for children doubled, and the number of immunizations is only increasing. Just one in 2,500 children were diagnosed with autism before 1991, whereas one in 91 children now have the disease, up from one in 150 just six years ago.

A peer reviewed study by Dr. Mark Geier which appeared in the Journal of American Physicians and Surgeons showed that the IOM research was flawed because it was largely based on a Danish study by Anders Peter Hviid, which did not account for the fact that American children have a much higher mercury burden than children in Denmark.

"At the high levels (of thimerosal exposure), it is undeniable there is a causal relationship, and we have gone to high levels. Their studies, therefore are not relevant, I am not saying they are wrong, although there are many criticisms of it. It is just not relative to the US situation," said Geier.

Geier's study concludes that there is an increase of neurodevelopment disorders following the use of thimerosal containing vaccines.

Dr. Rashid Buttar, who has pioneered a new treatment for autistic children that removes mercury from their bodies, said the Institute of Medicine's conclusion that mercury does not cause autism demonstrates the "complete absence of any desire to discover scientific truth at the supposed highest levels of medical academia."

"When 31 children recover from a devastating disease by a simple transdermal treatment that detoxifies metals, then common sense dictates that perhaps metals are involved," states Dr. Bob Nash the chairman of the American Board of Clinical Metal Toxicology (ABCMT) in regard to Dr. Buttar's treatment.

"In 1977, a Russian study found that adults exposed to ethylmercury, the form of mercury in thimerosal, suffered brain damage years later. Studies on thimerosal poisoning also describe tubular necrosis and nervous system injury, including obtundation, coma and death. As a result of these findings, Russia banned thimerosal from children's vaccines in 1980. Denmark, Austria, Japan, Great Britain and all the Scandinavian countries have also banned the preservative," writes Dawn Prate.

Mercury is classified by The Department of Defense as a hazardous material that could cause death if swallowed, inhaled or absorbed through the skin, and the EPA is now limiting mercury emissions from factories because the toxin "can damage the brain and nervous system and is especially dangerous to fetuses and small children," but according to the CDC it's perfectly safe to inject into your child's bloodstream.

Despite concerns about thimerosal and mercury, thimerosal is an ingredient of the swine flu vaccine which is currently being rolled out for children all over the country.

"Some of the vaccine will be stored in multi-dose vials containing thimerosal, an antibacterial additive that contains mercury," **reported the Washington Post** in an article about which groups will receive the swine flu vaccine first.

Indeed, the swine flu vaccine contains no less than **25,000 per cent** the amount of mercury considered safe.

Around 12,000 U.S. children were used as guinea pigs for the experimental swine flu vaccine also known to contain the dangerous ingredient squalene, which has been directly linked with cases of Gulf War Syndrome and a host of other debilitating diseases.

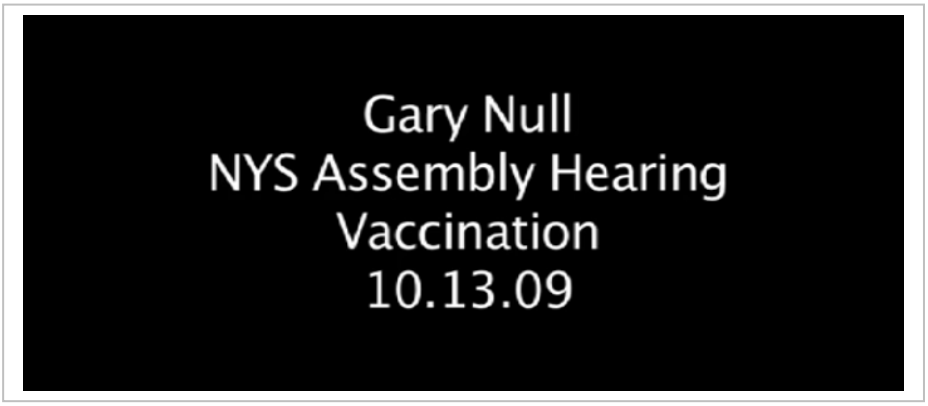
Squalene "contributed to the cascade of reactions called "Gulf War syndrome. (GIs developed) arthritis, fibromyalgia, lymphadenopathy, rashes, photosensitive rashes, malar rashes, chronic fatigue, chronic headaches, abnormal body hair loss, non-healing skin lesions, aphthous ulcers, dizziness, weakness, memory loss, seizures, mood changes, neuropsychiatric problems, anti-thyroid effects, anaemia, elevated ESR (erythrocyte sedimentation rate), systemic lupus erythematosus, multiple sclerosis, ALS, Raynaud's phenomenon, Sjorgren's syndrome, chronic diarrhea, night sweats and low-grade fever," according to Micropaleontologist Dr. Viera Scheibner.

Pharmaceutical companies can be assured that they won't face reprisals for the many thousands of injuries and deaths that will inevitably occur as a result of exposing millions to mercury and squalene during a mass vaccination program, because the government has already acted to provide them with blanket immunity from lawsuits.

"Vaccine makers and federal officials will be immune from lawsuits that result from any new swine flu vaccine, under a document signed by Secretary of Health and Human Services Kathleen Sebelius," **reported the Associated Press** in July

Gary Null Speaking Out at the NYS Assembly Hearing

Youtube // Bitchute, 13 October 2009; part 1 of 3
https://www.youtube.com/watch?v=y3XlJB7J5-o&list=PL964B3E6C0465D14C&index=15
https://www.bitchute.com/video/1oekdnOgxSOG



Gary Null Speaking Out at the NYS Assembly Hearing | 10-13-2009 | (part 2 of 3)
https://www.bitchute.com/video/40DsyOap3LNg
https://www.youtube.com/watch?v=Ch5OuzB9L48&list=PL964B3E6C0465D14C&index=14

Gary Null Speaking Out at the NYS Assembly Hearing | 10-13-2009 | (part 3of 3)
https://www.bitchute.com/video/ZXXHevXOXG8P

Age of Autism

CDC brings bad tidings:
40,000 Children diagnosed with Autism in this Year Alone

Age of Autism, 17 December 2009 at 12:40 PM
https://www.ageofautism.com/2009/12/-cdc-brings-bad-tidings-40000-children-diagnosed-with-autism-in-this-year-alone.html

SafeMinds calls for immediate action from public health officials and implores journalists to ask the tough questions listed here:

Atlanta, GA – A study to be released Friday by the Autism and Developmental Disabilities Monitoring (ADDM) Network of the Centers for Disease Control (CDC) is expected to report that autism prevalence has reached the epidemic rate of 1 in 100 children. The new estimate is for children born in 1996 and represents a 50% increase in just two years over a 2007 CDC calculation of 1 in 150 for children born in 1994.
https://web.archive.org/web/20100111225259/https://www.cdc.gov/mmwr/preview/mmwrhtml/ss5601a2.htm

Approximately 40,000 children will be diagnosed with autism this year alone. SafeMinds calls for cutting edge research now!

The rapid increase in such a short period cannot be accounted for by changes in diagnostic criteria or greater awareness of autism. The children born in 1994 and in 1996 were diagnosed under the same version of the Diagnostic and Statistical Manual (DSM IV), which was issued in 1994 before any of these children were diagnosed (on average, at age 4 years) and has not changed since then. Autism began its sharp growth curve with children born in 1988-1989 – 8 years after autism had been added to an earlier DSM version in 1980. Any increase in awareness would have had an equal effect on children born in 1994 and in 1996. Children born in 1994 and in 1996 would also have been eligible for the same educational services under IDEA, which was revised to include autism in 1990 and has not been changed since then.

Since purely genetic disorders do not exhibit such a rapid change in prevalence, the increase in autism points to environmental factors as the primary cause of autism. “It is imperative that public health officials take immediate and substantive steps to investigate the environmental factors that are most likely driving the autism epidemic,” said Sallie Bernard, Executive Director of SafeMinds.

Notably, expansion of the infant vaccine schedule in 1990 to include a 3-dose Haemophilus Influenzae type B (HiB) vaccine series and a single catch-up dose given to the 1988-1989 children at their 18 month vaccinations doubled the amount of mercury and other injected toxicants. The 1992 introduction of the mercury-containing Hepatitis B (HepB) vaccine series tripled those amounts, and included a dose recommended at birth, a novel step never taken before, even though US infants are at extremely low risk for contracting the Hepatitis B disease, which is spread by sexual contact or IV drug use. The uptake of the Hepatitis B vaccine rose steeply from 1994 to 1996, from 27% of babies in 1994 to 82% percent of babies in 1996 (See Graph). The HepB vaccine is a logical candidate for investigation as playing a key role in the autism increase from 1994-1996.

The HepB vaccine birth dose recently received sharp criticism from advocates after a study by Laura Hewitson, University of Pittsburgh, found that infant macaques given the Hep B birth dose showed statistically significant developmental delays.
Hewitson L, et al. Delayed acquisition of neonatal reflexes in newborn primates receiving a thimerosal-containing hepatitis B vaccine. - J Toxicol Environ Health A. 2010;73(19):1298-313. https://pubmed.ncbi.nlm.nih.gov/20711932/

Government sources and others who promote vaccines tout that the mercury from Thimerosal in vaccines has been studied and claim there is a lack of evidence for a causal relationship. However, those CDC studies compared children who received a routine amount of Thimerosal from vaccines to those who didn't receive quite as much and can be likened to comparing those who smoke two packs of cigarettes a day to those who smoke one pack. No study has ever been conducted to determine the health outcomes of infants with Thimerosal exposure from vaccines compared with those of unexposed, that is, non-vaccinated infants. Also, studies often cited by CDC as exonerating Thimerosal do not address genetically sensitive populations who may be predisposed to adverse reactions, as noted by the Institutes of Medicine in 2004. Recent toxicological studies indicate that the damage done by toxicants can happen in both high and low-level exposures if genetic differences are present. See UC Davis Studies on *Mercury* and *Lead*. Stamova B, et al. Correlations between gene expression and mercury levels in blood of boys with and without autism. Neurotox Res. 24 November 2009// Jan 2011;19 (1):31-48. doi: 10.1007/s12640-009-9137-7. https://pmc.ncbi.nlm.nih.gov/articles/PMC3006666/

Tian Y, et al. Correlations of gene expression with blood lead levels in children with autism compared to typically developing controls. Neurotox Res. 2011 Jan;19(1):1-13. https://pmc.ncbi.nlm.nih.gov/articles/PMC3006638/

CDC continues its social marketing explanation of this epidemic as a result of better diagnosis to defend their lack of urgency in addressing this national health catastrophe. SafeMinds concludes, along with many other medical and scientific experts, that the epidemic is environmentally based, thereby requiring urgent action. These children have been diagnosed since 2004 or before. It is astounding that CDC is so many years behind in tracking autism prevalence; a delay that would never occur for an infectious disease like influenza or measles.

Further, the timing of its release on the Friday before Christmas raises many questions with regard to CDC's political motives. Jim Moody, legal counsel for SafeMinds, stated, "CDC is trying to cover up its failure to respond with the urgency required by the epidemic in the face of mounting evidence that autism is environmentally-induced, and that the environment, according to the US Court of Claims – the Vaccine Court - includes vaccines. CDC's game plan is to maintain that actual prevalence has been constant over time and the reported cases are simply the result of better awareness. That 'defense' is a blatant lie as it would mean that doctors, specialists, and educational professionals somehow missed 95% of the cases 20 years ago when autism was purported to be 1 in 2500. CDC's 'better awareness' defense simply cannot be taken seriously and looks more and more absurd with each new release of prevalence data."

SafeMinds asks journalists to consider the following and to seek answers from the CDC, Health and Human Services (HHS), Food and Drug Administration (FDA), and National Institutes of Health (NIH) Interagency Autism Coordinating Committee (IACC), chaired by Dr. Tom Insel:

1. UC Davis M.I.N.D. Institute study finds that the majority of autism cases must be environmentally triggered. What changed in the environment from 1994 to 1996 which would cause 50% more healthy toddlers, who are reaching all developmental milestones on time, to suddenly regress into autism and exhibit signs of toxicity and environmental illness?
2. Will the Interagency Autism Coordinating Committee (IACC) respond and immediately add a research objective to the Strategic Plan for Autism Research for a time trend analysis of autism rates to determine what changed in the environment to reveal possible autism triggers?
3. *What environmental trigger affects children* at approximately the same time in their lives – regardless of race and ethnicity, from big cities to small, rural to urban, those with siblings and those without, those with rich parents, poor parents and every socio-economic category in between? *Might it be vaccines*?
4. What environmental toxin is still rapidly accumulating worldwide and has been known to cause developmental problems? Might it be mercury from coal plant emissions and other manmade sources?
5. When will the CDC do a transparent study, overseen by outside sources, to compare the health outcomes of children who received Thimerosal containing vaccines to those who did not? This study

has never been done and until this study and studies addressing genetically sensitive populations is conducted, *Thimerosal remains a viable causal factor in vaccine injury*.

6. How has a safe level of mercury in Thimerosal been determined in the absence of research? Yet children received up to 237.5 mcgs. of Thimerosal in the 90's via vaccines, and continue to receive mercury in vaccines today both in trace amounts and amounts exceeding the Federal safety guideline from the seasonal and H1N1 influenza vaccines. The recent recall of almost 1 million H1N1 Thimerosal-free doses has left the nation without an adequate supply of mercury-free H1N1 vaccines for babies.

7. Why does the CDC still allow even trace amounts of mercury in vaccines given that the trace is coupled with other toxic ingredients like aluminum, phenol, formaldehyde and other carcinogens?

8. Why do the CDC and the IACC refuse to do a study of all health outcomes of fully vaccinated vs. unvaccinated children despite years of parents requesting the study? Will they now conduct a vaccinated/unvaccinated study identified in June as a vaccine safety gap by the National Vaccine Advisory Committee (NVAC) ?

9. Last Friday the Institute of Medicine (IOM) stated that the United States needs to establish a permanent group that advises the government on vaccine safety and substantially increase research monies to improve vaccine safety and address public concern. What action will be taken on this recommendation?

10. Which patents does the CDC hold on childhood vaccines and how much money do they receive from vaccines given to children? An investigative report done by UPI in 2003 found that the CDC owned 28 patents.

11. The CDC is responsible for the recommended vaccine schedule and owns many patents on vaccines. They are also in charge of marketing vaccines and managing vaccine safety. This is a glaring conflict of interest analogous to the fox guarding the hen house. When will oversight of vaccine safety be removed from the CDC and placed in the hand of an independent agency?

12. *When are the CDC and NIH going to recognize that autism is an epidemic and provide the much needed research into environmental triggers it deserves*?

13. Ask Dr. Tom Insel, Chair of the IACC, why for the second year in a row, toxicological expertise remains virtually absent on science panels convened to update the Strategic Plan for Autism Research. Why has the IACC only approved research on five environmental factors, when so many more potential candidates were identified by an Institute of Medicine Workshop on Autism and the Environment? Why did he tell Congress additional research money was not needed for autism, when research on environmental factors has always been underfunded by NIH?

During the past 20 years *American children have been the sickest on record,* with chronic illnesses like autism, cancer, rheumatoid arthritis, diabetes, asthma, allergies, obesity, heart problems and behavioral disorders like ADHD, OCD, bi-polar disorder and more. The increase in these diseases came at a time when mercury and other toxins in vaccines tripled, the number of vaccines given to children went from roughly 18 shots to 36 shots currently, and mercury has continued to accumulate in the air, water, soil, and food.

Individuals with autism continue to suffer due to inadequate scientific research on environmental factors. SafeMinds calls upon the U.S. public health system to treat autism as the national crisis it is and to take urgent action to find the causes of and treatments for autism. Families cannot wait another two years for autism to rise to 1 in 50 kids.

SafeMinds is a charitable non-profit and leader in funding and advancing the science regarding mercury exposure as it relates to autism. Our expertise extends beyond mercury-related exposures to broader vaccine safety issues, as many of our Board Members hold government agency committee positions such as the Interagency Autism Coordinating Committee, various CDC Vaccine Committees, the Department of Defense Autism Spectrum Disorder Research Program and the National Vaccine Advisory Committee's Vaccine Safety Working Group.

Roman Bystrianyk

Thimerosal: A vaccine ingredient's toxic legacy

Health Sentinel, 30 December 2009, 02:28
https://web.archive.org/web/20100122044808/http://www.healthsentinel.com/joomla/index.php?option=com_content&view=article&id=2663:thimerosal-a-vaccine-ingredients-toxic-legacy&catid=5:original&Itemid=24

April, 1948 an article is published in the journal Pediatrics: [Randolph K. et al. Encephalopathies following prophylactic Pertussis Vaccine. – Pediatrics, 1948, April 1, 1 (4): 437–457].

"Inspection of the records of the Children's Hospital for the past ten years has disclosed 15 instances in which children developed acute cerebral symptoms within a period of hours after the administration of pertussis vaccine. The children varied between 5 and 18 months in age and, in so far as it is possible to judge children of this age range, were developing normally according to histories supplied by their parents. None had convulsions previously."

"Twelve of the children were boys and three were girls, a sex difference also encountered in relation to other substances, such as lead, causing gross injury to the developing nervous system. At inoculation time, the children varied in age between 5 and 18 months. Developmental data were obtained in detail on all but two of the children, whose mothers simply stated that they had developed normally. Reference to the case histories showed that such objective activities such as sitting, walking, and talking had appeared in many of the children prior to the inoculations; and the regressions or failure of further development occurred after the encephalopathies [Any disease or symptoms of disease referable to disorders of the brain] in several instances. In so far as it was possible to judge none of the children were defective prior to their acute illness."

"In common with many other biologic materials used parenterally [not by mouth], an important risk of encephalopathy attends the use of prophylactic pertussis vaccine. The mechanism whereby the encephalopathy is produced is not elucidated by the present study. The universal use of such vaccine is warranted only if it can be shown to be effective in preventing encephalopathy or death from pertussis itself in large groups of children. If avoidance of the inconvenience of the average attack of pertussis is all that is expected, the risk seems considerable. Efforts to diminish the hazard by modification of the vaccine or new methods of administration seem indicated."

Fast forward 60 years to the present; parents state their children were developing normally until the time of a vaccine; boys are 3 to 4 times more likely to have autism than girls; often times sitting, walking, talking are all normal in a child until 12-30 months followed by a major regression. The parallels to the present day epidemic in childhood neurologic disorders to this 1948 article are striking and concerning. What is equally disturbing is the observation of the authors that the neurologic problem occurred near the administration of the pertussis vaccine and that the "sex difference" in the "gross injury to the developing nervous system" was similar to the heavy metal lead.

Coal-burning power plants, use of mercury in gold mining, industrial manufacturing, incineration of municipal and medical waste, are some of the sources of heavy metals found in our modern

environment. These pollutants contaminate our environment and enter our food supply and eventually our bodies. In some cases heavy metals were added to products, such as in mercury amalgam fillings, and one substance in particular, Thimerosal, has been believed by many to be a major cause of neurologic problems that we encounter today.

Thimerosal is a mercury-containing organic compound or organomercurial. In the 1930s, Eli Lily developed Thimerosal as a preservative and it has been used in a number of biological and drug products, including many vaccines. Until the removal of Thimerosal, which contains 49.9% ethyl mercury by weight, from most pediatric vaccines in 2001, the source of the largest human exposure to mercury in the US was in children under 18 months of age undergoing routine childhood immunization schedules. Before 2001, a child may have received a cumulative dose of over 200 µg/kg [micrograms per kilogram] in the first 18 months of life.

Although Thimerosal has been removed from most childhood vaccines, it is still present in the flu vaccine, which is given to pregnant women, the elderly, and children. Also, many vaccines given to children in developing countries still contain Thimerosal.

Many still believe that Thimerosal is safe and effective and that there is little to no evidence that there is any health problems associated with this substance. ***According to the FDA website***:

"Thimerosal has been the subject of several studies and has a long record of safe and effective use preventing bacterial and fungal contamination of vaccines, with no ill effects established other than minor local reactions at the site of injection."

The article references eight studies supporting their position. But is there evidence that shows Thimerosal isn't safe?

A Material Safety Data Sheet or MSDS is a document that provides the proper procedures for handling or working with a particular substance. The information includes physical data (such as melting point, boiling point, etc.), toxicity, health effects, first aid, reactivity, storage, disposal, protective equipment, and spill/leak procedures.

The hazard rating information that appears on the MSDS is summarized on a diamond-shaped diagram that can rapidly alert personnel to substances that require special caution. Hazards are rated from 0 indicating no unusual hazard to 4 a severe hazard. The blue area of the diamond relates to health and a rating of 2 in the case of Thimerosal indicates "Intense or continued exposure could cause temporary incapacitation or possible residual injury unless prompt medical attention is given."

Here are some disturbing excerpts from the ***MSDS for thimerosal*** (trade name Merthiolate):

"Section 3: Hazards Identification - Potential Chronic Health Effects: The substance may be toxic to *kidneys, liver, spleen, bone marrow, central nervous system* (CNS). Repeated or prolonged exposure to the substance can produce target organs damage. Repeated exposure to a highly toxic material may produce general deterioration of health by an accumulation in one or many human organs."

"Section 6: Accidental Release Measures - Poisonous solid. Stop leak if without risk. Do not get water inside container. Do not touch spilled material. Use water spray to reduce vapors. Prevent entry into sewers, basements or confined areas; dike if needed."

"Section 11: Toxicological Information - Chronic Effects on Humans: *Mutagenic Effects*: Mutagenic for mammalian somatic cells. May cause damage to the following organs: kidneys, liver, spleen, bone marrow, central nervous system (CNS). Special Remarks on Chronic Effects on Humans: May cause cancer based on animal data. No human data found."

"Inhalation and Ingestion: Repeated or prolonged exposure may cause kidney damage, and may affect the liver, and bone marrow. Chronic exposure to mercury vapors behavior/central nervous system and peripheral nervous system (*depression, irritability, nervousness, weakness, ataxia, fatigue,*

tremor, jerky gait, limb spasms, personality changes), metabolism (*anorexia, weight loss*) and cause gastrointestinal disturbances which is collectively referred to as "*aesthenic-vegetative syndrome*." Chronic ingestion may cause accumulation of mercury in body tissues and may result in salicylism which is characterized by *nausea, vomiting, gastric ulcers, and hemorrhagic strokes*."

In addition Elli Lilly's ***1999 MSDS*** contains more disturbing information:

"Section 3: Hazards Identification - ... Exposure to mercury in utero and in children *may cause mild to severe mental retardation and mild to severe motor coordination impairment*."

"Section 6: Accidental Release Measures - Wear protective equipment, including eye protection, to avoid exposure. This material is a mercury compound which are CERCL Hazardous Substances and SARA 313 Toxic Chemicals."

The Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA), commonly known as Superfund, was enacted by Congress on December 11, 1980. This law created a tax on the chemical and petroleum industries and provided broad Federal authority to respond directly to releases or threatened releases of hazardous substances that may endanger public health or the environment. SARA 313 requires the EPA and State Regulatory Agencies to annually collect data on releases and transfers of certain toxic chemicals from industrial facilities, and make the data available to the public through a public database called the Toxics Release Inventory, or TRI.

These data safety sheets alone are certainly a cause for concern. One has to question why would anyone use such a dangerous substance in any medical product let alone one that is injected directly into the blood stream? But in addition to the MSDS there are numerous studies from the medical and scientific literature that clearly show thimerosal is not a safe substance.

The following are a few excerpts from a number of scientific journals:

1977: D. G. Fagan, J. S. Pritchard, T. W. Clarkson, And M. R. Greenwood.*Organ mercury levels in infants* with omphaloceles treated with organic mercurial antiseptic. – Archives of Disease in Childhood, 1977, 52, 962-964; doi: 10.1136/adc.52.12.962. https://pubmed.ncbi.nlm.nih.gov/606172/

Summary: Samples of fresh and fixed tissues from infants with exomphalos treated by thiomersal application were analysed for mercury content. The results showed that thiomersal can induce blood and organ levels of organic mercury which are well in excess of the minimum toxic level in adults and fetuses. The analysis of fresh and fixed tissues must be carefully controlled against normal tissues in order to interpret mercury levels accurately.

"Although thiomersal [thimerosal] is an ethyl mercury compound, it has similar toxicological properties to methyl mercury and in long-term neurological sequelae [a pathological condition resulting from a disease, injury, or other trauma] produced by the ingestion of either methyl or ethyl mercury-based fungicides and indistinguishable ... Since it is clear that treatment of exomphalos [an umbilical hernia at birth in which some abdominal organs push into the umbilical cord] by the application of alcoholic mercurial antiseptics can produce blood and tissue levels of mercury well above the threshold at which damage occurs in all other age groups, it is extremely unlikely that these infants escape neurological damage, which may be subtle. We therefore suggest that treated survivors should be examined neurologically and psychologically as a matter of urgency. Organic mercurial antiseptics should be heavily restricted or withdrawn from hospital use, as the fact that mercury readily permeates intact membranes and is highly toxic seems to have been forgotten. Equally effective and far less toxic broad-spectrum antifungal and antibacterial topical antiseptics are currently available."

2003: Baskin DS, Ngo H, Didenko VV. *Thimerosal induces DNA breaks*, caspase-3 activation, membrane damage, and cell death in cultured human neurons and fibroblasts. Toxicological Sciences. 2003 Aug;74(2):361-8. doi: 10.1093/toxsci/kfg126. https://pmc.ncbi.nlm.nih.gov/articles/PMC1892749/

"In clinical cases of accidental or intentional usage in high concentrations, thimerosal was administered in doses from 3 mg/kg to several hundred mg/kg. Such doses resulted in local necrosis [The death of living cells or tissues] at the application site and severe central nervous system and kidney injury ... In this paper we demonstrated that extending the time of incubation with thimerosal from 2 to 6 hours is associated with toxicity that was not seen after a shorter time of exposure. For this reason, further studies of lower concentrations and longer exposure times appear to be warranted. These results indicate that additional research is needed to fully delineate the dose- and time-dependent toxicity of thimerosal in sub-micro-molar concentrations and suggests that toxicity may occur at even lower doses than those utilized in these experiments, with longer times of exposure. Because mercury can be retained in body organs for months to years, the study of longer incubation times is warranted."

2003: Westphal GA, Asgari S, Schulz TG, Bünger J, Müller M, Hallier E. *Thimerosal induces micronuclei* in the cytochalasin B block micronucleus test with *human lymphocyte*s. Arch Toxicol. 2003 Jan;77(1):50-5. doi: 10.1007/s00204-002-0405-z. https://pubmed.ncbi.nlm.nih.gov/12491041/

"Thimerosal is a widely used preservative in health care products, especially in vaccines. Due to possible adverse health effects, investigations on its metabolism and toxicity are urgently needed. An in vivo study on chronic toxicity of thimerosal in rats was inconclusive and reports on genotoxic effects in various in vitro systems were contradictory. Therefore, we reinvestigated thimerosal in the cytochalasin B block micronucleus test. Glutathione S-transferases were proposed to be involved in the detoxification of thimerosal or its decomposition products. Since the outcome of genotoxicity studies can be dependent on the metabolic competence of the cells used, we were additionally interested whether polymorphisms of glutathione S-transferases (GSTM1, GSTT1, or GSTP1) may influence the results of the micronucleus test with primary human lymphocytes. Blood samples of six healthy donors of different glutathione S-transferase genotypes were included in the study. At least two independent experiments were performed for each blood donor. Significant induction of micronuclei was seen at concentrations between 0.05-0.5 micro g/ml in 14 out of 16 experiments. Thus, genotoxic effects were seen even at concentrations which can occur at the injection site. Toxicity and toxicity-related elevation of micronuclei was seen at and above 0.6 micro g/ml thimerosal. Marked individual and intraindividual variations in the in vitro response to thimerosal among the different blood donors occurred. However, there was no association observed with any of the glutathione S-transferase polymorphism investigated. In conclusion, thimerosal is genotoxic in the cytochalasin B block micronucleus test with human lymphocytes. These data raise some concern on the widespread use of thimerosal."

"In conclusion, thimerosal induced strong effects in the cytochalasin B in vitro [outside the living organism] micronucleus test in human lymphocytes ... Since thimerosal was repeatedly shown to be genotoxic [damaging to DNA] in vitro and in vivo [inside the living organism], there is reason for concern about its widespread use."

2004: Toxicology [the source is unknown]

"Both thimerosal and methylmercury increased the [Ca2+]i and oxidative stress in cerebellar granule cells. In rat cerebellar granule neurons, the increase in [Ca2+]i induces an increase in oxidative stress while the oxidative stress increases the [Ca2+]i. It is a possibility that uncontrolled and sustained elevation of [Ca2+]I increases the formation of reactive oxygen species that induce a further increase in [Ca2+]i. *If so, such insults induced by thimerosal and methylmercury would lead to cell injury or death in brain neurons* ... In can be concluded that the potency of thimerosal to induce cytotoxic [substances that are toxic to cells] action on brain neurons dissociated from 2-week-old rats under the in vitro conditions is similar to that of methylmercury."

2005: James SJ, Slikker W 3rd, Melnyk S, New E, Pogribna M, Jernigan S. *Thimerosal neurotoxicity is associated with glutathione depletion*: protection with glutathione precursors. Neurotoxicology. 2005 Jan;26(1):1-8. doi: 10.1016/j.neuro.2004.07.012. https://pubmed.ncbi.nlm.nih.gov/15527868/

"In both cell lines, a progressive increase in cytotoxicity [decrease in viability] was observed when Thimerosal dose was progressively doubled from 2.5 µmol/L [micromoles per liter] to 5, 10, and 20 µmol/L. Viability was reduced more than 50% in both cell lines with exposure to 10 µmol/L Thimerosal and less than 10% of cells survived a dose of 20 µmol/L. *Thimerosal induces oxidative stress and apoptosis [programmed cell death] by activating mitochondrial cell death pathways*. A subsequent study using cultured human neuron and fibroblast cell lines similarly showed that low micromolar concentrations of Thimerosal induced DNA strand breaks, caspase-3 activation, membrane damage and cell death."

2007: Geier DA, et al. A review of Thimerosal (Merthiolate) and its ethylmercury breakdown product: specific historical considerations regarding safety and effectiveness. J Toxicol Environ Health B Crit Rev. 2007 Dec;10(8):575-96. https://pubmed.ncbi.nlm.nih.gov/18049924/

"The high order of toxicity from Thimerosal and its ethylmercury breakdown product has been known and published for decades. Nonetheless, Thimerosal remains in the drug supply, especially in various vaccines manufactured both for the United States and globally. The ubiquitous and largely unchecked place of Thimerosal in pharmaceutical products, therefore, represents a medical crisis in the modern day. Reforms in the manufacture and the licensing of vaccines and other drugs, which should have been accomplished proactively, had anyone properly assessed their mercury content, must now be conducted, reactively, under significant systemic stress. *With no warning, recall, or ban of mercury in vaccines and other drugs as of yet, the victim of this mandated, unwarranted, and massive mercury exposure is still an unsuspecting public, and most especially its unborn and newborn children*."

2007 - Anales de la Facultad de Medicina [the exact article is unknown]

"Due to the vast gaps in knowledge of thimerosal's pharmacokinetics and pharmacodynamics, as its toxic properties over the immune system, it is required to make more studies of quantitative character in animal models as soon as possible. Nevertheless, while it is true, it is difficult to extrapolate these findings to other animal experimentation groups and over human beings, our results, as the multiple scientific evidence recently published about thimerosal, clearly indicates the toxic nature of this substance, at the same dose and the same chronology as human immunizations; therefore we suggest the employment of alternative preservatives in vaccines, especially those intended to pregnant women, neonates, and small children based in the prevention and precaution principles of all medical interventions."

2008: David A. Geier, et al. Neurodevelopmental Disorders, Maternal Rh-Negativity, and Rho(D) Immune Globulins: A Multi-Center Assessment. – Neuroendocrinology Letters, 2008, April, V 29 N 2: -272-280. https://pubmed.ncbi.nlm.nih.gov/18404135/

Background: Many formulations of Thimerosal (49.55% mercury by weight)-containing Rho(D) immune globulins (TCRs) were routinely administered to Rh-negative mothers in the US prior to 2002.

Objectives: It was hypothesized: (1) if prenatal Rho(D)-immune globulin preparation exposure was a risk factor for neurodevelopmental disorders (NDs) then more children with NDs would have Rh-negative mothers compared to controls; and (2) if Thimerosal in the Rho(D)-immune globulin preparations was the ingredient associated with NDs, following the removal of Thimerosal from all manufactured Rho(D)-immune globulin preparations from 2002 in the US the frequency of maternal Rh-negativity among children with NDs should be similar to control populations.

Methods: Maternal Rh-negativity was assessed at two sites (Clinic A-Lynchburg, VA; Clinic B-Rockville and Baltimore, MD) among 298 Caucasian children with NDs and known Rh-status. As

controls, maternal Rh-negativity frequency was determined from 124 Caucasian children (born 1987-2001) without NDs at Clinic A, and the Rh-negativity frequency was determined from 1,021 Caucasian pregnant mothers that presented for prenatal genetic care at Clinic B (1980-1989). Additionally, 22 Caucasian patients with NDs born from 2002 onwards (Clinics A and B) were assessed for maternal Rh-negativity.

Results: There were significant and comparable increases in maternal Rh-negativity among children with NDs (Clinic: A=24.2%), autism spectrum disorders (Clinic: A=28.3%, B=25.3%), and attention-deficit-disorder/attention-deficit-hyperactivity-disorder (Clinic: A=26.3%) observed at both clinics in comparison to both control groups (Clinic: A=12.1%, B=13.9%) employed. Children with NDs born post-2001 had a maternal Rh-negativity frequency (13.6%) similar to controls.

Conclusion: This study associates TCR exposure with some NDs in children.

2008: Austin, D. An epidemiological analysis of the 'autism as mercury poisoning' El hypothesis Intern. J. of Risk & Safety in Medicine. 2008, 20 (3): 135-142, DOI: 10.3233/JRS-2008-0436; https://content.iospress.com/journals/international-journal-of-risk-and-safety-in-medicine/20/3

"Biological findings in autism that are consistent with mercury poisoning include elevated oxidative stress, depleted levels of glutathione, neurochemical irregularities, gastro-intestinal distress, immune dysregulation and generalized and neural inflammation. All of these are also well documented effects of mercury poisoning and, specifically, mercury poisoning in infants ...

Autism is a modern disease. It was first identified in the late 1930s and reported in 1943 by Kanner. It is important to place the arrival and subsequent epidemic growth of autism into the historical context of environmental exposure to mercury.

Therefore, it is important to acknowledge that the commencement of widely available vaccinations (containing mercury) commenced in the 1930s. Additionally, the early 1900s saw the increasing availability and popularity of dental care where mercury amalgam fillings were the dominant restorative material ...

The existing scientific literature provides grounds for strong suspicion that mercury plays a causal role in the development of autism. Given this suspicion, and the severe nature, devastating lifelong impact and extremely high prevalence of autism, it would be negligent to continue to expose pregnant and nursing mothers and infant children to any amount of avoidable mercury. Health authorities worldwide should move without hesitation to ban and remove all mercury in all medical products at the earliest possible date."

Abstract: Where direct experimental research into a causal hypothesis of a disease is impossible due to ethical and practical considerations, epidemiological inference is the accepted route to establishing cause. Therefore, to examine the autism as mercury poisoning hypothesis, this paper reviews the existing scientific literature within the context of established epidemiological criteria and finds that the evidence for a causal relationship is compelling. Exposure to mercury (via vaccines and maternal dental amalgam) in utero and during infant years is confirmed; mercury poisoning is known to cause symptoms consistent with autism; animal modeling supports the link and, critically, mercury levels are higher in both the urine and blood of autistic children than in non-autistic peers. Analogous to epidemiological evidence of the smoking–lung cancer relationship, a mercury–autism relationship is confirmed. The precautionary principle demands that health professionals not take an action if there is suspicion that the action may cause severe or lifelong health effects: it does not require certainty. Therefore, given the severity, devastating lifelong impact and extremely high prevalence of autism, it would be negligent to continue to expose pregnant and nursing mothers and infant children to any amount of avoidable mercury.

2009: Dufault R., Schnoll R., Lukiw W.J. *et al.* Mercury exposure, nutritional deficiencies and metabolic disruptions may affect learning in children. *Behav Brain Funct* 2009, October 27, 5, 44; https://doi.org/10.1186/1744-9081-5-44

https://behavioralandbrainfunctions.biomedcentral.com/articles/10.1186/1744-9081-5-44#citeas

Among dietary factors, learning and behavior are influenced not only by nutrients, but also by exposure to toxic food contaminants such as *mercury* that can disrupt metabolic processes and alter neuronal plasticity.

Neurons lacking in plasticity are a factor in neurodevelopmental disorders such as *autism and mental retardation*.

Essential nutrients help maintain normal neuronal plasticity. Nutritional deficiencies, including deficiencies in the long chain polyunsaturated fatty acids eicosapentaenoic acid and docosahexaenoic acid, the amino acid methionine, and the trace minerals zinc and selenium, have been shown to influence neuronal function and produce defects in neuronal plasticity, as well as impact behavior in children with attention deficit hyperactivity disorder.

Nutritional deficiencies and mercury exposure have been shown to alter neuronal function and increase oxidative stress among children with autism. These dietary factors may be directly related to the development of behavior disorders and learning disabilities. *Mercury, either individually or in concert with other factors*, may be harmful if ingested in above average amounts or by sensitive individuals.

High fructose corn syrup has been shown to contain trace amounts of mercury as a result of some manufacturing processes, and its consumption can also lead to zinc loss. Consumption of certain artificial food color additives has also been shown to lead to zinc deficiency. Dietary *zinc is essential for maintaining the metabolic processes required for mercury elimination*.

Since high fructose corn syrup and artificial food color additives are common ingredients in many foodstuffs, their consumption should be considered in those individuals with nutritional deficits such as zinc deficiency or who are allergic or sensitive to the effects of mercury or unable to effectively metabolize and eliminate it from the body.

"A disruption of the GSH (glutathione) system by mercury leads to GSH depletion and cell destruction. An in vitro study of Jurkat T cells exposed to thimerosal demonstrated concentration-dependent apoptosis. It was found that the mercury moiety [part of the molecule], not the thiosalicylic acid moiety, of thimerosal was responsible for glutathione depletion. GSH depletion is linked to several neurodegenerative disorders."

2009: Hewitson L, Houser LA, Stott C, et al. Delayed Acquisition of Neonatal Reflexes in newborn Primates receiving A Thimerosal-containing HepatitiS B Vaccine: influence of gestational age and Birth weight. – Neurotoxicology, 2009, DOI: doi:10.1016/j.neuro.2009.09.008
https://www.rescuepost.com/files/hewitson-et-al-09-primate-hbv-study.pdf

Our study design does not enable us to determine whether it is the vaccine per se, the exposure to Th [thimerosal], or a combination of both that is causing the observed effects. None-the-less, the developing brain is considered the most vulnerable organ to mercury exposure, and experimental studies suggest that the brainstem - whose function is central to the reflexes described herein - may be one of the more sensitive targets ... Since the acquisition of motor reflexes is controlled by the brainstem, it is possible that very early exposure to ethyl mercury may adversely affect the emerging brainstem function ... this study provides preliminary evidence of abnormal early neurodevelopmental responses in male infant rhesus macaques [type of monkey] receiving a single dose of Th-containing [Thimerosal containing] HB [Hepatitis B] vaccine at birth and indicates that further investigation is merited."

There are still more studies not included in this article simply because the volume of information would be overwhelming, but the Material Data Safety Sheets and these scientific excerpts speak for themselves - Thimerosal is clearly a dangerous substance.

What the authors of that 1948 study probably didn't know when they said "If avoidance of the inconvenience of the average attack of pertussis is all that is expected" was that the historical data shows the death rate from pertussis had already fallen by 99% by the time they were writing their article and that their call to "diminish the hazard" of the vaccine would be apparently largely unheeded.

Age of Autism

Mark Blaxill

From The Roman to The Wakefield Inquisition

Age of Autism, 27 January 2010
https://web.archive.org/web/20100607110836/http://www.ageofautism.com/2010/01/from-the-roman-to-the-wakefield-inquisition.html#http://www.ageofautism.com/2010/01/from

The UK General Medical Council Hearing decision is due Thursday, January 28, at 9:01am EDT. We'll be running posts throughout the week, including this one, which first ran on 12/31/08.

As the year draws to a close, all of us at the Age of Autism are very pleased to honor Dr. Andrew Wakefield. As we've reported here many times during the past year, *Dr. Wakefield has been the subject of a remarkable and unprecedented campaign to discredit his work and character, most notably in a show trial that is still underway in London, in hearings of the General Medical Council*. In the face of extraordinary attempts to silence him, Wakefield has stood up to these attacks with grace and determination and has continued his research and clinical work on behalf of children and families suffering from autism. That makes him our first Age of Autism *Galileo Award* recipient.

Like many of our awards this year, this wasn't a difficult decision. In fact, this may be one of those unusual cases where the recipient of an award in some ways outshines its namesake. To understand why that might be so, you need to understand a bit more about why we chose to name the award after the Italian scientist Galileo, what he represents to the history of science and how his experience compares with Wakefield's.

Galileo Galilei was born in Pisa, Italy in 1564. And while he was a physicist and mathematician of some note, Galileo was as much a practical mechanic as he was a grand theorist; indeed it was his tinkering with convex and concave lenses that gave him the tools to leave his lasting mark on the world. As a skilled inventor of early working telescopes, he did not design the world's first telescope, but he was the first to make them powerful enough for scientific use. In fact, the word telescope (derived from the Greek roots *skopein*, "to see", and *tele* for "far") was coined in 1611 to describe one of Galileo's first instruments. For the accomplishments that flowed from his pioneering work, he has been described by many as The Father of Modern Physics; Albert Einstein even went so far as to name him The Father of Modern Science.

But Galileo is celebrated today not as much for his engineering talent as for the suffering he endured in support of an unpopular scientific theory. Because it was Galileo's work with telescopes in the early 17th century that lent critical support to the theory of *heliocentrism*, the idea that the earth revolved around the sun and not the other way around. As with his telescope technology, Galileo was not the first to propose the heliocentric theory: that distinction belongs to Nicolai Copernicus. Yet Copernicus, a Polish mathematician, was well aware of the personal risk of disseminating his ideas and delayed their publication for many years. Copernicus' major work, *De revolutionibus orbium coelestium*, was published only shortly before his death at age 70 in 1543.

Galileo, by contrast, was an aggressive advocate for the truth as he saw it. He used his telescope to provide clear visual evidence that the sun occupied the center of the solar system. He then published his evidence fearlessly in the prime of his life, starting while in his 40s. And although for a while he obtained the approval of the Vatican to publish some of his work, he was eventually forced to spend most his later life defending himself and his findings. For as the significance of his observations for the

prevailing Catholic orthodoxy became increasingly clear, Galileo was derided as a heretic, denounced publicly and finally given an ultimatum: renounce your theory or else. In 1633, he was put on trial by the "Supreme Sacred Congregation of the Universal Inquisition", known today as the *Roman Inquisition*, and convicted of heresy. Barely escaping prison, Galileo spent the rest of his life under house arrest, where he died nearly ten years later.

The many parallels between the Roman Inquisition and the Wakefield Inquisition are uncanny. Like Galileo, *Wakefield came to autism both as a practical man and a scientist*; his initial involvement in autism was simply in response to a group of parents who approached him as a specialist in pediatric gastroenterology. They told him, "*Our children are not defective, they are sick*" and Wakefield listened. Also like Galileo, Wakefield didn't originate the idea that vaccines might play a role in autism, but has become the most prominent developer of the idea. As Galileo's telescopes allowed him to discover the moons of Jupiter, so did Wakefield's use of new ways of seeing, in this case an endoscope to see into a child's intestines, allow him to discover a distinctive gut pathology in autism. He named what he saw *autistic enterocolitis*, and it was a finding that quite literally turned the brain-centric view of autism upside down. But this was no ordinary finding, for Wakefield's specific challenge to the orthodox view of autism science made him a target for the medical establishment. He published his first major work in the prestigious journal *The Lancet*, where the editor Richard Horton had full awareness of its controversial potential. But when the controversy turned too hot to handle, Horton lost his nerve and in a perfidious betrayal that history should remember (see John Stone's wonderful essay on Horton (HERE), Horton turned on Wakefield. https://web.archive.org/web/20100414083541/http://www.ageofautism.com/2008/12/smoke-and-mirrors-dr-richard-horton-and-the-wakefield-affair.html

Thanks to Horton's perfidy, and again like Galileo, Wakefield now finds himself on trial for his license to practice medicine in front of the General Medical Council (GMC). And although the GMC might defend the validity of its allegations, it is plain to all who have followed the case closely that the trumped up charges hold little merit. Still, the outcome of the proceedings lies in considerable doubt, for Wakefield has not been subjected to these months of review on the basis of any *actual* medical misconduct (not surprisingly, no parent with whom he worked supports the GMC's case). Quite clearly, and again like Galileo in the face of the Roman Inquisition, the offense for which Wakefield is really on trial is *heresy*. And whenever an Inquisition has begun to confront the conflicts between religious orthodoxy and inconvenient evidence, one can never predict how the High Inquisitors will render their judgment. The only thing we can predict is that a process like the Wakefield Inquisition is always more concerned with appearances than justice.

Wakefield's heresy comes at a particularly difficult time for the medical profession that has placed him on trial. The twin pillars of its quest for the causes of human disease, germs and genes, have failed for years to explain the scourge of *chronic disease*: a scourge that has replaced infectious disease as the main public health problem of the developed world. In the face of a simmering disquiet over what has become an increasingly embarrassing scientific failure, it has become ever more important to the profession's high priests to distract attention from the crumbling bulwarks of their belief system and take action to defend the tools and targets of those pillars: the germ theory of disease that was medicine's greatest contribution to human civilization and provided its two principle tools, vaccines and antibiotics; and the genetic model of human disease that has been medicine's great hope to succeed germ theory and the precious disease targets such as autism that it hopes to explain. Seen in this context, Wakefield's heresies have been unusually threatening because they operate on both fronts: they compete with the genetic explanations of autism with a causal model that threatens to tarnish the heroic triumphs of germ theory.

So like Galileo's compelling work in support of heliocentrism, Wakefield's dual challenge to vaccine development and autism science has evoked a strong response from the highest levels of authority. In Wakefield's case, his prosecutors have determined not only that he must be shown to be wrong, he must also be punished. That means his work on autism (as well as others doing supportive work) must be stopped while he must also be stripped of his credentials as a member of the medical profession. The modern punishment for heresy may not include death, but it can be exile and excommunication.

Casting the treatment of Wakefield as a religious response is the only way to make sense of the behavior of the medical establishment over the last several years. If it were not so serious, its escalating absurdity would begin to resemble farce. One example is the latest defense of the ever-expanding childhood immunization program. Instead of embracing the importance of improving vaccine safety, the program's defenders have now declared that the temple of the sacred program must never be defiled, and certainly must not be subjected to conventional safety research. So the obvious research project of comparing the total health outcomes in vaccinated vs. unvaccinated individuals has been rejected not merely as too expensive, now it simply must not be done. In the Orwellian logic of the CDC, such studies in humans would be "prospectively unethical" and "retrospectively impossible."

Let's be frank here. This is an epistemological obscenity: It's not just that we don't know some very basic things about the safety of the sacred program, *we also cannot know and should not seek to know*. This stance should offend even the most skeptical scientists. Still, the farce continues.

In the meantime, there remains a body of published evidence that must be dealt with. And for this, since the retraction of every published study is well-nigh impossible (some of Wakefield's less courageous co-authors famously "*retracted the interpretation" of the Lancet paper*, but they couldn't retract the evidence) there is only one answer left. Nullify the source of the heresy itself. Practically speaking, when establishment voices can no longer claim the absence of causal evidence, the fallback position must be that there is "no credible evidence" linking vaccines and autism. Removing credibility from the evidence requires that the high priests get personal: they must mount a systematic attack on the personal reputations and integrity of scientists who pursue and publish heretical lines of investigation.

And this is why, decades after Stalin and Mao, we now have the travesty of a 21st century show trial in London, the Wakefield Inquisition. It's also why the passionate call on a U.K. parents' web-site, *Cry Shame*, is so deeply correct.

I wouldn't in any way diminish the importance of Galileo, but in an interesting way, Wakefield's steadfastness in the face of adversity outshines the man in whose name we honor him. For, although Galileo finally agreed to recant his support for heliocentrism, Wakefield has never buckled under the pressure. Instead he has stuck to his guns and continued to fight for families with autism. Supported by private funding, his research work has continued (stay tuned for some more blockbuster results next year). And along with the terrific medical team at Thoughtful House, courageous doctors like Arthur Krigsman, Bryan Jepson and Doreen Granpeesheh, he also continues his clinical practice.

In the meantime, the heresy trial staggers onward towards its uncertain conclusion; the GMC's verdict may well come shortly in the New Year. But our judgment at the Age of Autism is clear. Andy Wakefield represents the very best of the scientific tradition. He has persevered in the face of obstacles that would have stopped lesser men in their tracks. He has published continuously and fearlessly. He has pushed important research projects forward despite countless attempts to declare the work irrelevant, the issues "settled." He has dealt with opposing evidence with the professional spirit of a scientist while also following the advice of Karl Popper that "he who gives up his theory too easily in the face of apparent refutations will never discover the possibilities inherent in his theory." Along the way, he has unfailingly represented the issues in autism and the best principles of the scientific method with dignity and restraint. Most important of all, he has refused to be intimidated.

For all this and more, we would like to honor Dr. Andrew Wakefield with our first Galileo Award. And like so many others in our community, I feel proud to call him my friend. Let's be sure to stand behind him in the uncertain times ahead.

Age of Autism

A Short form FAQ About the Wakefield GMC Case

Age of Autism, 28 January 2010
https://web.archive.org/web/20100514140343/http://www.ageofautism.com/2010/01/a-short-form-faq-about-the-wakefield-gmc-case.html#http://www.ageofautism.com/2010/01/a-sh

Below is a short form FAQ about the GMC case of Dr. Andrew Wakefield and colleagues Professor John Walker-Smith and Professor Simon Murch

Did the Ethics Practices Committee of the Royal Free Hospital NHS approve Dr. Wakefield and colleagues' proposal for research biopsies to be conducted on children which ultimately resulted in publication by the Lancet?

YES . The Ethical Practices Committee of the Royal Free Hospital NHS Trust approved proposal # 162-95 before any biopsies were collected for the case study on the Lancet 12.

Was the 1998 Lancet article based on a research study or a case study?

The Lancet article was based on a case study. Case studies do not have control groups.

Did the 1998 Lancet case report say that the MMR vaccine causes autism?

NO. The Lancet case report reads, "We did not prove an association between measles, mumps, and rubella vaccine and the syndrome (autistic enterocolitis) described." The Lancet case report ends with a call for additional research. "We have identified a chronic enterocolitis in children that may be related to neuropsychiatric dysfunction. In most cases, onset of symptoms was after measles, mumps, and rubella immunisation. Further investigations are needed to examine this syndrome and its possible relation to this vaccine."

If the Lancet case report did not say MMR vaccine causes autism, what did some of the co-authors partially retract in 2004?

Nothing. Some of the original co-authors partially retracted an interpretation despite the fact that it never existed in the case report.

The co-author's partial retraction reads, "We wish to make it clear that in this paper no causal link was established between MMR vaccine and autism as the data were insufficient. However, the possibility of such a link was raised and consequent events have had major implications for public health. In view of this, we consider now is the appropriate time that we should together formally retract the interpretation placed upon these findings in the paper, according to precedent."

Again, the original case report itself never interpreted the data as establishing a causal link between MMR and autism, so there was no "causal" interpretation to retract.

If the Lancet case report did not say MMR causes autism, and if his collection of biopsies for research purposes was pre-approved by the Ethical Practices Committee, why is there a case against Dr. Wakefield (and colleagues)?

Medical authorities in the UK (and the United States) do not like it when licensed medical professionals ask questions about vaccine safety. Licensed medical professionals and medical researchers who question vaccine safety are more difficult to dismiss than parents who notice adverse reactions after vaccination.

The prosecution of Dr. Wakefield, Professor Walker-Smith and Professor Murch is an example and warning to other licensed medical professionals and researchers. The warning is clear: if you question the safety of a vaccine, you put your license and career at risk.

Does industry have anything to gain by prosecuting Dr. Wakefield, Professor Walker-Smith and Professor Murch?

Yes, possibly. Industry may use the prosecution of Dr. Wakefield and colleagues in an effort to argue that the MMR vaccine is safe. Merck manufactures both MMR vaccine and Proquad vaccine. In 2009, Merck eliminated the option of single dose Measles, Mumps and Rubella vaccines when they announced they are discontinuing the manufacture of those monovalent vaccines. Now that the single dose option is no longer available, Merck's would benefit if the public perceived MMR's 3-live-viruses-in-1-shot as a safe option for customers wary of Merck's new 4-live-viruses-in-1-shot Proquad.

Additionally, in internal emails regarding Vioxx in Australia, Merck employees discuss "destroying" doctors critical of their products "where they live". MMR is a Merck product. Dr. Wakefield, Professor Walker-Smith and Professor Murch all lived in the UK at the time this study was conducted.

Age of Autism

Generation Rescue Supports Dr. Andrew Wakefield

Generation Rescue, 28 January 2010
https://www.ageofautism.com/2010/01/generation-rescue-supports-dr-andrew-wakefield.html#more

A Statement from Generation Rescue in Support of Dr. Andrew Wakefield.

Do you think pharmaceutical companies have too much influence in the laws, policies, and regulations of our government? We do.

Do you think pharmaceutical companies do things that most Americans would view as unethical to protect their profits? We do.

In a court case in Australia involving the use of the drug Vioxx, it was proven that Merck (the manufacturer of Vioxx) “made a hit list of doctors who had to be "neutralised" or discredited because they criticised the anti-arthritis drug the pharmaceutical giant produced."

In fact, a Merck employee wrote in an email concerning these doctors: "We may need to seek them out and destroy them where they live."

This isn’t the stuff of conspiracy theories, this isn’t the stuff of cynics or crazy parents, this is court-documented behavior of Merck, one of the largest pharmaceutical companies in the world who happens to also be the manufacturer of one of the world’s most profitable vaccines, the MMR (measles-mumps-rubella).

The recent decision by the General Medical Council of the United Kingdom against Andy Wakefield shouldn’t surprise anyone who understands the stakes, profits, and reputations at risk in the debate over vaccines and autism.

The sole purpose of the GMC’s ruling this week is to try and quell the growing concern of parents that the expanding vaccine schedule and the remarkable rise in autism are correlated. The GMC will no doubt be helped by a press that barely understands the debate and has never read any of the dozens of studies published by Dr. Wakefield in many different respected medical journals.

Dr. Wakefield’s journey began with twelve children with autism. Like many of our kids, all twelve of them regressed into autism, and eight of the parents blamed their child’s regression on the MMR vaccine, just as tens of thousands of other parents do.

Having heard the stories of thousands of other parents, we can’t tell you how many times we’ve heard the same exact story about regression after MMR.

Dr. Wakefield, a highly respected gastroenterologist in the UK, was presented with the cases of these twelve children who had all regressed into autism and were all experiencing severe gut pain. He felt it was his duty to investigate the concerns of these parents and figure out what had happened to their children. In this interview with CBS News (please watch it), Dr. Wakefield recounts:

“The conclusion was that there is a bowel disease in children with autism which is new which has not been investigated before, that this may well be related to the developmental regression since they

occurred around the same time and that the parental association with MMR exposure needed to be thoroughly investigated."

Dr. Wakefield's study, which we hope all journalists will take the time to read, was published in February 1998, twelve years ago. Nowhere in the study does Dr. Wakefield tell parents not to vaccinate their children, despite rampant misreporting on this topic.

It has taken twelve long years for the medical community to catch up with Dr. Wakefield's findings. Finally, just last month, in the American Academy of Pediatrics journal, Pediatrics, a landmark consensus report was published with the finding that:

"Gastrointestinal disorders and associated symptoms are commonly reported in individuals with ASDs [autism]."

Thanks, AAP, we've known that for more than a decade thanks to Dr. Wakefield!

This month, a study published in Autism Insights became public and went one step further: it replicated the findings of Dr. Wakefield's paper from twelve years ago, finding once again that the majority of children with autism studied, in this case 143 children, suffered from severe bowel disease -- read the full study by Dr. Arthur Krigsman et al. HERE.

You will hear that Dr. Wakefield's other study authors retracted their findings (they didn't).

You will hear that this ruling somehow implies the MMR is safe for all children (it doesn't). You will hear that this ruling somehow means that vaccines and autism are unrelated (again, it doesn't).

What we think the GMC and pharmaceutical companies fail to realize is that every time this debate makes the headlines, parents win. The truth about what is being done to our kids is evident to anyone who takes the time to look just one layer below the headlines. When the debate makes the front page again, our community grows.

Dr. Andrew Wakefield is perhaps this debate's greatest hero. He's a doctor who has held onto the truth, unbowed, through pressure that would break most mortals. Dr. Wakefield's influence in saving other children from the fate that befell so many children is incalculable.

While the GMC's ruling was completely expected, we are all blessed to have the unexpected courage of Dr. Andy Wakefield watching over our children.

With great respect and admiration,
Generation Rescue,
28 January 2010

Age of Autism

Mark F. Blaxill

Naked Intimidation:
The Wakefield Inquisition is Only the Tip of the Autism Censorship Iceberg

Age of Autism, 29 January 2010
https://web.archive.org/web/20110523073630/http://www.ageofautism.com/2010/01/naked-intimidation-the-wakefield-inquisition-is-only-the-tip-of-the-autism-censorship-iceberg.html

"That's baseless conspiracy-mongering", some might counter, contending that any anecdote I might dig up is simply the normal process of scientific quality control. "Welcome to the real world", I respond, because this is something entirely new and disturbing. The deep and profound censorship occurring around autism science reaches depths that few casual observers can imagine.

I have proof.

There are no words to describe the findings of the General Medical Council (GMC). All I can say is that none of us should be surprised. The stakes had escalated far too high for the British medical establishment to countenance any other outcome. In the face of this parody of real justice, the only thing for the autism community to do now is stand by Andy Wakefield. Like him, we must not be intimidated; which is why I am proud to call Andy my friend. He is all of our friends.

We must also not forget two other fine men, John Walker-Smith and Simon Murch, men who have devoted their professional lives to healing the guts of sick children, and whose public reputations stand in tatters before the world, assaulted by the public health propaganda machine, victims of a modern day show trial. The GMC proceeding is a frightening and thoroughly modern form of tyranny. It makes you shudder to think what Stalin or McCarthy might have accomplished if their public relations had been more skillful and better organized.

The extremity of the GMC's verdict – all three men guilty on all counts – lays bare any pretense that the British medical establishment cares one whit about the welfare of its patients. Let's put in perspective the actions at issue here. No children were harmed and no parent or guardian has complained about the care these three men provided. In fact, the procedures involved were routine, the resulting treatments standard and the careful attention to gastrointestinal illness in autistic children has recently been endorsed by a consensus statement published in the journal Pediatrics (no friend of the autism community). Considered in this light, the GMC hearing process stands exposed for what it is. It was not about medical standards. It was not about evidence. It was not even civilized. It was, rather, a naked exercise in intimidation, a fateful moment of moral decision in which the medical industrial complex exposed its ruthless, repressive essence. They are a frightening bunch and their conduct here raises issues well beyond autism.

There are others who can and will speak to the particulars of the case: the accusations, the evidence, and the integrity of the witnesses for the prosecution. see =>

(1) https://web.archive.org/web/20110523092419/http://www.ageofautism.com/2010/01/dr-andrew-wakefield-that-paper.html // (2) https://web.archive.org/web/20110523092728/http://www.ageofautism.com/2010/01/-false-testimony-denies-lancet-doctors-a-fair-hearing.html

But it's important to remember that this trial has never really been about the three doctors. If it were, it would never have consumed so many millions of dollars and thousands of hours over more than two years. The real goal of this proceeding, what I have called The Wakefield Inquisition is to send a clear message to anyone – clinician or scientist – who dares step out of line like Wakefield did. And as parents and citizens, we all need to understand one thing: that message has been received loud and clear. see =>
https://web.archive.org/web/20110523092426/http://www.ageofautism.com/2010/01/from-the-roman-to-the-wakefield-inquisition.html

Over the last ten years I've had the privilege to interact with a wide range of scientists in several different fields. Many of them are wonderful people and first-class professionals. And in the course of those interactions I have observed common patterns. A few, like Jon Poling and Mark and David Geier, who have worked openly on behalf of our children, have suffered harsh public recriminations. But for every public example there are countless more private examples of intimidation, coercion and censorship. It's like an iceberg; the vast majority of the scientific censorship occurring in autism takes place below the waterline, invisible to the broader public.

"That's baseless conspiracy-mongering", some might counter, contending that any anecdote I might dig up is simply the normal process of scientific quality control. "Welcome to the real world", I respond, because this is something entirely new and disturbing. The deep and profound censorship occurring around autism science reaches depths that few casual observers can imagine.

I have proof.

Over the last ten years I have collected a number of private examples – some via conversation others via email – of individual scientists who have felt the cold hand of censorship when dealing with autism. They comprise a modest sample (my interactions are necessarily episodic) of what I believe to be a pervasive pattern of suppression. But it's an extensive sample nevertheless and in all instances the good-citizen scientist on the other side of the interaction has been troubled by it. In order to give some visibility to this mass of bad behavior lying below the waterline, I have decided to share a few of these examples here (I've observed many more than just this selection). In all cases, I have thoroughly disguised the identities (including name, age, gender, specialty and affiliation) and materially altered the words in order not to violate confidences and to protect the careers of the scientists involved.

But every single one of them is real.

Below the surface: scientific institutions behaving badly

Not every inquisition takes place in public. One researcher who has investigated the environmental causes of autism was brought up before a university panel on charges of misconduct. This charge was raised for blatantly political reasons by someone hostile to the environmental model of autism causation. The defense against the charges consumed months of this researcher's time and has had career threatening implications. Here is an excerpt from that researcher's discussion of this private proceeding.

Have been sidetracked/consumed with preparing my defense for the research misconduct proceedings instigated by X, but am looking forward to the opportunity to clear my name at least in this academic sphere. Unfortunately, the process has been less than transparent so that it is completely unclear as to how the charges came about (in acting to exclude X as a complainant, and thus the origin of these charges, the university failed to appreciate that a new committee not privy to what was provided might falsely assume that the original committee saw a problem), why I am being charged now, or even what specifically I am being charged with...but the noise from one individual has been clanging very hard looking for support for me to be fired.

Sanctions against non-compliant researchers need not reach the extreme outcome of a research misconduct action. Instead of overt punishment for past action, future career opportunities can be the vehicle for intimidation, and researchers who have published on a controversial autism issues can find themselves newly unwelcome in the grant review process. Since the National Institutes of Health (NIH) hold a virtual monopsony ("a sole or predominant buyer" in a particular market) on scientific research in the United State, NIH grant reviews are one prominent place where researchers can be effectively intimidated. One scientist, who authored a sensitive, previous publication, when asked to join in the effort to draft a review paper, demurred with the following explanation.

I have had two rejections of NIH grants in the last two weeks. This is most remarkable, in that the grants were not deemed good enough to even be scored. In my X years on the faculty, I have never had an unscored grant. Moreover, in one grant it is clear that there is a personal vendetta ongoing. This is not totally surprising but nonetheless disturbing. I am not ready to throw my career away, and I don't look at how Andy Wakefield has handled such problems as a good model for me. It is vital that the science of this problem get out, and this is where I want to focus my attention. Therefore, I have decided that I do not want my name on [this new review publication], for I don't need more persecution right now, and as good as the paper is (and I think it is extraordinary), it is not going to be a definitive scientific publication. I am enclosing a section I wrote-some of this is already included-feel free to use any of it.

If an intrepid researcher goes so far as to submit a paper for publication, that's where the more overt forms of censorship can enter in, all in the guise of "peer review." Admittedly, rejection at the point of peer review is a common part of science, but the autism problem is especially radioactive and is a place where have seen the unmistakable cold hand of censorship take many forms: some unwelcome research can be headed off at the pass, with journal editors making clear that papers on certain autism topics are unwelcome and won't even be sent out for review; or unwelcome papers can be sent to anonymous reviewers the editor knows to be hostile to the topic of environmental influences; in other cases, papers are rejected even in relatively progressive journals' peer review process for reasons that have little to do with scientific merit. Given the nature of peer review, there is little effective recourse if one or two selected reviewers make critical comments that are simply wrong or biased. Here's how one researcher described a recent rejection.

My paper was rejected today from the [Journal]. While some of the reviewers' comments could have been addressed in a revision, most of them revealed the reviewers obvious bias and purposeful efforts to suppress this paper. Having gone over the comments, most of them are simply gibberish.

Another form of intimidation can come more directly from colleagues, in the social network of "mainstream autism researchers." If a respected researcher takes the risk of making honest public comments about the possible role of environmental factors in autism, they can find themselves receiving "career advice" from their "friends" to keep their mouths shut. Here's an example of one such communication.

I am concerned that you may be perceived as a strong supporter of the environmental influence on the developmental of autism …. I am afraid this attribution to you will tarnish your reputation and your credibility in the mainstream autism research community...This is the second time that what you had to say came back to me and astonished me (what you said was perceived as supporting the influence of toxins as causes of autism), even though I consider it likely that what you actually said was probably distorted. I hope you will accept this missive as the result of my concern for you as investigator and clinician… as your friend I truly feel impelled to give you the perspective of an outsider who fears that such statements are going to harm you.

Even when a paper from a brave and principled researcher succeeds in ushering useful research through the hurdles of peer review, the uniquely treacherous terrain in autism can (and almost always does) affect the drafting process, editing choices and the interpretation placed on evidence that might be viewed in multiple ways. In numerous cases I have observed (without any inside connection) that published evidence has been interpreted so as to downplay environmental factors. In a number of cases where I have been able to hear the inside story from researchers on what took place in the editing process, it's clear how widespread biases and peer pressure can censor the interpretation of more open-minded members of a research team. Here's one example from a researcher who was asked about how evidence that clearly could have been interpreted to implicate environmental factors was downplayed.

On the other hand, some of the 'downplay' of environmental factors probably reflected differences in emphasis between the lead author and myself, and even more, the pressures of the reviewers (which influenced the lead author), who thought the paper showed that environment played a negligible role. Like my [topic X] paper of last year, this paper went through innumerable reviews.

The collapse of civil discourse in a closed society

As we organize ourselves as an autism community to call attention to the injustice done by the GMC decision, we must make clear that Andy Wakefield is not alone. He, Simon Murch and John Walker-Smith are simply the most prominent and visible victims of an increasingly ruthless and doctrinaire campaign by the medical industrial complex to suppress a long overdue revolution in autism science. Autism can no longer be explained through the orthodox lens (as a rare, brain-centered, inherited psychiatric disorder), but those who would attempt to offer alternative explanations (how rising rates might reflect environmental influences that provoke whole body developmental injury in vulnerable children) are facing a rising tide of intimidation and censorship. The GMC verdict, that honest scientists like Andy Wakefield have "failed in their duty", makes a mockery of the value of civil debate in an open society.

The medical industrial complex is closing ranks. It's time for responsible citizens – health consumers and principled scientists alike--to raise their voices in opposition.

Mark Blaxill is Editor-At-Large for Age of Autism.

Age of Autism

SafeMinds Supports Dr. Andrew Wakefield

Age of Autism, 29 January 2010 at 05:43 AM
https://www.ageofautism.com/2010/01/safeminds-supports-dr-andrew-wakefield.html

GMC Rules Against Wakefield et al, Yet Medical Establishmen Agrees Further Study of GI Disease in Children with Autism Is Top Priority

Thursday, January 27, 2010 - Today the General Medical Council (GMC), the regulatory body for doctors in the UK, made findings of fact in connection to a complaint filed by journalist Brian Deer. The complaint alleged conflicts of interest and unethical research against Dr. Andrew Wakefield, Dr. John Walker-Smith and Dr. Simon Murch relating to their 1998 case series published in the Lancet. As a result of these findings, the GMC will now determine the severity and appropriate sanctions, which could go so far as the loss of their licenses to practice medicine.

SafeMinds is very disappointed by the GMC's findings The false testimony and the ensuing GMC FTP hearing have had the effect of delaying necessary research into cause and treatment for autism, and dissuading scientists from pursuing research relating to vaccines as a cause of chronic disease.

In the Lancet paper Wakefield et al reported a novel inflammatory bowel disease in 12 children with developmental regression (autism) and expressly stated that "We did not prove an association between measles mumps and rubella vaccine and the syndrome described." The conclusion drawn by the case series was that, "Further investigations are needed to examine this syndrome and its possible relation to the vaccine." The study's conclusion and call for additional research is often incorrectly misinterpreted as a call to discontinue immunization against measles, mumps and rubella.

It is widely known that many children with autism suffer from gastrointestinal disease and requires further scientific investigation and treatment. This field of research is in fact identified as a short term research priority in the Strategic Plan for Autism Spectrum Disorder Research issued by U.S. Department of Health & Human Services Interagency Autism Coordinating Committee (IACC). Additionally, the following organizations and agencies have also clearly stated the need for research related to the potential relationship between gastrointestinal disease and autism.

• The American Academy of Pediatrics (AAP) - Evaluation, Diagnosis, and Treatment of Gastrointestinal Disorders in Individuals With ASDs: A Consensus Report states "The evidence for abnormal gastrointestinal permeability in individuals with ASDs is limited. Prospective studies should be performed to determine the role of abnormal permeability in neuropsychiatric manifestations of ASDs." (Statement 5).
• AAP also says in their Recommendations for Evaluation and Treatment of Common Gastrointestinal Problems in Children With ASDs that "Well-designed trials are needed to develop an evidence base for optimal diagnostic and treatment strategies to manage gastrointestinal disorders in children with ASDs."
• The Center for Disease Control's (CDC) National CADDRE Study: Child Development and Autism states that, "A number of factors will be studied for their potential link with ASDs. These factors were picked after an in-depth look at existing studies...These factors include...Gastrointestinal features: The study will follow up on reports that children with autism have abnormal gastrointestinal function, and whether it might be related to the causes of autism."

Scores of parents have reported, including from the original group of 12, that Dr. Wakefield's work has brought great relief to their children when no other doctor was willing to take their medical condition seriously. While controversy will continue to rage regarding Dr. Wakefield and the MMR vaccine, his key point and interest has been validated time and again; many children with autism are experiencing great suffering due to co-existing gastrointestinal disease and further research is urgently needed to identify the cause and most effective treatments. SafeMinds supports these concerns and calls for additional research into gastrointestinal disease in individuals with autism.

SafeMinds is a charitable non-profit and leader in funding and advancing the science regarding mercury exposure as it relates to autism. Our expertise extends beyond mercury-related exposures to broader vaccine safety issues, as many of our Board Members hold government agency committee positions such as the Interagency Autism Coordinating Committee, various CDC Vaccine Committees, the Department of Defense Autism Spectrum Disorder Research Program and the National Vaccine Advisory Committee's Vaccine Safety Working Group.

rense.com

Dr. Leonard Horowitz

Murdoch Tabloids Strike Dr. Wakefield To Market Deadly Vaccinations

Jeff Rensez, 31 January 2010
https://rense.com/general89/murd.htm

The PharmaMedia, led by Rupert Murdoch's tabloids, are making Dr. Andrew Wakefield a BigPharma patsy in their desperate effort to bandage the public's hemorrhaging confidence in vaccinations.

Rupert Murdoch's family and business partners are heavily invested in BigPharma, and are losing billions of dollars annually due to growing distrust of media propaganda and widespread aversion to vaccinations.

Murdoch's media, the most powerful in the world, claimed in their TimesOnline, that the public's rejection of MMR vaccinations was caused by Dr. Wakefield's publication inThe Lancet in which he and his co-authors evidenced links to autistic children from the mercury-laden shots.

Quite to the contrary, like the deadly H1N1 vaccine marketed for the 2009 "manufactured pandemic," there were hundreds of medical doctors and scientists who sparked worldwide concern over the MMR vaccine and others containing neurotoxic mercury.

According to BigPharma investigators, all vaccines function as though they were biochemical weapons of mass destruction; ideal for profitable depopulation.

Allegedly, Dr. Wakefield's ordeal with a kangaroo medical court is a blow to the heart of the anti-vaccination movement. In fact, it is just adding heat to the firestorm of condemnation focused on the revolving doors between BigPharma and the agents and agencies advancing propaganda and vaccination policies.

"The Lancet said it should not have published the study," the Associated Press reported, and that Wakefield's links to litigation against the manufacturers of the MMR vaccine were a "fatal conflict of interest."

"The most 'fatal conflict of interest' is Murdoch's private equity investments in the drug companies and vaccine makers that make people sick from side effects caused by their unsafe and largely ineffective products," reports Dr. Leonard Horowitz, Editor-in-Chief of Medical Veritas(Medical Truth) journal on whose advisory board Dr. Wakefield has honorably served for years.

Few people know that Rupert Murdoch serves as a director of the Associated Press, News Corporation, FOX News, Time Warner, and many more mainstream media companies including the TimesOnline that broke this story.

Propaganda is used to control people's minds, and vaccinations are used to contaminate people's bodies with agents that produce deadly debilitating diseases that are said to require medical management.

Controlling diseases and people this way, including the vast majority of autoimmune diseases and cancer patients, is obviously most profitable for the world's leading drug makers; especially Merck & Co., and GlaxoSmithKlein (GSK). James Murdoch, heir apparent to Rupert's fortune, oversees GSK's board of directors, according to the company's website.

Rupert's partners in pushing propaganda and public intoxications through vaccinations for global depopulation, include Thomas H. Glocer, director of Reuter's News Service and Merck & Co. Murdoch and Glocer are also partners in the David Rockefeller founded, Royal Family of England chartered, Partnership For New York City (PFNYC)--the world's most powerful drug ring and biotechnology consortium.

"Dr. Wakefield's crucifixion is a desperate well-orchestrated effort to restore faith in risky vaccinations that the majority of people worldwide no longer trust," said Dr. Horowitz.

"In its ruling, the disciplinary panel concluded that Wakefield acted dishonestly and was misleading in the way he described his study," the Murdoch-directed AP reported. Wakefield's medical jurists said he should have disclosed his expert witness fees paid by lawyers acting for parents whose children had been killed or damaged from vaccines.

"How's that for the pot calling the kettle black?" Dr. Horowitz asked Steve Gilmour on the BBC Affiliated Talk Radio Europe, referencing Murdoch's dishonesty and failure to disclose the financial reasons his newspapers persecute Dr. Wakefield. "Such yellow press exclusively benefits the Rockefeller-directed PharmaMedia." (Click here to listen to this interview on You Tube.)

In "Pharmaganda: A Study of Conflicting Interests," Dr. Horowitz, and Murdoch News Corporation defector and investigative journalist Sherri Kane, co-authored an expose on the PharmaMedia and their monopolization of medical education and public persuasion.

Horowitz and Kane investigatedDavid Rockefeller's leadership and partners in the PFNYC in which Rupert Murdoch serves as Co-Chair.

These authors concluded that the PharmaMedia's persecution of Dr. Wakefield further evidences a "hostile takeover" of science, medicine, and common sense.

This "conspiracy reality" is adequately detailed in the current issue of Medical Veritas(freely available online until February 15, 2009.)

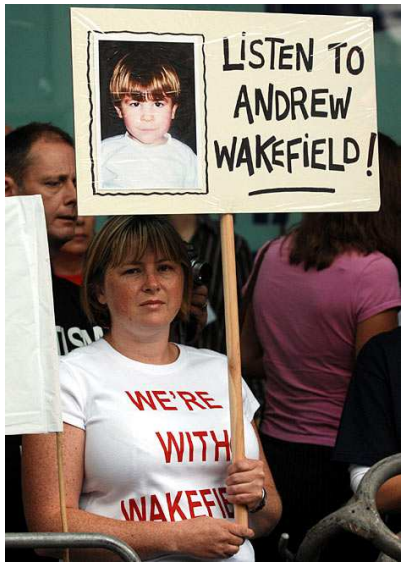
The other PFNYC Co-chair is Lloyd Blankfein, CEO of Goldman-Sachs who also directs ABC-Disney and AstroZeneca--a company that joined Merck & Co., and GlaxoSmithKlein, in producing H1N1 vaccines for world consumption.

"After the H1N1 vaccine fraud was exposed, more than half of the medical doctors worldwide, and more than sixty-percent of nurses in the UK and America, refused to take or give these deadly shots," Dr. Horowitz explained. "The billions of dollars of unsafe and generally-ineffective vaccines stockpiled by governments are now a major liability, not only financially, but in terms of reliability of the vaccine industry and information sourcing from David Rockefeller's malfeasant officials in the World Health Organization (WHO). After their 'shortage marketing' efforts failed, they began using every possible ploy to use up these deadly vaccines."

The PharmaMedia has published nothing about the EU Parliament Council's investigation of the WHO conspiring with the vaccine industry following the scientific fraud and public fright orchestrated by these suspects, Dr. Horowitz notes. He charges those aiding and abetting BigPharma, secreting this urgent information, with administering "iatrogenocide"--medical mass murder.

"Wakefield probably gave youngsters five pounds each at his son's birthday party as a gift for helping to advance legitimate vaccine science with parental permissions," Dr. Horowitz concluded. "It is pathetic this kindness is being used against him as an alleged ethics violation...."

"Dr. Wakefield is only guilty of joining hundreds of other scientists proving what common sense tells any reasonable person--injecting people with toxic chemicals and heavy metals, including mercury, in these biochemical weapons, called 'vaccinations,' is risky and often deadly."



Note to Journalists

The PharmaMedia has declared war against common sense and honest doctors. Dr. Leonard Horowitz, like Dr. Andrew Wakefield, was just targeted by SHOWTIME's producers of "Penn&Teller's Bullshit!" to be discredited for his endorsement of OxySilver - a natural alternative to risky vaccinations and deadly antibiotics. Dr. Horowitz and Ms. Kane organized a "counter sting" that will soon be made into a documentary titled, "PharmaWhores: The SHOWTIME Sting of Penn & Teller". Stay tuned to Dr. Horowitz's YouTube channel for movie trailer broadcasting soon. Watch for the launch of PharmaWhores.com

Dr. Horowitz's official website is DrLenHorowitz.com. He is the author of sixteen books including three American best-sellers, Emerging Viruses: AIDS & Ebola--Nature, Accident or Intentional?, Healing Codes for the Biological Apocalypse, and "Healing Celebrations: Miraculous Recoveries Through Ancient Scripture, Natural Medicine and Modern Science."

There is a courtesy copy of Medical Veritas, available free for online review for only 3 more weeks: CLICK HERE for Dr. Horowitz's commentary and link to "PHARMAGANDA: A Study of Conflicting Interests."

After February 15, 2010, there will be a $35 charge for accessing the Medical Veritasissue via pdf download, with individual articles in this issue available for separate purchase at $15 per download, including Dr. Harold Buttram's important article on the future of human DNA corrupted by the mutagenic viral injections accompanying childhood vaccinations.

Please help alert medical doctors about this report, and this free limited time access. Medical doctors and patients must be informed that their intelligence has been tainted by pharmaceutical special interests. This publication contains urgent life-saving knowledge.

The Devil's in the Detail

Andrew Wakefield

The Devil's in the Detail

Vaccine Risk Awareness Network, The Autism File USA, 34, 2010
https://web.archive.org/web/20100507091641/http:/www.rescuepost.com/files/autism-file-usa34-wakefield-2.pdf

Andrew Wakefield, MB, BS, FRCS, FRCPath is an academic gastroenterologist. He graduated in Medicine from St. Mary's Hospital (part of the University of London) in 1981, pursuing a career in gastrointestinal surgery with a particular interest in inflammatory bowel disease. He qualified as Fellow of the Royal College of Surgeons in 1985, and in 1996 was awarded a Wellcome Trust Traveling Fellowship to study small-intestine transplantation in Toronto, Canada. Discoveries made during his work in Canada led him to return to the United Kingdom to pursue the study of inflammatory bowel diseases such as Crohn's disease and ulcerative colitis.

In 1998, Dr. Wakefield and his colleagues at the Royal Free Hospital in London reported a novel inflammatory bowel disease in children with developmental disorders such as autism; the condition later became known as *autistic enterocolitis*.

He was awarded the Fellowship of the Royal College of Pathologists in 2001. Dr. Wakefield is involved in many scientific research collaborations in the United States and abroad centering on the immunologic, metabolic, and pathologic changes occurring in inflammatory bowel diseases such as autistic enterocolitis, links between intestinal disease and neurologic injury in children, and the possible relationship of these conditions to environmental causes, such as childhood vaccines.

During the course of his work on childhood developmental disorders, Dr. Wakefield was increasingly convinced of the need for a research-oriented, integrated biomedical and educational approach to these disorders, in order to translate clinical benefits for affected children into measurable developmental progress; this is the driving aim of Thoughtful House Center for Children in Austin, Texas.He has published over 130 original scientific articles, book chapters, and invited scientific commentaries.

The General Medical Council vs. Wakefield, Walker-Smith, and Murch. The research reported by you in The Lancet was substantially different from that for which approval was granted by the Ethical Practices Sub-Committee in that it related to: *i) Children with a diagnosis of autism and not disintegrative disorder ... Your actions were ... inappropriate, not in the best interests of patients, not in accordance with your professional ethical obligations, likely to bring the medical profession into disrepute, and fell seriously below the standard of conduct expected of a registered medical practitione*r.

The foregoing is a charge made by the General Medical Council in 2004. The subject matter was "That Paper" (see also The Autism File, 2009; Issue 33) – The Lancet paper of 1998 that first reported intestinal disease in children with developmental regression. Notwithstanding the fact that in his enthusiasm Mr. Dobson got the wrong Ethical Sub-Committee approva,[1] and the wrong research protocol for the wrong children…there is so much more to this esoteric charge than meets the eye, and the "more" deserves scrutiny. Let's rewind to 1995-7, armed with the enduring adage "if in

doubt examine the patient." Among the presenting clinical features of The Lancet children were some that were apparently uncharacteristic of autism, at least as it was generally understood at that time. For all 12 children, these included normal or nearnormal early development, a clearly delineated onset of behavioral/developmental symptoms, and loss of previously acquired skills. In addition, four children had become incontinent after previously having been potty-trained, while seven children had developed obvious clumsiness (ataxia), a motor symptom clearly indicative of central nervous system dysfunction (encephalopathy). In contrast with the cold, aloof child described by Kanner, many of these children were affectionate, to the extent that doctors had sometimes been unwilling to make an autism diagnosis.

The combination of these atypical features along with the fact that, for the majority, there was onset following an infectious (vaccine) exposure, led our colleagues in the Department of Child Psychiatry at the Royal Free Hospital to suggest that what we were dealing with was not Kanner's autism, but Childhood Disintegrative Disorder [Panel 1].

Childhood Disintegrative Disorder

In 1908, many years before the publication of Kanner's seminal case-series on autism, Theodore Heller, a remedial educator in Vienna, described a new syndrome – dementia infantilis (later to become CDD) – in the *Journal for Research and Treatment of Juvenile Feeblemindedness*.[2]

CDD is a Pervasive Developmental Disorder that fulfills behavioral criteria for Childhood Autism/Autistic Disorder, but where the pattern of onset is different. CDD requires documented normal or near-normal development[3] up to 24 months of age with subsequent regression and loss of skills in at least two of the following: expressive/receptive language, play, social/adaptive skills, continence, and motor skills [Panel 1].

You might reasonably ask, "But isn't CDD just autism with a later onset and regression?" Later onset following a period of normal development means there are skills to be lost. If the onset occurs after a child is potty-trained, for example, continence may be one of the skills that suffer. And where did 24 months come from? Surely this is entirely arbitrary – an artifact created to satisfy a need to categorize in the absence of a better understanding of the origins of the disease? What do the experts have to say?

- Hill and Rosenbloom noted that, "Unlike the vast majority of children with early infantile autism [children with CDD] undoubtedly showed a period of early normal development, including the acquisition of normal language and normal social relationships".[4]

- They observed that the child usually "comes to look very autistic, such that the clinical presentation, but not the history [i.e., regression] is then typical of a child with autism".[3] Rosenbloom cites Professor Sir Michael Rutter as making age of onset a major criterion for diagnosis of CDD[3] in distinguishing it from autism.

- In defiance of Rutter, Malhotra and Gupta noted that "at closer look the age range has varied from 1.2 years (Evans-Jones and Rosenbloom, 1978) to 9 years (Corbett et al., 1977)".[5] Accordingly, they conclude, "it can be hypothesized that disintegrative disorder [CDD] may be a late-onset variant of autism."

- Russo and colleagues reinforce this view: "Indeed, in many aspects the clinical features [of CDD] are indistinguishable from those of autism, and the differentiating factor is the period of normal early development".[6]

- Malhotra and Gupta noted that "It has been observed that children with CDD have a clearly delineated onset and regression, especially for loss of previously acquired skills, which is absent from autistic disorders".[5]

- The International Classification of Disease [ICD]-10 itself acknowledges the current "...uncertainty about the extent to which this condition [CDD] differs from autism... ".[7]

- The final word goes to Hendry who, in a detailed review of the subject, concluded that "the variables upon which CDD is currently distinguished from Autistic Disorder are not well substantiated".[8] She continued, "CDD should not yet be considered distinct from Autistic Disorder, as not enough information exists to justify it as a separate diagnostic category." Further, she stated

that "pervasive developmental disorders could be regarded as a continuum, or spectrum disorder and CDD could be considered a point or range of points along this continuum of behavioural expressions."

In fact, the presenting features of CDD are identical to those of autism with respect to the core symptoms. The key difference lies in the history of normal or near-normal development and regression. The symptoms of CDD fit *The Lancet* 12 very well.

So, while opinions differ, any residual distinction appears to hang on the flimsy contrivance of age of onset. For Rutter, as a key prosecution witness at the GMC hearing, however, the matter was black and white. When asked whether "in embarking on a study of children with behavioral disorder, would [he] expect a distinction between CDD and autism to be made," he replied, "Yes." He continued, "and the literature would support drawing a clear distinction at the time [1996]." It is somewhat surprising, therefore, to find that he had earlier written[9] that "The clinical picture [in CDD] after the phase of regression is often somewhat similar to autism and the differentiation may be difficult, if not impossible, in cases with an onset before 30 months." It is notable that regression and onset before 30 months applies to virtually all of *The Lancet* 12.

Also notable among the other clinical features of CDD evident in The Lancet 12 are loss of coordination, secondary incontinence, and, in contrast with "classical" autism, expression of affection.[2,6] Might it simply be that affection, for example, does not make CDD a distinct disease but a different expression of the same disease because, unlike the child with classical autism, the child with CDD has had several years of normal development in which to experience and enjoy affection?

It would seem that Rutter is somewhat isolated in his categorization of childhood developmental disorders by age of onset. Indeed, it is arguably naïve to conceptualize disease in this way, when age of onset may simply better explain differences in presentation. In arguing for splitting autism and CDD, he stated that "although the onset differs from that which is usual in autism, the clinical picture in the two groups of conditions shows many similarities. Nevertheless… for the moment it seems highly desirable to retain [CDD] as a separate category because it is important (a) to recognise that often the syndrome is caused by organic brain disease (b) to appreciate that in some cases the aetiology remains quite unknown; and (c) to accept that the nature and extent of the overlap [with atypical autism] is unknown".[9]

Rutter's reasoning is curious; all three points apply equally to autism – atypical or not – and CDD. Both may be caused by organic brain pathology; in most cases of CDD and autism the cause is unknown; and, since "the nature and extent of the overlap is unknown," there is little justification for categorizing them separately.

And even now the concept of regression itself appears to be morphing. Whereas, in the past, regression appeared to have been a key distinguishing feature between autism and CDD, Rutter now maintains that regression has always been a common feature of autism.

During his expert evidence at the GMC10, Rutter expressed the opinion that for autism "a transient period of regression occurs in 25-30% of cases and is usually temporary." This appears to be at odds with the prior claim that regression was not seen "for the vast majority of children with infantile autism".[4] Rutter may have been referring to temporary loss of language in autism, although this was not clear from his testimony that appeared to focus on The Lancet.[12]

At the heart of the GMC hearing is a defense of the MMR vaccine. Stepping back from the pernicious lies, the political angst and the cries for blood, it may be valuable to gain some historical vantage point from which to judge scientific concerns about measles virus, vaccines, and developmental disorders. Take for example the presentation of Dr. Daynes to the Royal Society of Medicine in 1956 [Panel 2]. Herein he describes, for all the world, what we see in a clinical setting on a daily basis; apparently there is nothing new.

It is perhaps unsurprising that a further common denominator for some cases of autism and CDD is the causal role of measles virus. This virus, either in its natural or vaccine forms, has been causally linked to childhood developmental disorders, including autism,[13-16] and developmental regression.[17]

In utero exposure to measles is associated with autism. Deykin and MacMahon compared exposure patterns of 183 children with autism and 355 sibling controls to the encephalitogenic (causing brain inflammation) viruses, measles, mumps, rubella, and chickenpox. They found that "total autistic symptomatology seems to be associated with prenatal experience with measles and mumps".[13]

In support of a causal role for prenatal measles in autism, Ring et al., used sophisticated statistical modeling of the number of autism births in Israel compared with epidemics of measles, rubella, poliomyelitis, viral meningitis (inflammation of the lining of the brain) and viral encephalitis (inflammation of the brain) and found that peaks in the number of births of children with autism followed peaks of epidemics of measles and viral meningitis.[14]

The authors concluded that "Autistic birth patterns are partially explained by the rates of measles and viral meningitis [incidentally a frequent feature of measles[18]] in the general population. There is a statistically significant environmental association between autism and both viral meningitis and measles that should be further investigated".[14]

CDD has been reported following natural measles infection, and cases have been reported in association with subacute sclerosing panencephalitis, a measles-related encephalitis.[19]

In the case of CDD and measles, Rutter himself wrote that profound regression and behavioral disintegration is often accompanied by a "premonitory period of vague illness, [when] the child becomes restive, irritable, anxious and overactive… Sometimes these conditions come on after measles, encephalitis or other clear-cut organic illnesses".[20]

Among five children who fit the criteria for CDD, Volkmar et al. described a child with onset of behavioral decline following measles encephalitis.[21] Hudolin reported that, prior to regression, a 15-year-old boy with limited speech, stereotyped and repetitive play, and poor self-care skills, etc., suffered from an unknown strain of measles and high fever at approximately 30 months.[22] Malhotra and Gupta confirm that many cases have been associated with some medical condition such as measles.[5]

Vaccines have been associated with CDD; for example, in a report of 12 cases in India seen between 1989 and 1998, Malhotra and Gupta noted onset in four cases with onset following either fever with seizures, acute gastroenteritis, and vaccination. The type of vaccine was not stated.[23]

Dwelling briefly upon the clinical features of ataxia in combination with developmental regression, potentially novel adverse events associated with the combined MMR vaccine, rather than the monovalent component vaccines, have emerged from Plesner's Danish study of ataxia following MMR.[24] Earlier studies had indicated that ataxia with gait disturbance might occur in up to 1 in 1000-4000 recipients of MMR.[25,26] In Denmark this association had not been detected with any other vaccine administered to children of the same age prior to the introduction of MMR in 1987. In a follow up of the mandatory passive reporting system for vaccine adverse events operated in Denmark, Plesner not only confirmed this association but also indicated that the more severe ataxias following MMR may be associated with residual cognitive deficits in some children,[24] a finding of specific relevance to the MMR-autism debate.

Rutter remains steadfast, however. On behalf of the defendants in U.S. vaccine court and elsewhere, he has taken the position that vaccines are not a cause of autism. Given his pre-eminence, this position is likely to have been highly influential. Meanwhile, the first reported association between vaccines and autism came, not in 1998 with The Lancet paper, but in 1993.[27,28] This earlier report took a robust position on the vaccine's likely culpability, certainly compared with the restrained statements in The Lancet paper of 1998. In 1993, the authors described 11 children with autism who were excluded from a genetic study based on their having a "medical condition of possible aetiological [causal] importance." The authors stated, "Only eight of the cases can be regarded as having a probably causal medical condition, [including] a child with epilepsy and a temporal lobe focus on the EEG who had an onset following immunization".[27,28]

While the hopes of many desperate parents lie dashed upon the cold marble of the courthouse, it is but an ironic postscript that Professor Sir Mchael Rutter, FRS was the senior author of that paper.

Conclusion

It is proposed that autism and CDD are on the same continuum of clinical disease. Measles virus exposure has been linked to both CDD and autism. The timing of this exposure – i.e., early (in utero) or later, in childhood – may determine the clinical presentation, including the presence and extent of regression. Infantile autism without regression may be linked to early exposure, whereas CDD with regression may be linked to later exposure. It is entirely plausible that measles, in combination with two other viruses which have themselves been linked independently to autism – as MMR – may increase the risk for this condition in certain children. Whether or not MMR is guilty as charged remains to be determined.

Panel 1: CDD or Heller's Disease

From around the age of 2 through 10, acquired skills are lost almost completely in at least two of the following six functional areas:

- Language skills
- Receptive language skills
- Social skills & self-care skills
- Control over bowel and bladder
- Play skills, and Motor skills

Lack of normal function or impairment also occurs in at least two of the following three areas:

- Social interaction
- Communication
- Repetitive behavior & interest patterns

Panel 2: Measles – bowel – behavior – gluten

Dr. Guy Daynes. *Bread and Tears* – Naughtiness, depression, and fits due to wheat sensitivity.

Royal Society of Medicine – February 15, 1956

"Typically a child between 1 and 5 years becomes naughty and difficult a few days after the onset of an acute infectious illness... such as measles or gastroenteritis.

He is irritable, negativistic, and spiteful, sleep is disturbed and he wakes up in thse night and often screams; his appetite is poor, he fails to gain weight, his abdomen is often distended and the stools may become bulky, pale and offensive. This condition, if left untreated, usually rights itself after a month or two, but it may last for much longer in which case slight petit mal attacks may develop in addition to worsening of the other symptoms.

I have been placing these children on a gluten-free diet at the earliest opportunity and the symptoms respond dramatically, usually within two or three days. They relapse if a premature return to a normal diet is made.

Study of over 40 cases has led me to formulate a syndrome – pre-coeliac syndrome."

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CBC

Autism-vaccine study retracted CBC News

CBC, 2 February 2010, 9:42 AM EST
https://www.cbc.ca/news/science/autism-vaccine-study-retracted-1.807219

A medical journal in Britain has retracted a controversial study it published in 1998 that linked the use of a vaccine in children to autism. The study retracted on Tuesday looked at 12 children suffering from colitis, a gastrointestinal disease.

British surgeon and medical researcher Andrew Wakefield concluded a component of the measles, mumps and rubella, or MMR, vaccine caused the colitis, which in turn led to development problems that are part of autism spectrum disorder. "It has become clear that several elements of the 1998 paper by Wakefield … are incorrect," The Lancet said in a statement.

Since the controversial paper was published, British parents abandoned the vaccine, leading to a resurgence of measles in the U.K. and elsewhere in Europe.

Subsequent studies have found no proof that the vaccine is connected to autism, though some parents are still wary of the shot. In March 2004, the majority of co-authors on the paper retracted their support for the claims of a possible link between the vaccine and colitis or autism.

'Callous disregard'

A disciplinary panel of Britain's General Medical Council ruled last week that Wakefield had presented his research in an "irresponsible and dishonest" way and shown a "callous disregard" for the suffering of the children he studied. It also ruled he had brought the medical profession "into disrepute."

Wakefield and the two colleagues who have not renounced the study face being stripped of their right to practise medicine in Britain.

For the study, Wakefield took blood samples from children at his son's birthday party, paying them five pounds each ($8) for their contributions and later joking about the incident. Meanwhile, fallout from the publication of the study continues.

"It was out there for a very long time. So it's good The Lancet has retracted it. It helps in a small way. But the truth of the matter is the damage has been done," in terms of changes in belief and perception, said Dr. Allison McGeer, an infectious diseases expert at Toronto's Mount Sinai Hospital.

Costs of retraction delay

The retraction is important, but the time it has taken to get to this point dulls its impact, said Dr. Evdokia Anagnostou, a clinician scientist at Bloorview Research Institute in Toronto.

"There is room to study the link between the immune system and autism," she added. "Still, I don't think we have clarified that issue, and I would hope that the money goes towards that route and not again on the MMR hypothesis."

It took a lot of time and effort to debunk the hypothesis, agreed Dr. Bonnie Henry, chair of the Canadian Coalition of Immunization Awareness and Promotion.

"If the amount of money and time and effort had been put into understanding autism, they might have made a lot more gains," in understanding the mechanisms behind the disorder, how to prevent it, and better integrate children with autism into society, Henry said from Ottawa.

Mumps outbreaks

The medical publishing industry has made strides to ensure trials are registered properly, people are reviewed appropriately and that conflicts of interest are prominent so people can make up their own minds in controversial areas, Henry added.

Concerns about the MMR vaccine spread to Europe and North America.

In 2007, a large outbreak of mumps was set off in the Maritimes after the virus was imported from the United Kingdom, said Dr. Noni MacDonald, a pediatric infectious diseases expert at Dalhousie University in Halifax.

More than 1,000 cases were recorded over a period of months as that outbreak spread across the country.

Wakefield remains outspoken and said last week that the panel's findings were "unjust and unfounded." His supporters believe he has been the subject of a conspiracy to discredit him

=> . . .

Los Angeles Times

Report linking autism to vaccines is retracted by medical journal

The Los Angeles Times, 2 February 2010, 9:34
https://web.archive.org/web/20100205075405/http://www.latimes.com/news/nation-and-world/la-sci-wakefield3-2010feb03,0,38071.story

The Lancet issues a retraction on the 12-year-old paper by Dr. Andrew Wakefield, which had said the measles-mumps-rubella vaccine causes autism. The report led to a sharp drop in vaccination rates.

Twelve years after Dr. Andrew Wakefield published his research in the international medical journal the Lancet purporting that the measles-mumps-rubella vaccine causes autism, the journal on Tuesday formally retracted the paper.

The action came less than a week after the U.K. General Medical Council's Fitness to Practice Panel concluded that Wakefield had provided false information in the report and acted with "callous disregard" for the children in the study. The council is now considering whether Wakefield is guilty of serious professional misconduct. A positive finding could cause him to lose his medical practice.

Wakefield's study, conducted on only 12 children, concluded that the MMR vaccine is a primary cause of autism. He subsequently said that he could not, in good conscience, recommend that parents have their children vaccinated.

His words and actions led to a sharp drop in vaccination rates in both Britain and the United States and a resurgence in measles. Despite multiple subsequent studies that have refuted the link, vaccination rates have remained lower than they were before his report, and many parents remain concerned about the potential effects of the lifesaving vaccines.

"This will help to restore faith in this globally important vaccine and in the integrity of the scientific literature," Dr. Fiona Goodlee, editor of the BMJ – formerly the British Medical Journal – said Tuesday in a statement. On Monday, Goodlee had joined the chorus of scientists urging Lancet to withdraw the paper.

The original report "was outrageous," said Dr. Jeffrey Boscamp of the Hackensack University Medical Center in New Jersey. "Most of the authors asked for their names to be removed from the study. It's unfortunate that it undermined confidence in vaccines when in fact it wasn't true at all."

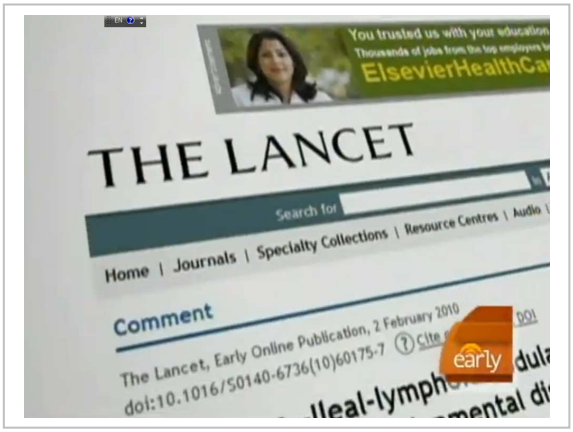
Wakefield, who now practices in Austin, Texas, said the accusations against him were "unfounded" and "unjust." Other researchers, however, are happy to put the episode behind them so they can go on with the difficult task of finding the true causes of the disorder.

YouTube

Vaccine Link to Autism Retracted

YouTube, 3 February 2010
https://www.youtube.com/watch?v=oBh7-qI9G08

A respected British medical journal, The Lancet, retracted a study that the childhood vaccine MMR triggers autism. Richard Roth reports on the controversy debated for more than a decade.



Controversy Over Autism

YouTube Videos, 2010
https://www.google.com/search?q=Controversy+Over+Autism&client=firefox-b-e&sca_esv=339a018dea4bc811&biw=1252&bih=546&sxsrf=ADLYWIJClxofkNc9izNkrIqfomb-642HCA%3A1729224450171&source=lnt&tbs=cdr%3A1%2Ccd_min%3A2010%2Ccd_max%3A2010&tbm=vid

Le Lancet et le Dr. Wakefield

Silence on Vaccine, 4 February 2010
https://web.archive.org/web/20100507091641/http://linabmoreco.wordpress.com/2010/02/04/le-lancet-et-le-dr-wakefield/

Nous sommes au début du mois de février 2010 et le Lancet annonce qu'il n'endosse plus l'article du Dr Wakefield réalisé en 1998 concernant le lien entre l'autisme et vaccination. Du coup plusieurs vieux écrit sur son sujet sorte des tablettes pour nous raconter encore une fois à quel point ce médecin est malhonnête. Voir Article du Daily Mail et un autre point de vue, plus critique du site Age of Autism.

Mon point de vue:
Au cours de la réalisation du film «Silence on vaccine», j'ai eu le plaisir de rencontrer le docteur Wakefield au Texas ainsi que beaucoup de parents dont les enfants Autistes, ont été soigné au sein de sa clinique. Ses découvertes et ses recherches sont aujourd'hui fondamentales voire incontournables pour améliorer les conditions de vie des enfants atteint d'autisme. Je parle ici du lien entre: Intestin – intoxication (vaccinale ou environnementale) et autisme.

Ce qui est dommage avec la rétractation du Lancet c'est que les médias ne posent pas de questions sur les motivations du Lancet. Qui a pris cette décision ? Dans quel but ? Pourquoi en ce moment après 12 ans ? Qui sont les nouveaux joueurs au Lancet ? Ce serait bien d'avoir un regard critique sur cet autre côté de la nouvelle. De regarder à l'arrière de l'image projetée, cette sorte d'inquisition de la vérité.

Mais pour en revenir avec le docteur Wakefield, il serait intéressant de savoir ce qui motive autant cette médiatisation démesurée.

À mon avis deux choses dérangent:
- D'abord il questionne l'efficacité des vaccins – 1er tabou.
- Ensuite ll effectue des recherches sur les causes de l'autisme et s'intéresse aux protocoles de soins et de guérison - 2e tabou.

Il touche à deux sujets extrêmement délicats. Le lien entre l'intestin, l'intoxication (vaccin et environnement) et l'*autisme ou trouble envahissant du développement*.

Il bouscule tout un establishment de chercheurs qui grassement subventionnés, n'ont pas encore trouvé des solutions médicales à l'autisme et nient tout lien de causalité autre que génétique, alors qu'aujourd'hui nous faisons face à une épidémie d'enfant autiste. Un enfant sur Cent est atteint au Canada, en France, aux États-Unis, en Angleterre pour en nommer que quelques-uns. Ce n'est plus une question de génétique seule.

Alors le docteur Wakefield dérange.
On écrit qu'il est coupable de ne pas avoir respecté certains protocoles de recherches. Qu'il a été subventionné par des intérêts… Hum.. Est-ce un motif raisonnable ? Il y a tant de recherches scientifiques de par le monde, qui sont majoritairement financées par l'industrie pharmaceutique et qui sont publiées avec conflits d'intérêts annoncés - croyez vous qu'elles sont toutes respectueuses des protocoles? Non. Ils trichent aussi et très souvent. Le pire, leur recherche sont acceptées les yeux

fermées par nos organismes de surveillance de santé. On a qu'à lire un article de Marcia Angell du New England Journal of Medicine - Insustry-sponsored clinical research, A broken system, – ou son livre: La vérité sur les compagnies pharmaceutiques - pour comprendre l'étendue du contrôle qu'elle exerce sur les recherches, et sur ce qui doit être publiée ou non.

L'industrie est extrêmement compétitive surtout lorsqu'elle est entrain de dépenser des sommes d'argent considérables sur des recherches concernant le génome de l'autisme. Elle ne peut pas laisser se développer un concept ou une thérapie alternative qui puisse aider de manière significative les enfants autistes et parfois les guérir. Il lui faut mettre un frein.

Le plus drôle, c'est qu'on criera au miracle lors de la sortie d'un médicament contre l'autisme. On ne posera pas de question. Socialement tout le monde acceptera du jour au lendemain que l'autisme puisse se guérir. L'industrie l'aura dit, alors ce sera vrai.

Entre-temps, en niant l'innovation qui n'est pas issue de l'industrie pharmaceutique, en méprisant les efforts des parents et des chercheurs qui tentent d'aider les enfants autistes autrement que par les médicaments, et qui réussissent à le faire à l'abris des regards, c'est à nous que nous nuisons. Nous jouons le jeux de l'industrie. Nous lui laissons droit de regard sur tout ce qui concerne notre santé.

Dans le film ***Silence, on Vaccine***, la majorité des enfants qui avaient reçu un diagnostique d'autisme vont aujourd'hui à l'école. Ils ce sont considérablement améliorés. *Certains des médecins qui les avaient diagnostiqué ont refusé de savoir ce que les parents avaient fait pour aider leur enfant*. Même chose au Québec. Les parents m'ont témoigné de leur stupéfaction face aux médecins qui, *découvrant la nette amélioration de santé de l'enfant, leur ont signifié qu'ils ne désiraient plus les voir* au lieu de s'intéresser au protocole de soins qui avaient produit de tels résultats. Pas étonnant que le sujet de la disparition des symptômes de l'autisme chez un enfant, reste Tabou.

Je tiens à préciser que selon les rencontres que j'ai eu avec les parents d'enfants autistes, on peut convenir qu'un enfant atteint d'autisme peut à des degré différents, selon l'âge, la gravité de l'atteinte, le protocole de soins, améliorer sa condition de santé.

Voici une lettre envoyé par un parent. Elle est sur mon site. Cette lettre reflète dans son ensemble ce que tous les parents d'enfants autrefois autistes m'ont raconté.

Je suis la mère d'un enfant qui fut victime de vaccins, plus précisément le RRO de 12 mois. Suite à cela, notre vie a basculée et a pris un tournant que l'on aurait jamais imaginé. Notre cher enfant qui était joyeux et agréable, fut transformé en enfant hyperactif, agressif avec des sauts d'humeurs. De plus, il développa des difficultés avec son langage réceptif et expressif. Il était défensif au niveau sensoriel et il avait souvent des maux de ventre et de la diarhée. Les médecins et professionels nous on dit qu'il avait aucun lien entre ses nouveaux comportements et sa réaction face au vaccin. Nous avons essayés plusieurs formes de thérapies, tel que ABA, ergothérapie, orthophonie, thérapie d'intégration auditif, etc. Nous avons remarqué quelques améliorations qui semblaient limitées et qui nécessitaient quand même une accompagnatrice à la garderie et l'école.

J'ai commencé à voir des liens entre les aliments que mangeait notre fils et son comportement. J'ai trouvé celà intéressant, car j'étais diéticienne. Mais mon entrainement professionel à McGill, m'a pas sensibilisé au fait que la nutrition puisse jouer un rôle important dans le comportement, dévelopement du language ou l'apprentissage d'un enfant. Au début de 2006, j'ai participé à une conférence et formation professionelle de DAN! (Defeat Autism Now!). A ce moment là, j'ai découvert les recherches qui établissaient le lien probable entre la vaccination et les difficultés qu'éprouvait notre fils. Heureusement, je trouvais espoir dans une approche integré qui visait l'enfant sur un plan individuel. *Avec des changements alimentaires, des suppléments pour améliorer sa biochimie et un désintoxification de métaux lourds, notre fils est presque rétabli*! Il est heureux, plus sociable, a des amis et va à une école conventionnelle sans support!

GENERATIONRESCUE

Andrew Wakefield

Scientific Censorship, and Fourteen Monkeys

A statement from Jenny McCarthy and Jim Carrey

Generation Rescue, Los Angeles, 5 February 2010

https://web.archive.org/web/20100209193653/http://www.generationrescue.org/wakefield_statement2.html

Dr. Andrew Wakefield is being discredited to prevent an historic study from being published that for the first time looks at vaccinated versus unvaccinated primates and compares health outcomes, with potentially devastating consequences for vaccine makers and public health officials.

It is our most sincere belief that Dr. Wakefield and parents of children with autism around the world are being subjected to a remarkable media campaign engineered by vaccine manufacturers reporting on the retraction of a paper published in *The Lancet* in 1998 by Dr. Wakefield and his colleagues.

The retraction from *The Lancet* was a response to a ruling from England's General Medical Council, a kangaroo court where public health officials in the pocket of vaccine makers served as judge and jury. Dr. Wakefield strenuously denies all the findings of the GMC and plans a vigorous appeal.

Despite rampant misreporting, Dr. Wakefield's original paper regarding 12 children with severe bowel disease and autism never rendered any judgment whatsoever on whether or not vaccines cause autism, and *The Lancet*'s retraction gets us no closer to understanding this complex issue.

Dr. Wakefield is one of the world's most respected and well-published gastroenterologists. He has published dozens of papers since 1998 in well-regarded peer-reviewed journals all over the world. His work documenting the bowel disease of children with autism and his exploration of novel ways to treat bowel disease has helped relieve the pain and suffering of thousands of children with autism.

For the past decade, parents in our community have been clamoring for a relatively simple scientific study that could settle the debate over the possible role of vaccines in the autism epidemic once and for all: compare children who have been vaccinated with children who have never received any vaccines and see if the rate of autism is different or the same.

Few people are aware that this extremely important work has not only begun, but that a study using an animal model has already been completed exploring this topic in great detail.

Dr. Wakefield is the co-author, along with eight other distinguished scientists from institutions like the University of Pittsburgh, the University of Kentucky, and the University of Washington, of a set of studies that explore the topic of vaccinated versus unvaccinated neurological outcomes using monkeys.

The first phase of this monkey study was published three months ago in the prestigious medical journal *Neurotoxicology*, and focused on the first two weeks of life when the vaccinated monkeys received a single vaccine for Hepatitis B, mimicking the U.S. vaccine schedule. The results, which you can read for yourself here, were disturbing. Vaccinated monkeys, unlike their unvaccinated peers, suffered the loss of many reflexes that are critical for survival.

Dr. Wakefield and his scientific colleagues are on the brink of publishing their entire study, which followed the monkeys through the U.S. childhood vaccine schedule over a multi-year period. It is our understanding that the difference in outcome for the vaccinated monkeys versus the unvaccinated controls is both stark and devastating.

There is no question that the publication of the monkey study will lend substantial credibility to the theory that over-vaccination of young children is leading to neurological damage, including autism. The fallout from the study for vaccine makers and public health officials could be severe. Having denied the possibility of the vaccine-autism connection for so long while profiting immensely from a recent boom in vaccine sales around the world, it's no surprise that they would seek to repress this important work.

Behind the scenes, the pressure to keep the work of Dr. Wakefield and his colleagues from being published is immense, and growing every day. Medical journals take extreme risk of backlash in publishing any studies that question the safety of the vaccination program, no matter how well-designed and thorough the research might be. Neurotoxicology, a highly-respected medical journal, deserves great credit for courageously publishing the first phase of this vaccinated monkey study.

The press has been deeply misled in the way *The Lancet* retraction, and Dr. Wakefield's mock trial, have been characterized. Led by the pharmaceutical companies and their well-compensated spokespeople, Dr. Wakefield is being vilified through a well-orchestrated smear campaign designed to prevent this important new work from seeing the light of day.

What medical journal would want to step in front of this freight train? Moreover, why now, after 12 years of inaction, did *The Lancet* and GMC suddenly act? Is it coincidence that the monkey study is currently being submitted to medical journals for review and publication?

We urge the media to take a close look at the first phase of the monkey study discussed above and to start asking a very simple question: What was the final outcome of the 14 primates that were vaccinated using the U.S. vaccine schedule and how did that compare to the unvaccinated controls?

The U.S. vaccine schedule has grown from 10 vaccines given to our children in the 1980s to 36 today, perfectly matching the dramatic rise in autism. The work of Dr. Wakefield and his colleagues deserves to be shared with the world to further, rather than censor, scientific progress.

The same article is below

Mike Adams

Andrew Wakefield, Scientific Censorship, and Fourteen Monkeys; A statement by Jenny McCarthy and Jim Carrey. – Natural News, 6 February 2010

https://www.naturalnews.com/028109_Andrew_Wakefield_Jenny_McCarthy.html

When it comes to vaccines, Jenny McCarthy and Jim Carrey get it. They see how the pharma industry is engineering a campaign to silence Dr. Andrew Wakefield in order to suppress the publication of startling new evidence linking vaccines to severe neurological damage.

At great risk to their professional careers, Jenny McCarthy and Jim Carrey have found the courage to dare to tell the truth about vaccines and autism. Despite the vicious attacks by the pro-vaccine zealots who will stop at nothing to destroy anyone who challenges conventional vaccine mythology, McCarthy and Carrey have issued a powerful, inspired statement that reveals the truth behind the Big Pharma smear campaign that is intent on destroying the reputation of Dr. Andrew Wakefield before he can publish the final results of this important new study.

=> the same text, see above

A statement from Jenny McCarthy and Jim Carrey

Dr. Andrew Wakefield is being discredited to prevent an historic study from being published that for the first time looks at vaccinated versus unvaccinated primates and compares health outcomes, with potentially devastating consequences for vaccine makers and public health officials.

... (*see above*)

rense.com

Dr. Leonard Horowitz

Vaccine Science Poisoned by Special Interests in PharmaMedia

Jeff Rensez, 5 February 2010
https://rense.com//general89/lancet.htm

The editors of Medical Veritas journal have condemned The Lancet'sretraction of the controversial study by Dr. Andrew Wakefield, charging editor Richard Horton with pandering to special interests in a conspiracy to defraud the public about the risks of vaccinations.

In 1998, The Lancet published the contested study linking autism and intestinal problems to the risky MMR triple virus vaccine. Yesterday, following the British General Medical Council's decision that Dr. Wakefield had been "dishonest," The Lancet's editor retracted the article saying the Council's report made it "utterly clear, without any ambiguity at all, that the statements in the paper were utterly false."

In a letter to the Los Angeles Times, Dr. Gilbert Ross, medical director of the pro-vaccine industry American Council on Science and Health, wrote, "The retraction . . . comes far too late. Even now, Horton fails to accept responsibility for the human toll he engendered by publishing the Wakefield 'study.'. . ."

"On the contrary," wrote Dr. Leonard Horowitz, Editor-in-Chief of Medical Veritas. "Dr. Horton's delay is best explained by his aversion to self incrimination and conspiring to cover-up iatrogenocide – the medical mass murder of innocent people for profit."

The Winter, 2010 issue of Medical Veritas, evidenced gross conflicting interests undermining the The Lancet's integrity. Following the publication of Dr. Wakefield's controversial study, Reed-Elsevier-ChoicePoint mergers occurred. The mega-company formed has nearly monopolized the medical scientific publishing industry. Previous to this, The Lancet editors protested the "damaging" of medicine and health science by pharmaceutical companies.

"Now it is obvious Dr. Horton's company has been grossly contaminated by special interests as biased as Dr. Ross's 'PharmaCouncil'," Dr. Horowitz said.

Reed-Elsevier-ChoicePoint, it turns out, is directed by Chief Executive Officer, Sir Crispin Davis, according to a Reuter's News Service promotion for GlaxoSmithKline recently published. According to Forbes, Sir Davis was knighted by the Queen of England for his "service to the information industry." He has served as a Non-Executive Independent Director of GlaxoSmithKline, PLC since 2003. Sir Davis spent his early career with Procter & Gamble.

Reuter's News Service, key to the British "information industry," is directed by Editor-in-Chief, Thomas H. Glocer, who serves on the Board of Directors of Merck & Co., which admittedly paid Reed-Elsevier to publish pseudo-scientific articles and fraudulent medical journals, including the Australasian Journal of Bone and Joint Medicine. According to court records, and the New York Times, the Merck-sponsored publication for doctors in Australia came to light during litigation

over Vioxx-a pain medication that caused, conservatively, more than 27,785 deaths according to the U.S. Food and Drug Administration (FDA).

The Lancet editor blamed the FDA for faulty oversight for the VIOXX killings, but failed to cite his own parent company's complicity in the iatrogenocide. Dr. Horton wrote, "Without more vigilant drug regulation in the future, doctors will continue to be misled and patients' lives will continue to be endangered. "

So with zero confidence in The Lancet, Dr. Horton, those paying his salary, and those criticizing him for his actions, Medical Veritas editors are inviting Dr. Wakefield to re-publish his controversial paper in their next issue.

"Many of our editors have experienced slander and demeaning remarks by mainstream healthcare authorities and the media, Dr. Gary S. Goldman, the Associate Editor of Medical Veritas, wrote to Dr. Wakefield. "Your numerous peer-reviewed journal articles testify to your valuable contribution to the medical and health fields, and your stand against the opponents to scientific reason and common sense is heroic."

Medical Veritas, wherein Dr. Wakefield published a 2006 follow-up study to his 1998 report in The Lancet, is "one of the few remaining journals that places emphasis on the health interests of individuals rather than pursue profits."

"The current climate of vaccine science is very controversial," said Eileen Dannemann. In recent months, the Director of the National Coalition of Organized Women collected and analyzed data of spontaneous abortions following injections of H1N1 vaccines into pregnant women.

"The information that people are given by vaccine authorities, and through the media," Dannemann insists, "is inconsistent with the safety studies conducted that lack placebo controls and long-term surveillance of adverse reactions to these vaccinations."

Contrary to the PharmaMedia's propaganda character-assassinating Dr. Wakefield, he is not the only scientist concerned about vaccinations causing deadly side effects. In recent days, a new study from The Center for Modeling Optimal Outcomes in New Jersey published, "If it hadn't been for so many parents insisting that vaccines were responsible for the condition [of autism], we might never have found the fact that the stabilizer in MMR, and a few other vaccines, is hydrolyzed gelatin--a substance that is approximately 21% glycine. It appears that, based on readily verifiable science, the use of that form of glycine triggers an imbalance between the amino acid neurotransmitters responsible for the absorption rate of certain classes of cells throughout the body. It is that wide-spread disruption that apparently results in the systemic problems that encompass the mind and the body characterized in today's 'classic' autism."

Note To Journalists

There is a courtesy copy of Medical Veritas, available free for online review for only 2 more weeks: CLICK HERE for Dr. Horowitz's commentary and link to "PHARMAGANDA: A Study of Conflicting Interests."

After February 15, 2010, there will be a $35 charge for accessing the Medical Veritas journal via pdf downloads, with individual articles in this issue available for separate purchase at $15 per download, including Dr. Harold Buttram's important article on the future of human DNA corrupted by the mutagenic viral injections accompanying childhood vaccinations.

Please help alert medical doctors about this report, and this free limited time access. Medical doctors and patients must be informed that their intelligence has been tainted by pharmaceutical special interests. This publication contains urgent life-saving knowledge.

POPULAR MECHANICS

Adam Hadhazy

Anti-Vaccination Groups Dealt Blow as Lancet Study is Retracted

Popular Mechanics, 5 February 2010
https://web.archive.org/web/20100218110930/http://www.popularmechanics.com/science/health_medicine/4344963.html?nav=RSS20&src=syn&dom=yah_buzz&mag=pop

A 1998 study in *The Lancet* medical journal that largely launched the dangerous anti-vaccination movement has been officially retracted. Here are the details on the ethical and scientific missteps that eventually lead to the editors pulling this study. =>
https://web.archive.org/web/20100214204019/http://www.popularmechanics.com/science/health_medicine/4273262.html

In what will likely be a big blow to the anti-vaccination movement, *The Lancet* medical journal has retracted the 1998 study by Dr. Andrew Wakefield that originally sparked the uproar over whether vaccines are linked to autism.

The move by editors of *The Lancet* on Tuesday came after the General Medical Council – Britain's independent regulator for doctors—admonished Wakefield and two of his co-authors last week for acting irresponsibly and unethically in the course of the research. The Council found that Wakefield subjected children to invasive procedures such as colonoscopies for pure experimentation rather than clinical purposes and without ethics board approval. Wakefield even obtained blood samples from kids at his son's birthday party for five pounds (about $8) apiece. Money was perhaps not much of an issue for Wakefield, however: He allegedly pocketed around $800,000 from a law firm involved with class-action lawsuits claiming injury from vaccines.

For the now-retracted study, Wakefield and his colleagues found intestinal abnormalities in 12 children, two-thirds of whom parents and physicians say developed autism spectrum disorders and gastrointestinal illnesses right around the time they got pricked with the measles-mumps-rubella (MMR) vaccine. Though the study stopped short of explicitly blaming the MMR vaccine for the GI illness and developmental regressions – instead invoking “possible environmental triggers" – the insinuation was clear. Wakefield amplified the vaccine-disease connection at an alarming press conference given at the time of publication.

Wakefield's poor personal behavior should not eclipse good science. But over the years, the original study has come under intense fire not just on ethical grounds but also on scientific merit. Wakefield and lawyers working on the class-action lawsuits cherry-picked the 12 children, the editor of *The Lancet* told *The Wall Street Journal*, and distorted their case histories. In 2004, in response to this conflict of interest and other issues, 10 of the study's 13 authors formally retracted the section suggesting a time-associated link between the vaccine and onset of autism.

The Fallout

The damage had already been done, however. After the study's publication, a flurry of follow-up research, lawsuits and finger-pointing ensued. Most damaging of all, perhaps, is that many justifiably freaked-out parents opted not to immunize their children. In just five years, the child non-vaccination rate for MMR in the U.S. nearly tripled from 0.77 percent in 1995 to 2.1 percent in 2000. Similarly, in Britain, where *The Lancet* is published, child vaccination rates have dropped by nearly a third

compared to 1990s levels. As a consequence, more children succumbed to diseases once held largely in check by national vaccination programs. In Britain, cases of MMR spiked to two-dozen times the incidence rate in 2008 as in 1998.

The Lancet's retraction has elicited strong reactions from advocates on both sides of the vaccine-autism issue. Amy Pisani, executive director of Every Child By Two, a pro-vaccination organization, thinks the retraction does far too little too late. “I feel that *The Lancet* is culpable in the deaths of children," Pisani says. She also points out that the study diverted attention away from legitimate autism research for years. Rita Shreffler, executive director of the National Autism Association, disagrees, maintaining that vaccines are implicated in autism regardless of *The Lancet*'s action. “The paper that was retracted does not say MMR causes autism," she says.

Less controversial is evidence of a surge of autism cases in recent decades. According to the Centers for Disease Control and Prevention (CDC), the prevalence for autism in the U.S. is now one in 110 children; two decades ago that figure was one in 10,000. Heightened awareness and the ability to better diagnose autism certainly explains some of the increase, but doubts linger as to whether that can account for all of it. Genetic susceptibility no doubt plays a role, and some fear that environmental problems such as contaminated water supplies may also be responsible.

Regardless, the overwhelming scientific consensus in the literature – endorsed by the independent, non-governmental Institute of Medicine, the CDC and other governmental organizations in the U.S. and abroad – is that vaccines are not the cause of autism. For example, a paper published last year in *Clinical Infectious Diseases*, which reviewed 20 studies on the subject, refuted the main “scientific" pillars of the anti-vaccination movement one-by-one.

THE FLU CASE

Dr Carley Responds to the Statements Highlighted in Red above

The Flu Case, 5 February 2010
https://web.archive.org/web/20100211124323/http://www.theflucase.com/index.php?option=com_content&view=article&id=2696:the-medical-mafia-takes-down-dr-andrew-wakefield-analysis-from-dr-carley&catid=1:latest-news&Itemid=64&lang=en

Re: retracted a controversial study; how can findings be "retracted"?

Wakefield found measles virus in the bowel lymphoid tissue in autistic children. That is why he is being attacked, because this finding shows that the measles vaccine gave the children measles, which could not be eliminated due to the corruption of the immune system explained in "Inoculations the True WMD" and "Dr Carley's Responce to the CDC" on www.drcarley.com, which occurs when viruses are injected into the bloodstream.

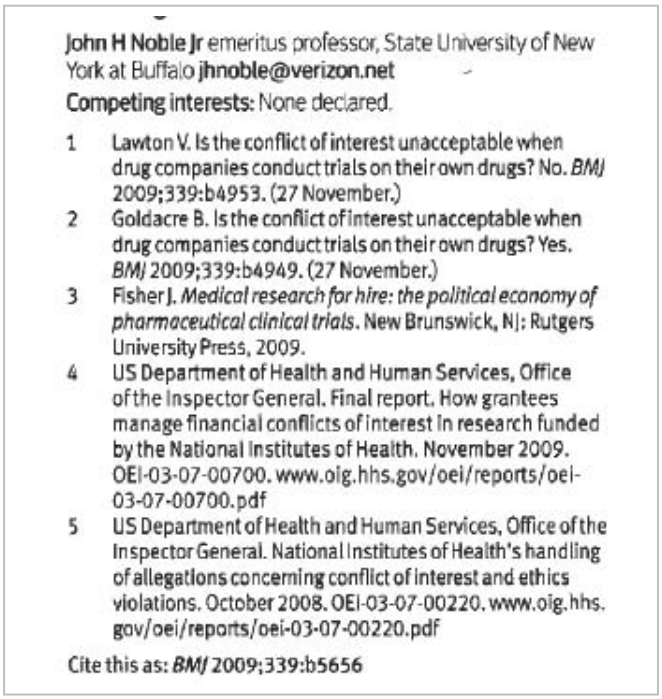
Re: "*British surgeon" and "Wakefield took blood samples from children at his son's birthday party", Wakefield is a gastroenterologist, not a surgeon. He found the measles virus in the lymphoid tissue in the guts of autistic children during endoscopies, which were obviously not performed at a birthday party.*

Re: "*Subsequent studies have found no proof that the vaccine is connected to autism", who sponsored those studies? BIG PHARMA; in fact, such conflicts of interest are the NORM in medical journals...*

Noble JH Jr. **Drug firm conflicting interests. Radical change, not tweaking, is needed**. BMJ. 2009 Dec 31;339:b5656. doi: 10.1136/bmj.b5656. https://pubmed.ncbi.nlm.nih.gov/20044405/

Radical change, not tweaking, is needed

Lawton makes the case against major reform of the way the pharmaceutical and medical device industry currently does business against Goldacre's call for the conduct of clinical trials by disinterested third parties to offset the inherent biases of industry sponsored clinical trials.[1 2] He dismisses Goldacre's argument that the commercial interests of the industry produce biased evidence that misleads doctors and thereby increases patient morbidity and mortality. Instead, Lawton urges tweaking of the current system to improve its functioning, putting forth several threadbare arguments about the productivity of industry research and efficacy of government regulation and quality control oversight.



John H Noble Jr emeritus professor, State University of New York at Buffalo jhnoble@verizon.net

Competing interests: None declared.

1 Lawton V. Is the conflict of interest unacceptable when drug companies conduct trials on their own drugs? No. *BMJ* 2009;339:b4953. (27 November.)
2 Goldacre B. Is the conflict of interest unacceptable when drug companies conduct trials on their own drugs? Yes. *BMJ* 2009;339:b4949. (27 November.)
3 Fisher J. *Medical research for hire: the political economy of pharmaceutical clinical trials*. New Brunswick, NJ: Rutgers University Press, 2009.
4 US Department of Health and Human Services, Office of the Inspector General. Final report. How grantees manage financial conflicts of interest in research funded by the National Institutes of Health. November 2009. OEI-03-07-00700. www.oig.hhs.gov/oei/reports/oei-03-07-00700.pdf
5 US Department of Health and Human Services, Office of the Inspector General. National Institutes of Health's handling of allegations concerning conflict of interest and ethics violations. October 2008. OEI-03-07-00220. www.oig.hhs.gov/oei/reports/oei-03-07-00220.pdf

Cite this as: *BMJ* 2009;339:b5656

Lawton makes the case against major reform of the way the pharmaceutical and medical device industry currently does business against Goldacre's call for the conduct of clinical trials by

disinterested third parties to offset the inherent biases of industry sponsored clinical trials.[1,2] He dismisses Goldacre's argument that the commercial interests of the industry produce biased evidence that misleads doctors and thereby increases patient morbidity and mortality. Instead, Lawton urges tweaking of the current system to improve its functioning, putting forth several threadbare arguments about the productivity of industry research and efficacy of government regulation and quality control oversight.

Fisher provides a revealing view of what goes on in the offices of doctors who receive funding from industry to conduct research on their patients and its biasing effects.[3]

The political momentum in the United States seems to be building for broader reforms in view of the extent of conflicts of interest reported by the US Health and Human Services Office of the Attorney General among grant recipients of the National Institutes of Health and the staff themselves.[4,5]

If society is really serious about improving the public health through the production of valid and reliable science for use by doctors on behalf of their patients, Lawton's recommendation for tweaking the current system to achieve marginal improvements should be rejected. The weight of evidence points to the need for radical change, not tweaking.

* * *

Re: "*he had brought the medical profession "into disrepute.", that is what this is really about. Any doctor who exposes the fraud within the medical mafia is attacked; especially when MediSIN's sacred cow, vaccines, is involved.*

On the 2nd hour of "What's Ailing America?" this Saturday, you will hear from Dr Edward Spencer (who has been a guest on my show re: Morgellon's). He had the audacity to write a letter to doctors at the hospital he works at in CA re: the danger of the H1N1 vaccine, and now they are demanding he undergo a psychiatric exam (just as happened to me for doing a public access TV show about the cover-up of my son's sexual abuse by authorities). Not until the people stand up for doctors of conscience who are being persecuted for telling the truth will anything change. Otherwise, your only choice will be the anti-hippocratics (Medical Masons), who will kill you without batting an eyelash. Silence is consent to the murder by mediSIN of your loved ones.

Re "the majority of co-authors on the paper retracted their support for the claims of a possible link between the vaccine and colitis or autism", *obviously* these individuals were threatened; and rather than stand their ground, they got down on their knees and licked the boots of their medical mafia masters.

I met Dr Wakefield around 1999/2000, where we both lectured at an autism conference. He heard my info, that autism is due to demyelination caused by anti-measles antibodies; in fact, *autism is actually subacute sclerosing panencephalitis caused by the measles vaccine*; *they changed the name to autism to hide this fact*.

Dr Wakefield has had more attention in the autism community because he was able to get this now retracted article published in a medical journal; my work will never be published in a mainstream journal as it addresses the true cause of autism. Measles virus is not just in the gut lymph tissue, it is in the brain, where it causes vaccine induced encephalitis. The anti measles antibody created against the measles virus causes demyelination as it attacks the myelin sheath, since myelin basic protein is very similar to measles virus. Note that the MMR vaccine has NEVER had thimerosol (mercury) in it; so it is very interesting that many "mercury causes autism" disinfo groups are backing him.

As the few real doctors (those with a conscience) are picked off one by one, eventually all that will be left will be the MD's (medical devils). In fact, I am working on what will be my first book on how medical devils are created, sharing some of the things I experienced in medical school and residency, which will hopefully be done by the end of this month. Sleep deprivation and rewarding of bad acts are at the root of it, and it is getting worse every year. If young doctors see that no good deed goes unpunished (and that patients allow good doctors to be destroyed), they will all learn to lick the boots of their medical mafia masters, just as Wakefield's cowardly co-authors did.

thebmj https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(97)11096-0.pdf

Wakefield AJ, Murch SH, Anthony A, et al.
Ileal-lymphoid-nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children.
Lancet. **1998** Feb 28;351(9103):637-41. doi: 10.1016/s0140-6736(97)11096-0.
Retraction in: Lancet. 6 February 2010; 375(9713):445. doi: 10.1016/S0140-6736(10)60175-4.

Early report

Ileal-lymphoid-nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children

A J Wakefield, S H Murch, A Anthony, J Linnell, D M Casson, M Malik, M Berelowitz, A P Dhillon, M A Thomson, P Harvey, A Valentine, S E Davies, J A Walker-Smith

Summary

Background We investigated a consecutive series of children with chronic enterocolitis and regressive developmental disorder.

Methods 12 children (mean age 6 years [range 3–10], 11 boys) were referred to a paediatric gastroenterology unit with a history of normal development followed by loss of acquired skills, including language, together with diarrhoea and abdominal pain. Children underwent gastroenterological, neurological, and developmental assessment and review of developmental records. Ileocolonoscopy and biopsy sampling, magnetic-resonance imaging (MRI), electroencephalography (EEG), and lumbar puncture were done under sedation. Barium follow-through radiography was done where possible. Biochemical, haematological, and immunological profiles were examined.

Findings Onset of behavioural symptoms was associated by the parents, with measles, mumps, and rubella vaccination in eight of the 12 children, with measles infection in one child, and otitis media in another. All 12 children had intestinal abnormalities ranging from lymphoid nodular hyperplasia to aphthoid ulceration. Histology showed patchy chronic inflammation in 11 children and reactive ileal lymphonodular hyperplasia in seven, but no granulomas. Behavioural disorders included autism (nine), disintegrative psychosis (one), and possible postviral or vaccinal encephalitis (two). There were no focal neurological abnormalities and MRI and EEG tests were normal. Abnormal laboratory results were significantly raised urinary methylmalonic acid compared with age-matched controls ($p=0.003$), low haemoglobin in four children, and a low serum IgA in four children.

Interpretation We identified associated gastrointestinal disease and developmental regression in a group of previously normal children, which was generally associated in time with possible environmental triggers.

Lancet 1998; **351**: 637–41
See Commentary page

Inflammatory Bowel Disease Study Group, University Departments of Medicine and Histopathology (A J Wakefield FRCS, A Anthony MB, J Linnell PhD, A P Dhillon MRCPath, S E Davies MRCPath) **and the University Departments of Paediatric Gastroenterology** (S H Murch MB, D M Casson MRCP, M Malik MRCP, M A Thomson FRCP, J A Walker-Smith FRCP,), **Child and Adolescent Psychiatry** (M Berelowitz FRCPsych), **Neurology** (P Harvey FRCP), **and Radiology** (A Valentine FRCR), **Royal Free Hospital and School of Medicine, London NW3 2QG, UK**

Correspondence to: Dr A J Wakefield

Introduction

We saw several children who, after a period of apparent normality, lost acquired skills, including communication. They all had gastrointestinal symptoms, including abdominal pain, diarrhoea, and bloating and, in some cases, food intolerance. We describe the clinical findings, and gastrointestinal features of these children.

Patients and methods

12 children, consecutively referred to the department of paediatric gastroenterology with a history of a pervasive developmental disorder with loss of acquired skills and intestinal symptoms (diarrhoea, abdominal pain, bloating and food intolerance), were investigated. All children were admitted to the ward for a week, accompanied by their parents.

Clinical investigations

We took history including details of immunisations and exposure to infectious diseases, and assessed the children. In 11 cases the history was obtained by the senior clinician (JW-S). Neurological and psychiatric assessments were done by consultant staff (PH, MB) with HMS-4 criteria.[1] Developmental data included a review of prospective developmental records from parents, health visitors, and general practitioners. Four children did not undergo psychiatric assessment in hospital; all had been assessed professionally elsewhere, so these assessments were used as the basis for their behavioural diagnosis.

After bowel preparation, ileocolonoscopy was performed by SHM or MAT under sedation with midazolam and pethidine. Paired frozen and formalin-fixed mucosal biopsy samples were taken from the terminal ileum; ascending, transverse, descending, and sigmoid colons, and from the rectum. The procedure was recorded by video or still images, and were compared with images of the previous seven consecutive paediatric colonoscopies (four normal colonoscopies and three on children with ulcerative colitis), in which the physician reported normal appearances in the terminal ileum. Barium follow-through radiography was possible in some cases.

Also under sedation, cerebral magnetic-resonance imaging (MRI), electroencephalography (EEG) including visual, brain stem auditory, and sensory evoked potentials (where compliance made these possible), and lumbar puncture were done.

Laboratory investigations

Thyroid function, serum long-chain fatty acids, and cerebrospinal-fluid lactate were measured to exclude known causes of childhood neurodegenerative disease. Urinary methylmalonic acid was measured in random urine samples from eight of the 12 children and 14 age-matched and sex-matched normal controls, by a modification of a technique described previously.[2] Chromatograms were scanned digitally on computer, to analyse the methylmalonic-acid zones from cases and controls. Urinary methylmalonic-acid concentrations in patients and controls were compared by a two-sample *t* test. Urinary creatinine was estimated by routine spectrophotometric assay.

Children were screened for antiendomyseal antibodies and boys were screened for fragile-X if this had not been done

RETRACTED

CHILD HEALTH SAFETY

British & Japanese data show Vaccines cause Autism

Child Health Safety, 8 February 2010
http://childhealthsafety.wordpress.com/2010/02/08/britvaxautism/

We previously published data from Japan showing a clear causal link between changes in the Japanese vaccination schedules and corresponding increases and decreases in rates of children having autistic conditions: Japanese Data Show Vaccines Cause Autism. The UK's Joint Committee on Vaccination and Immunisation's irresponsible and only answer to the Japanese data was it was "not UK data".

=> https://web.archive.org/web/20121117201432/http://childhealthsafety.wordpress.com/2009/06/03/japvaxautism/

Data from the UK's General Practice Research Database shows that with each major change in the UK childhood vaccination programme the rates of childhood autism have increased significantly.

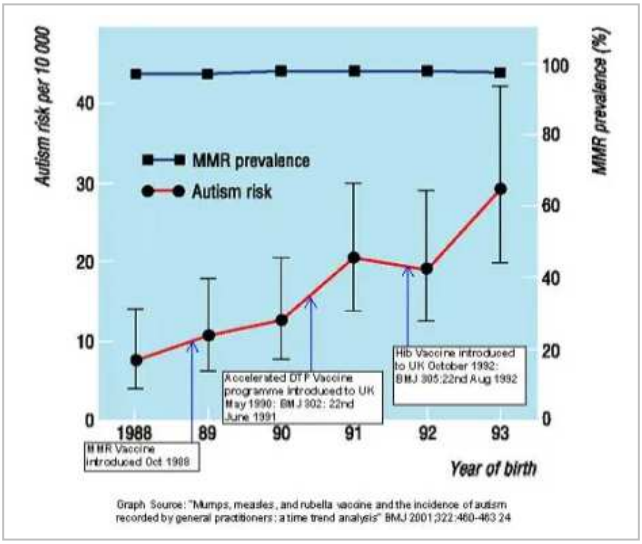
And do vaccines cause autistic conditions? If you read nothing else we strongly recommend you read this: PDF Download – Text of May 5th 2008 email from US HRSA to Sharyl Attkisson of CBS News]. In it the US Health Resources Services Administration [HRSA] state to CBS News reporter Sharyl Attkisson

We have compensated cases in which children exhibited an encephalopathy, or general brain disease. Encephalopathy may be accompanied by a medical progression of an array of symptoms including autistic behavior, autism, or seizures."

Despite all the lies and deceit by health official worldwide, the question "do vaccines cause autism" was answered after the Hannah Poling story broke in the USA in February 2008. => https://childhealthsafety.wordpress.com/2009/01/13/secret-british-mmr-vaccine-files-forced-open-by-legal-action/#US_Developments

Hannah developed an autistic condition after 9 vaccines administered the same day. Under the media spotlight numerous US health officials and agencies conceded on broadcast US nationwide TV news from CBS and CNN. Full details with links to the original sources can be found in this CHS article: Vaccination Causes Autism – Say US Government & Merck's Director of Vaccines. – 30 June 2010

https://childhealthsafety.wordpress.com/2010/06/30/vaccination-causes-autism-%e2%80%93-say-us-government-merck%e2%80%99s-director-of%c2%a0vaccines/


Autism risk per 10 000
MMR prevalence (%)
MMR prevalence
Autism risk
Accelerated DTP Vaccine programme introduced to UK May 1990: BMJ 302: 22nd June 1991
Hib Vaccine introduced to UK October 1992: BMJ 305:22nd Aug 1992
MMR Vaccine introduced Oct 1988
Year of birth
Graph Source: "Mumps, measles, and rubella vaccine and the incidence of autism recorded by general practitioners: a time trend analysis" BMJ 2001;322:460-463 24

The current UK rate of children with autistic conditions is 1 in 64 [or 157 per 10,000 children]: "Prevalence of autism-spectrum conditions: UK school-based population study" Baron-Cohen S, Scott FJ, Allison C, Williams J, Bolton P, Matthews FE and Brayne C (2009) British Journal of Psychiatry, 194: 500-509.

The rate in boys is 1 in 40. Prior to 1988 which saw the first of several major changes to the UK childhood vaccination programmes the rate of childhood autism was running at between 1 and 4 in 10,000. Childhood autism is also known as "typical" or "Kanner" autism.

In addition to vaccines being a biologically plausible cause of the worldwide increases in autistic conditions in children we have also seen legal cases in the USA confirming vaccines have caused autism in US children: AUTISM – US Court Decisions and Other Recent Developments – It's Not Just MMR

The data presented here provides further evidence of the unscientific approach of medical researchers when publishing papers purporting to support the claim there is no association between vaccines and autism.

The graph above is adapted from a 2001 paper by Jick et al. The authors claimed:
"*... the data provide evidence that no correlation exists between the prevalence of MMR vaccination and the rapid increase in the risk of autism over time. The explanation for the marked increase in risk of the diagnosis of autism in the past decade remains uncertain. ..... The increase ..... could be due to ..... environmental factors not yet identified.*"

"Mumps, measles, and rubella vaccine and the incidence of autism recorded by general practitioners: a time trend analysis" BMJ 2001;322:460-463 24 February.

The data shows something different and when correlated with major changes in the UK childhood vaccination programme shows what are the most likely "environmental factors not yet identified". With each major change to the UK's childhood vaccination programme cases of childhood autism increased substantially.

The childhood autism risk increased three-fold for children born in 1988 and 1989 from the previous rate of between 1 and 4 in 10,000 to 12 in 10,000.

The major change: the MMR vaccine was introduced in October 1988. Routine administration was at around 15 months.

The childhood autism risk increased five-fold for children born in 1990 and 1991 to 20 in 10,000 from the pre 1988 rate of 1 to 4 in 10,000.

The major change: in May 1990 the accelerated DTP vaccine programme was introduced. British babies were given the DTP vaccine substantially earlier at 2, 3 and 4 months instead of the previous 3, 5 and 10 months.

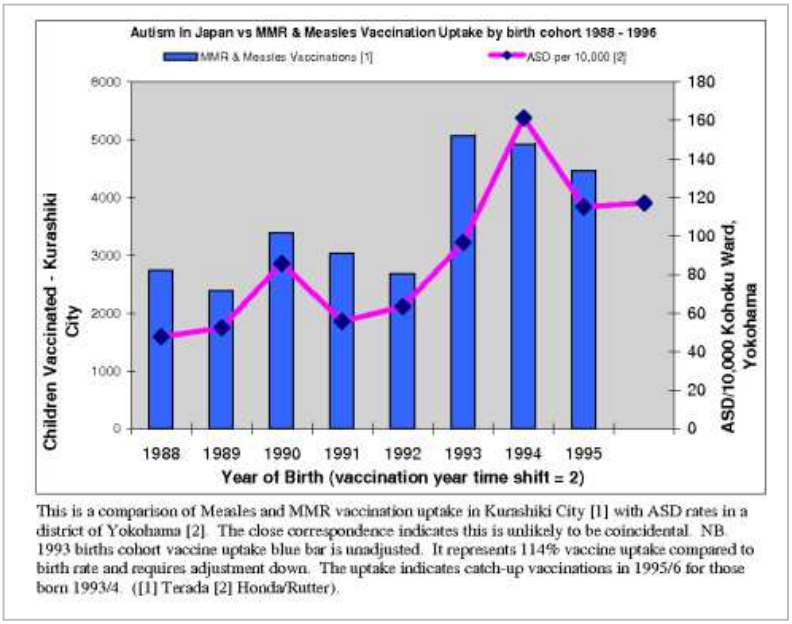
The childhood autism risk increased nearly eight-fold for children born in 1993 to 29 in 10,000 from the pre 1988 rate of 1 to 4 in 10,000.

The major change: the Haemophilus Influenzae b vaccine was introduced in October 1992. Routine administration was three doses at 2, 3 and 4 months.

It appears it was only from 1993 that most infants were vaccinated at 2, 3 and 4 months with those born earlier being vaccinated at later ages in "catch-up campaigns". This data suggests that to reduce the risk of autism from vaccines parents should delay the age at which their children are vaccinated.

One study shows that average vaccine coverage by November 1993 was 34% for 1989 births, 77% for 1990 births, 87% for 1991 births, and 89% for 1992 births: "Haemophilus influenzae: the efficiency of reporting invasive disease in England and Wales" Communicable Disease Report 4:2 4 February 1994.

Data from formal peer refereed medical papers show vaccines caused autism in Japanese children. The number developing autism rose and fell in direct proportion to the number of children vaccinated each year: [click here for full details Japanese Data Show Vaccines Cause Autism]



This is a comparison of Measles and MMR vaccination uptake in Kurashiki City [1] with ASD rates in a district of Yokohama [2]. The close correspondence indicates this is unlikely to be coincidental. NB. 1993 births cohort vaccine uptake blue bar is unadjusted. It represents 114% vaccine uptake compared to birth rate and requires adjustment down. The uptake indicates catch-up vaccinations in 1995/6 for those born 1993/4. ([1] Terada [2] Honda/Rutter).

THE FLU CASE

British & Japanese data show Vaccines Cause Autism

The Flu Case, 16 February 2010 10:23

https://web.archive.org/web/20100220013846/http://www.theflucase.com/index.php?option=com_content&view=article&id=2758%3Abritish-a-japanese-data-show-vaccines-cause-autism&catid=1%3Alatest-news&Itemid=64&lang=en

http://childhealthsafety.wordpress.com/2010/02/08/britvaxautism/

We previously published data from Japan showing a clear causal link between changes in the Japanese vaccination schedules and corresponding increases and decreases in rates of children having autistic conditions:- Japanese Data Show Vaccines Cause Autism. The UK's Joint Committee on Vaccination and Immunisation's irresponsible and only answer to the Japanese data was it was "not UK data".

etc...

Information

Mette Klingsey, Kristian Villesen

Forsker mistænkes for at forfalske millionbevillinger til sig selv

Information, 11 februar 2010
https://www.information.dk/indland/2010/02/forsker-mistaenkes-forfalske-millionbevillinger

En forsvunden forskningschef er under mistanke for at have bedraget Aarhus Universitet. Han tjente efter alt at dømme millioner på at forfalske amerikanske bevillinger.

Sidste år opsagde en mid- aldrende forskningsleder på Aarhus Universitet sin stilling midt i et større projekt. Opsigelsen skete i god ro og orden, men det skulle vise sig, at forskeren efterlod sig falske millionbevillinger, der har efterladt et stort hul i kasserne på Aarhus Universitet.

Projektet, der blandt andet skulle afdække årsagen til autisme, var et samarbejde mellem Odense Universitets- hospital og Aarhus Universitet og finansieret af den amerikanske pendant til Sundhedsstyrelsen, Center for Disease Control (CDC), der har bidraget med 80 mio. kr.

Men det beløb var tilsyneladende ikke nok for den midaldrende projektleder. Ifølge Informations oplysninger mistænkes han for at have forfalsket to bevillingsgodkendelser samt et brev fra CDC. De falske dokumenter skulle godtgøre, at flere penge var fra på vej fra USA - Aarhus Universitet stolede på deres forsker og lagde pengene ud. Ifølge Århus Stiftstidende er der tale om et beløb på omkring 10 millioner kr.

Hos Østjyllands Politi er man i færd med at samle materiale nok til at rejse en sigtelse mod forskeren, der efter sigende opholder sig i USA.

Hevet penge ud

Forsknings- og Innovationsstyrelsen forvaltede de amerikanske midler, og ifølge juridisk chefkonsulent Charlotte Elverdam afslørede regnskaberne, at der var »ting, der ikke passede sammen«:

»Nogen har tilsyneladende givet Aarhus Universitet indtryk af, at der var flere penge i projektet, end der reelt var,« siger hun og understreger, at Forsknings- og Innovationsstyrelsen ikke har uddelt flere penge, end der er kommet ind fra amerikansk side. Siden forsøgte styrelsen at finde en forklaring på, hvad der var sket:

»Man kunne få den tanke, at der er nogen, der har hevet penge ud af projektet, så vi talte med de involverede parter for at finde ud af, hvordan det hang sammen. Efter drøftelser med Aarhus Universitet valgte vi at overdrage sagen til politiet,« siger Charlotte Elverdam.

Den anmeldelse modtog Københavns Politi allerede sidste år, men gav den efterfølgende videre til Østjyllands Politi, som fortsat venter på materiale i sagen.

Ifølge politiinspektør Børge Frandsen arbejder man ud fra tesen om dokumentfalsk, men har endnu ikke nok til at rejse sigtelse. Han peger på, at det er imod de amerikanske regler at udbetale penge direkte til et universitet eller en enkelt person – derfor er midlerne fra CDC gået igennem Forskningsministeriet og altså Forsknings- og Innovationsstyrelsen.

»Man mener, der er foregået uregelmæssigheder med falske og konstruerede dokumenter. Det indgår i vores efterforskning, der også skal fastslå beløbets størrelse, samt hvilke procedurer og kontrolinstanser, der indgår i sagen,« siger Børge Frandsen.

Politiet arbejder på at finde grundlaget for en sigtelse, og politiinspektøren vil ikke afvise, at det også kan omfatte undersøgelser i USA.

Der er ikke flere penge

På Aarhus Universitet sidder man foreløbig tilbage med et betydeligt hul i kassen. Tilliden til forskeren skulle vise sig at koste dyrt:

»Da vi forsøgte at få pengene ind via Odense Universitetshospital og Forsknings- og Innovationsstyrelsen, fik vi at vide, at der ikke var flere penge i det projekt. Det kunne vi ikke forstå, for vi havde jo bevillingstilkendegivelser,« forklarer pressechef for rektoratet på universitetet, Anders Correll.

Da man siden kontaktede hovedaktøren, CDC i USA, lød beskeden, at man ikke kendte til de pågældende bevillingstilkendegivelser, og at de underskrifter, der var på dokumenterne, var falske.

Det skulle også vise sig, at den mistænkte forsker, der står bag en lang række videnskabelige artikler om årsagerne til autisme og konsekvenserne af gravide kvinders livsstil, havde en dobbeltansættelse. Ved siden af sin karriere i Århus var han lønnet ansat ved et amerikansk universitet.

Information har forgæves forsøgt at træffe forskeren, men hans danske telefonnummer er tilsyneladende nedlagt.

Information

Mette Klingsey, Kristian Villesen

Forgery at Danish University Jeopardises Autism study, reports

Information // The Flu Case, 3 March 2010
https://web.archive.org/web/20100305090842/http://www.theflucase.com/index.php?option=com_content&view=article&id=2890%3Aforgery-at-danish-university-jeopardises-autism-study-reports-information&catid=1%3Alatest-news&Itemid=64&lang=en

A lead researcher who has disappeared is suspected of having deceived the university of Aarhus in Denmark. It seems, he earned millions by falsifying American research grants, writes Danish daily newspaper Information.

Last year a middle-aged lead researcher at Aarhus University resigned from his job in the middle of a large research project. The resignation took place very quietly, but later on it became clear, that the scientist left behind falsified grants worth millions, which has now resulted in a significant deficit in the budgets at the University of Aarhus.

The project, which among other things should reveal the cause of autism, was a collaboration between the University Hospital of Odense (in Denmark) and the University of Aarhus, financed by Center for Disease Control (CDC) which is the American counterpart to danish board of health. The CDC contributed 80 million Danish crowns.

But that amount was apparently not enough for the middle-aged project leader. According to data collected by Informatio, he is suspected of having falsified two confirmations of research grants and a letter from CDC. The false documents appeared to confirm that more money was on its way from the USA: Aarhus University trusted their scientist and payed in advance. According to the danish daily newspaper Aarhus Stiftstidende, the amount of money involved is about 10 millions of Danish crowns.

The police of eastern Jylland is currently collecting the necessary material needed to charge the suspect, who is said to be in the USA.

Took money out

The Danish Board of Research and Innovation administered the American funds, and according to the chief legal advisor, Charlotte Elverdam, the accounts revealed that there were “things which didn’t fit together”:

“Somebody has evidently given Aarhus University the impression that there was more money in the project than there was in reality”, she says and underlines that the board of science and innovation hasn’t distributed more money than the amount coming in from the Americans.

Afterwards the board tried to find an explanation of what had happened:

"One got the impression, that somebody had drawn money out of the project, so we spoke to the partners involved in order to find out what was going on. After discussions with the University of Aarhus we decided to hand over the case to the police" says Charlotte Elverdam.

The police of Copenhagen received the case earlier last year, but later on the case was given to the police of Eastern Jylland. there they are still awaiting documents of the case.

According to Police Inspector Boerge Frandsen, the police work with a thesis of forgery, but it still doesn't have enough material for the suspect to be charged. He points to the fact, that it is against the American rules to pay money directly to a university or to an individual – therefore the funds from the CDC had gone through the Ministry of Science and accordingly the Board of Science and Innovation.

"It is suspected, that irregularities with false and constructed documents has taken place. This is part of our investigation, which is also going to establish how much money is involved, and furthermore what procedurers and levels of control there are in the case," says Boerge Frandsen.

The police are looking for the basis for making a charge, and the police inspector admits that maybe investigations in the USA may also be a possibility.

There is no more money

At the University of Aarhus they are left with a considerable deficit in the budget. The confiding in the scientist has proved to be expensive.

"When we tried to get the money via the University Hospital of Odense and the Board of Science and Innovation, we were told, that there was no more money in the project. This we could not understand, as we had the confirmations of the research grants," explains press spokesman for the university rector, Anders Correll.

When they later on contacted the main actor, CDC, in the USA, it was reported that they did not know the research grant confirmations in question, and that the signatures on the documents were false.

It also emerged the suspected scientist, who is behind a long line of scientific articles about the reasons of autism and the implications for the lifestyle of pregnant women, was doubly employed. Apart from his career at Aarhus he was a payed employee at an American university.

Information has unsuccessfully tried to get in contact with the scientist, but his Danish phone number is apparently disconnected.

Sherri Tenpenny

Wakefield Inquisitioners have their Day

News With Views, 14 February 2010
https://newswithviews.com/Tenpenny/sherri127.htm

I've been asked many times over the last few weeks to share my opinion on the verdict of the U.K's General Medical Council (GMC) about Dr. Andrew Wakefield and the retraction of his 1998 article, "Ileal-lymphoid-nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children" by the medical journal, Lancet. The many inquiries fall into four basic questions, answered below.

***Question* #1:**
What do you know about Dr. Wakefield's 1998 paper? Do you feel the response of the GMC was appropriate?

Answers:
1. Dr. Wakefield's paper was SIMPLY a case study of 12 children. Hundreds of case reports are published each year in the medical journals….and are essentially ignored. He didn't make *any claims* in his original paper that has gotten all the attention.
2. His original paper was simply a *hypothesis*, not a *claim*, of the connection to Autism. Be sure to read the original paper; it's only 5 pages long. [1]
3. Wakefield published 32 peer-reviewed papers since 1998. NONE of these were mentioned or retracted. [2]
4. Wakefield's most recent research incriminates the use of hepatitis B vaccines in newborns. The first phase of this monkey study was published three months ago in the journal *Neurotoxicology*, focused on the first two weeks of life. Baby monkeys received a single vaccine for Hepatitis B, mimicking the U.S. vaccine schedule, and were compared with matched, unvaccinated monkeys. The vaccinated monkeys, unlike their unvaccinated peers, *suffered the loss of many reflexes that are critical for survival*. Discrediting Wakefield's work over a perceived "ethical" issue would serve to discredit this new research, protecting the vaccine industry once again. [3]
5. Dr. Wakefield's research was never questioned by the GMC. The ruling focused on what was called "unethical behavior" – drawing blood at a children's party, even though the parent's who were present had given their fully informed consent. In fact, in an open letter to the Lancet, the parents of the 12 children in the study rebuke the GMC, politely calling them liars.
6. Dr. Wakefield has never been "anti-vaccine." His work has always been focused on finding an explanation for WHY so many autistic children have terrible bowel disease.
7. Dr. Wakefield has always recommended single antigen vaccines. He hypothesized that the three live viruses given together in the MMR vaccine are the source of potential problems in *at least SOME children*.

Question #2:
Do you have concerns over Dr. Wakefield's failure to disclose financial links to a malpractice attorney and to patents he was working on to develop a single vaccine solution?

***Answers*:** I was rather surprised at the question and my response is, no. I don't feel one bit concerned about that particular issue. I'm not even sure the accusation is 100 percent true; it could be simply a pharma spin/smear. There is so much impropriety among the Players in the vaccine business that any singular accusation about Dr. Wakefield's work toward developing a single-antigen vaccine to make things safer for children TRULY amounts to "the pot calling the kettle black."

Consider this: 1. Dr. Paul Offit, who sat on the Advisory Committee of Immunization Practices (ACIP) committee, the committee who approves all the vaccines given to children and adults, holds the patent for the Rotavirus vaccine, (the one that was withdrawn) AND a patent on the current Rotavirus vaccine which is known to cause pneumonia and still some cases of intussusception. It is rumored that he made millions on his vaccine patent and that big pharma bought all his books, so he could make millions more.

2. Dr. Sam Katz sat for *year* on the ACIP committee having been the developer of the MMR vaccine (particularly the attenuated measles vaccine). He simultaneously consulted with *all* of the vaccine manufacturers.

3. Dr. D.A. Henderson, credited with smallpox vaccine eradication, consulted simultaneously with *all* the vaccine manufacturers for year.

4. Dr. Julie Gerberding, after serving eight years as head of the CDC, was recently named President of Merck vaccines. This is one of the most visible and blatant examples of a gross conflict of interest. Just barely past the 365 day mandatory "wait time" imposed on persons who pass from public service into private sector jobs, she was welcomed with open arms. Does anyone think she *just might* have insider information to share with her new boss, and not just about vaccines?

Question #3:
Do you think the Lancet was justified in pulling the paper for pure scientific reasons?

Answer: It was inappropriate for the Lancet to retract his 1998 paper. What did it prove? By focusing on this paper with such fanfare, the general public has been *lead to believe* that Wakefield's 1998 Lancet paper, a case report, was the ONLY paper and the ONLY research Wakefield has ever done. They sure paint it that way, don't they?

• NOT ONE mainstream reporter mentioned the 32 research papers published in peer-reviewed journals since 1998.
• NOT ONE mainstream reporter interviewed Wakefield for "balanced reporting." What does that say about the story...and the bought-and-owned, generally *lazy* press?
• and NOT ONE mainstream reporter dared to report that Wakefield's observation, finding vaccine-strain measles in the gut of *some* autistic children, has been replicated by other researchers.[4] [5]
• NO ONE has been told about the science that has been published supporting a connection between vaccines and autism and other disorders, and yet the list grows every day. Researchers studying vaccine-related illness have a hard task; their research is not funded by drug companies. The drug companies and the government don't want to know the answers.

It is the same reason the CDC refuses do a study of vaccinated vs. unvaccinated kids, examining something solidly objective like number of drugs they are on, number of days of school missed due to illness and number of doctor visits between birth and 5 years of age for ear infections and asthma.

This "issue" with Dr. Wakefield is a pharma-driven, media-manipulated power move, meant to embarrass Wakefield so they can negate and call into question his new, incriminating research on the hepatitis B vaccine given at birth. No doubt this "media frenzied heyday" has been orchestrated to squash the efforts of the massively growing, Vaccine Choice/Vaccine Awareness movement. The one-sided accusations in magazines and blogs rambling on about the story even call the retraction, "a blow to the anti-vaccine movement."

Here's a common example: Just look at the title. This was published in Popular Mechanics (a vaccine story in Popular Mechanics?) [6]

At the end of the day, *isn't that the point of all this rhetoric?* The truth about vaccine damage is gaining too much attention. The masses are listening and questioning because they are (rightfully) suspicious of government and they don't trust CDC, AAP, etc. Vaccination rates are falling, parents are rebelling. They know that something is amiss as they watch their children get sick, and even die, right before their eyes.

Question #4:
Are you simply a blinded, "Dr. Andy Groupie"?

Answer: No, I am not. I clearly understand the reason *why* this has happened. Could he have done things better? Probably. Could he have been more forthcoming about certain events that he has been accused of? Of course.

But consider other scandals that have emerged in the scientific world, such as research that was published using fake stem-cell lines. These studies used fabricated data and were published in prestigious journals. Has anyone heard Hwang Woo-Suk or Jan Hendrik Schön? Those were the researchers; they were not publicly crucified by the media.

I suspect that if *any* researcher's methods, associations and data were scrutinized with a fine tooth comb like they have done for 12 YEARS with Dr. Wakefield, the Lancet would be forced to retract many articles – maybe all of them. Looking at the Big Picture, one *has to see* that the issue with Dr. Andrew Wakefield is a witch hunt with an agenda. When the twisted associations of those who have been out to crucify Dr. Wakefield are mapped out, it is plain that he had not a chance of exoneration. [7]

The Results of the Vaccine-Illness Connection

We have exchanged chicken pox for autism, flu for asthma, ear infections for diabetes...and the list goes on and on. In the zeal to eliminate relatively benign microbes, we have traded temporary illnesses for pervasive, life-long diseases, disorders, dysfunctions and disabilities. And ***all*** of the Powers That Be – doctors, politicians, corporate heads, and government public health officials – refuse to consider these expensive, pervasive diseases could be caused by vaccines.

If we had an epidemic of blindness in 300,000 children, would doctors ignore it and say, "We have no idea why it is happening. Guess we need to train more seeing-eye dogs." But we have an epidemic of sick children losing their brains. Doctors shrug and say, "It must be genetics." This is the best they have to offer, despite scientific confirmation that there is no such thing as a "genetic epidemic."

There are nearly 300,000 sets of parents with sick, autistic children; the lion share of them saw it happen, with their own eyes, and rightfully blame vaccines. These children are ill; and conventional doctors don't even try to address their illnesses. When non-conventional practitioners try to help, they are scoffed, ridiculed and even raided by the Feds. [8]

There is one unifying factor affecting children, from sea to shining sea. It's not genetics; genetics between families are different. It's not environmental exposures; some kids live in the projects, some live in gated communities. It's not food; some kids eat only organic, some eat mostly McDonalds. It's not exercise; some kids are athletes; others are couch potatoes.

What touches almost all children and is the most likely 'smoking gun' for the epidemic of chronic illness and autism across North America (and beyond), are childhood vaccinations.

What is it going to take?

At the end of the day, it is going to take a tragedy in a high profile doctor or politician for the *Vaccine-Illness Connection* (not just autism) to get serious examination. I have a friend in Maine who is a nephrologist. She consults on patients who need dialysis. *Just by asking the question*, "When was your last vaccine?" she has found nine patients – most with previously normal kidney function – who developed acute renal failure within two to 28 days of the shot. All but one needed

kidney dialysis. All but two have recovered, but to the tune of more than $200,000 in hospital bills – *EACH*. We pay and pay and pay for vaccines.

We pay drug companies to make them. We pay doctors and public health officials to give them. We pay astronomical health insurance rates to cover the health care costs of the illnesses they cause. Vaccines drive the industry – if only we were *willing* to look. WHAT other connections are we missing because we don't want to know?

How conventional medicine can deny this is the real travesty. The Vaccine Court (Federal Court of Claims) has awarded at least nine judgments in favor of children who have become autistic or have had serious damage from MMR vaccine. For heaven's sake, aspirin, antibiotics, and many other drugs can be (and often are) deadly. Why are vaccines *always* considered to be harmless and their side effects *a coincidence?*

Dr. Ignaz Semmelweis was a Hungarian physician who was among the first to perceive that birth-related deaths due to puerperal fever was caused by doctors who didn't wash their hands before childbirth. He dared collect and publish data which admonished his peers and indicted the existing Medical System. Despite various publications that demonstrated hand washing reduced birth mortality below one percent, Semmelweis' practice was ignored by doctors because his observations were in "conflict with established medical opinions." Thousands of children died as a result of the arrogance of doctors and their unwillingness to change.

The tenacity of Semmelweis is a precedent for how Dr. Wakefield has been treated by the GMC in the United Kingdom. Conventionally trained doctors around the world have added thunderous applause, seemingly incapable of questioning the lies they have been forced to swallow and have believed for two centuries about vaccines.

The GMC, the press and the medical establishment have had their Inquisition. But those of us who know the truth are not giving up. Like Semmelweis, our research and evidence will eventually be proven correct. We must continue; the lives – and brains – of the next generation of children are at stake.

Footnotes:

1. Dr. Wakefield's original Lancet paper. –
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We won't get fooled again!
VACCINE RESISTANCE MOVEMENT
VRM

Joel Lord

Dr. Andrew Wakefield Being Crucified By Big Pharma

VRM, 16 February 2010
https://web.archive.org/web/20100426101625/http://vaccineresistancemovement.org/?p=329

See what happens to doctors with real integrity who challenge the Medical Mafia? The equivalent of a public lynching.

Dr. Andrew Wakefield, an outspoken critic of vaccines noted for his groundbreaking 1998 study published in British Medical Journal 'The Lancet' linking autism to the Measles, Mumps, Rubella shot has suddenly been rebuked by the same paper.

The timing of this reversal is crucial as more & more parents of vaccine damaged children in Britain & around the world are organizing lawsuits against Big Pharma.

'Following the judgment of the UK General Medical Council's Fitness to Practise Panel on Jan 28, 2010, it has become clear that several elements of the 1998 paper by Wakefield et al1 are incorrect, contrary to the findings of an earlier investigation.2 In particular, the claims in the original paper that children were "consecutively referred" and that investigations were "approved" by the local ethics committee have been proven to be false. Therefore we fully retract this paper from the published record.' => https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(05)77837-5/fulltext

"*I am extremely disappointed by the outcome of today's proceedings*," Wakefield told reporters. "The allegations against me and my colleagues are both unfounded and unjust."

Dr. Wakefield identified the gut/brain correlation in children with Autism all of whom received the MMR vaccine at 12 – 15 months (Inflammatory Bowel Disease a major common denominator). By treating the immunological intolerance of gluten, removing it from the diet, the bowel symptoms got better but also the behavioral symptoms got better. Primary Treatment: 1) Fibre mini Salicylates (plant based anti inflammatory) 2) Gluten Casein free diet (elimination of milk, wheat, rye barley, yeast intake).

This is a very important issue. *Most informed parents are now avoiding* giving their child the MMR shot set, let alone any vaccines on the market. It is therefore vital for the vaccine gurus to get it on record that researchers such as Dr. Wakefield are quacks; to vilify & make scapegoats of these brave doctors who have risked their careers coming out with the truth.
=> https://web.archive.org/web/20100422212108/http://www.npr.org/templates/story/story.php?storyId=125570056

Now they will use this fake scandal to discredit anyone in court who challenges the MMR shot (or links it to Autism in any way). And it will also strengthen any counter to legal challenges by parents of children with Autism resulting from vaccines.

Vaccines are the main cause of Autism, primarily due to the accumulative damage from the Hep B, MMR & DPT shots – multiple live viruses & heavy metal build-up. This leads to Ischemia, a singing of the neural pathways crucial for Oxygen flow to the brain from toxic overload, thus suffocating the neurons.

Further thousands of parents have been wrongly imprisoned for 'Shaken baby Syndrome'. Vaccine trauma was to blame.

Dr. Andrew Wakefield is a hero of families everywhere, of we the people all of whom have somehow been touched by Autism. He is being singled out by a tyrants for speaking the truth against a vicious Medical Hegemony committed to lying & cheating in order to sustain its lucrative Industry of death.

Nothing is more important than our health. We have to protect rebels who fight for our right to safeguard that sacred trust. The only way we will expose Big Pharma is by learning & spreading the truth. When Professionals risk their livelihood to help humanity we owe it to them to defend their honor once they are crucified for sticking their necks out.

Because if we allow this to continue others will think twice before risking it all to save a few lives. What price liberty?

Wakefield's 1998 study demonstrated "anti-myelin antibodies and digestive tract pathologies in children with autism after being given the MMR vaccine." See: Dr. Rebecca Carley.
=> https://web.archive.org/web/20121211173658/http://web.linkny.com/~civitas/CPHArticles/page26.html

Findings: Onset of behavioural symptoms was associated, by the parents, with measles, mumps, and rubella vaccination in eight of the 12 children, with measles infection in one child, and otitis media in another. All 12 children had intestinal abnormalities, ranging from lymphoid nodular hyperplasia to aphthoid ulceration. Histology showed patchy chronic inflammation in the colon in 11 children and reactive ileal lymphoid hyperplasia in seven, but no granulomas. Behavioural disorders included autism (nine), disintegrative psychosis (one), and possible postviral or vaccinal encephalitis (two).

THE FLU CASE

Danish author of key studies showing no link between mercury and autism vanishes after fraud uncovered:

Aarhaus (University) says scientist is Poul Thorsen co-author with K. M. Madsen.

The Flu Case, 4 March 2010 16:44

https://web.archive.org/web/20100513204037/http://www.theflucase.com/index.php?option=com_content&view=article&id=2902%3Adanish-author-of-key-studies-showing-no-link-between-mercury-and-autism-vanishes-after-fraud-uncovered-qvaccine-gateq-scandal-could-reignite-autism-debate&catid=41%3Ahighlighted-news&Itemid=105&lang=en

The lead author of a key study used by EU and USA health bodies as evidence mercury in vaccines does not cause autism has vanished after it emerged that he fraudulently claimed 10 million crowns in funds from his university in Denmark.

According to a statement by the CDC, the researcher is Dr Poul Thorsen, who was also employed by Emory University, Atlanta, without the knowlege of his university, according to the Danish media.

Police, who were called in to investigate by the university after they found a 10-million crown hole in their budget, believe the researcher is in the USA, living and working in Atlanta.

The scientist has worked on a multi-phase research project on the cause of autism that has been received about 80 million crowns in funding from the CDC, headquartered in Atlanta, since 2002.

Poul Thorsen along with Keersten Madsen Meldgaard was the author of a study published in 2002 that used data from Danish children to show that there was no link between mercury in vaccines and autism.

The data in the study called Population-Based Study of Measles, Mumps, and Rubella Vaccination and Autism and published in the New England Journal of Medicine appears to show that autism rates went up after mercury was removed from vaccines, and was used in many subsequent studies justifying the use of mercury.

However, the study has come under criticism for evidence that data has been manipulated to bolster the pro vaccine cause. => Madsen KM, et al. A population-based study of measles, mumps, and rubella vaccination and autism. N Engl J Med. 2002 Nov 7;347(19):1477-82. doi: 10.1056/NEJMoa021134.

The close links and email communication between Kristeen Madsen and CDC researcher Dr. Diane Simpson have come be fiercely criticised for appearing to show that Madsen and Simpson looked for data to suit their theory.https://web.archive.org/web/20100324120858/http://www.putchildrenfirst.org/chapter5.html

The revelation that a key author of key pro thiomersal study has apparently vanished over a case fraud involving the CDC funds is sure to reignite the dispute about the validity of these studies and the dangers of thiomersal.

The CDC, an agency belonging to the US Department of Health and Human Services, has been accused of hiding the relationship between threefold growth of vaccinations for US children in the 1990s and the epidemic of autism and other neurodevelopmental disorders that began at exactly the same time.

Key pro-vaccine studies in The Journal of the American Medical Association, The American Journal of Preventative Medicine and the American Medical Association appearing to show no link between autism and mercury have also been based on the Danish data.

Also, the Danish data was used by a team from the Centers for Disease Control working with colleagues at the University of Aarhaus to link autism to difficult birth and a family history of mental illness in a study from 2005.

The validity of all these studies will also now be called into question.

The fraud involving 10 million crowns raises the issue of whether money flowing to the Danish researcher from the CDC was a reward for manipulating study results.

Swine flu vaccines with thiomersal were administered to millions of people, including babies and children, this autumn as part of the CDC and WHO pandemic management plans in spite of a lack of clinical data.

Ulla Danielson

Two reports from the Danish media translated

Maja Nielsen and Morten Ravn,
1. Swindle for millions at Aarhus University.
The Copenhagen Post, 10 February 2010

A big research project has resulted in a deficit of 10 million crowns in the budget of Aarhus university.

Police are investigating the case as fraud while the university has cut ist links to the chief-investigator from Aarhus, writes Danish Daily Aarhus Stiftstidende.

The Aarhus-based scientist left his job at the medical health faculty in March last year. After a short period, the university began to suspect something was radically wrong. The suspicion increased.

Accordingly the university in collaboration with Board of Science and Innovation reported the case to the police of Eastern Jylland. Among other things the now disputed research project maps out the cause of autism. Since 2002, the project has received more than 80 millions crowns from the American board of health,the CDC. The University of Aarhus is in the process of issuing a declaration to a lot of institutions about the tangled case. In this communication the director of the university, Joergen Joergensen, underlines that the aarhus-scientist no longer is connected with the university.

Researcher employed in more than one place. "At the same time it has become clear that the resigned leader of the research project has been employed doubly. Without the university's knowledge, he has been a payed employee at the University of Emory in the USA while he was still employed in aarhus.

"Of course that is not acceptable," says head of press for the rector at the university, Anders Corell, to Aarhus Stiftstidende. He does not want to say anything about the amount of money the University is missing. Neither will Anders Corell comment on the information provided to the newspaper talking about a fraud involving 10 million crowns.

Police inspector Boerge Frandsen from Eastern Jylland's police confirms, that there is a report. The police has started to investigate the case. "Yes, it is about fraud", the police inspector says to Aarhus Stiftstidende. He is not able to confirm or deny size of the amount of money or the consequences. But so far the disputed chief investigator has not been charged.

On the move in the USA

The newspaper has learnd that the investigations are hampered because it has been very difficult to find the key figure in the case. Aarhus Stiftstidende has also unsuccessfully tried to get a comment from the Aarhus-based scientist, who has his private address in hoejbjerg (outside Aarhus). After he left the medical health faculty in Aarhus he participated, among other things, at a conference in Italy. On that event his papers errorneously said that he was employed by the University of Aarhus.

Aarhus Stiftstidende has spoken to several sources, who say that the scientist, who has a PhD, is at the moment is on the move in USA. They describe him as a Stein Bagger type (a Danish financial fraud) who is eminently clever at raising money from funds.

"He can open the doors to the great money tanks. But all projects all the time had to grow bigger and bigger. He succeeded in raising a huge amount of dollars. Rules however was something that existed for the sake of others – not for him," it has been said, sounding characteristic.

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2. Researcher accused of cheating Uni out of millions.

The Copenhagen Post, 11 February 2010, 15:12

A former lead research suspected of fraud now living in US and has not been questioned by police.

Aarhus University has confirmed that a former head of research at its North Atlantic Neuro-Epidemiology Alliances department has committed possible fraud amounting to 10 million kroner against several of the school's research partners, reports Århus Stiftstidende newspaper.

Until last March, the man was head of an 80 million crown joint research project between the US government's Centers for Disease Control and Prevention (CDC), the University of Southern Denmark and Aarhus University.

Jørgen Jørgensen, Aarhus University's rector, confirmed police charges have been filed against the former researcher and that it concerns a sum of around 10 million crowns.

Numerous applications for funding for the research were apparently signed with forged signatures.

The scientist – who is reportedly living and working in Atlanta in the US – resigned from his post last March. But he allegedly continued to pass himself off as the head of the international project, which dealt primarily with research into the possible causes of autism.

Aarhus University also claims that the researcher took another permanent position at Emory University in the US while still heading the Danish-based project.

Danish police said they were still investigating the case but had not yet sought cooperation from US authorities in the matter. They also have yet to question the man in connection with the case.

'When we've gone through everything then we'll decide whether there are sufficient grounds to charge the researcher or any others for forgery or fraud,' said Børge Frandsen of East Jutland Police.

THE FLU CASE

Secret second job of Danish autism scientist raises fears of conflict of interest

The Flu Case, 5 March 2010
https://web.archive.org/web/20100310035735/http://www.theflucase.com/index.php?option=com_content&view=article&id=2903%3Asecret-second-job-of-danish-autism-scientist-raises-fears-of-conflict-of-interest&catid=41%3Ahighlighted-news&Itemid=105&lang=en

A Danish scientist who was the author of a key study that undermined the scientific basis for believing that mercury in vaccines caused autism was employed full time by Emory University in the USA without his university knowing, it has emerged.

Aarhaus University said in a statement today that they had "expressly prohibited" Dr Poul Thorsen from working for a second university, Emory.

The double role of Thorsen came to light after the university detected a shortfall in funding. An investigation showed that documents from the CDC, in Atlanta, apparently promising more money for an autism research project that Thorsen administered were forged.

The university had paid out millions of crowns in advance to Thorsen and it cannot now recoup the money.

Thorsen vanished in March 2009. He is believed to be living and working in Atlanta.

Thorsen was the administrator of a 80-million crown research project funded by the CDC to uncover the causes of autism involving many different universities, including Aarhaus University.

In 2002, he was an author along with Kreesten Madsen of a key study that used data from Danish children to show that there was no link between mercury

The study was criticized for the way data was apparently manipulated but became the basis for several other high profile studies that have been used by the pharmaceutical industry and bodies such as the CDC, EMA and WHO to justify continuing to use mercury in vaccines.

The revelation that Thorsen had a second secret job will raise fears of a hidden bias in the studies and undermine the scientific case for thiomersal.

The decision by Aarhaus University to wait almost one year to inform the general public of the involvement of a leading autism author in fraudulent activities strongly swuggests the notion that scientists, government officials and big pharma are involved in a cover up of a “Vaccine-gate” style scandal.

Statement by Aarhaus University dated January 22nd but which appears only to have been made available today to the media:

AARHUS Universitet

To whom it may concern =>

Statement

Statement regarding Dr. Poul Thorsen's involvement in Aarhus University projects

Aarhus University has decided to issue this statement in response to a number of requests on the part of CDC Denmark project partners.

Issue: The extent and nature of Dr. Poul Thorsen's continued involvement in the CDC Denmark project for which he once provided primary scientific and administrative oversight, as well as of his continued relation to Aarhus University.

Background: The Danish Agency for Science, Technology and Innovation (DASTI) has been a grant recipient as part of a cooperative agreement with the US National Center for Birth Defects and Developmental Disabilities, CDC, since 2001. The grant has been administered by Odense University Hospital and Aarhus University (AU) under the direction of Dr. Poul Thorsen.

The grant has multiple components and involves collaborators at other institutions in Denmark, including the University of Copenhagen and SSI (Statens Serum Institut). This successful collaboration has resulted in numerous valuable scientific results, and many more are forthcoming.

Unfortunately, a considerable shortfall in funding at Aarhus University associated with the CDC grant was discovered. In investigating the shortfalls associated with the grant, DASTI and Aarhus University became aware of two alleged CDC funding documents as well as a letter regarding funding commitments allegedly written by Randolph B. Williams of CDC's Procurement Grants Office which was used to secure advances from Aarhus University.

Upon investigation by CDC, a suspicion arose that the documents are forgeries.

DASTI conducted an internal investigation of the authenticity of the documents and have filed a police report with no specific person named in the filing. A police investigation is ongoing.

In March 2009, Dr. Thorsen resigned his faculty position at Aarhus University. In the meantime, it has come to the attention of Aarhus University that Dr Thomsen has continued to act in such a manner as to create the impression that he still retains a connection to Aarhus University after the termination of his employment by the university. Furthermore, it has come to the attention of Aarhus University that Dr Poul Thorsen has held full-time positions at both Emory University and Aarhus University simultaneously. Dr Thorsens double Full-time employment was unauthorised by Aarhus University, and he engaged in this employment situation despite the express prohibition of Aarhus University.

Conclusion: Aarhus University wishes to confirm that Dr Poul Thorsen no longer has any connection to Aarhus University, and that Aarhus University will not be able to collaborate with Poul Thorsen in the future. To the extent that other parties collaborating with Aarhus University wish to draw on Poul Thorsen's expertise, Aarhus University will only accept such collaboration if it has the purpose of securing data or protecting the interests of participating researchers and funding agencies.

Jørgen Jørgensen

Managing Director

Age of Autism

Dan Olmsted, Mark Blaxill

Poul Thorsen's Mutating Resume

Age of Autism, 10 March 2010
http://www.ageofautism.com/2010/03/poul-thorsens-mutating-resume.html

In bits and pieces, in Danish and English, from three universities in two hemispheres and the CDC in Atlanta, a picture has begun forming in the past few days that is already startling in its outline: Paul Thorsen, one of the key scientists involved in CDC-backed studies exonerating vaccines as a cause of autism, is under investigation for collecting millions of dollars in bogus "grant" money, misrepresenting himself to his employers and the world and possibly forging the documents that enabled the scam.

Even more astonishing, it appears the CDC and several other major autism research centers have known about this for months and stayed publicly silent, even as the debate over autism and vaccines has reached several decisive moments -- and a new decision is expected any day from U.S. vaccine court. The CDC in particular would have a hard time claiming ignorance about the suspected crime -- at least three of the forged documents were in the agency's name, and it helped uncover the fraud last year.

In addition, several current CDC employees including Drs. Diana Schendel, Marshalyn Yeargin-Allsopp and Catherine Rice were affiliated with Thorsen's now-defunct research group. Age of Autism has obtained Internet-archived pages from the Web site of the North Atlantic Neuro-Epidemiology Alliances (NANEA) that list the members of the "Atlanta autism team" including Schendel, Yeargin-Allsopp and Rice, all of whom have been in leadership positions in the CDC's autism epidemiology projects. Schendel is described as NANEA's "coordinator at Centers for Disease Control and Prevention, Atlanta, USA." (The CDC did not respond to phone and e-mail requests for comment.)

Meanwhile, Thorsen apparently continues his involvement on an American Psychiatric Association committee that is revising the classification of autism for the next Diagnostic and Statistical Manual of Mental Disorders – a change that could affect how the prevalence of the disorder is calculated and its victims compensated and treated. (The APA did not respond to phone and e-mail requests for comment.)

Thorsen's resume, dated Jan. 22, 2010, remains on the DSM 5 Working Group members page. He lists himself as "Adjunct Associate Professor, Department of Epidemiology and Biostatistics, School of Public Health, Drexel University, Philadelphia, PA, USA."

=> https://www.rescuepost.com/files/thorsen---disclosure---1-22-10.pdf

There is also an earlier Thorsen resume still available on an APA directory dated Jan. 12, just 10 days earlier, that differs substantially from the Jan. 22 update. On that earlier resume, Thorsen calls himself "Associate Professor, Department of Epidemiology, Institute of Public Health, University of Aarhus, Denmark, & Professor, Department of Epidemiology, Rollins School of Public Health, Emory University, Atlanta, USA."

=> https://www.rescuepost.com/files/thorsen---disclosure---1-11-10.pdf

What happened in 10 days to change Thorsen's bona fides so substantially – going from apparently tenured positions at two leading autism research universities to a part-time adjunct professorship at another school?

Follow the chronology: On Jan. 22 – the day the new resume is dated – the University of Aarhus issued a statement "to whom it may concern" contradicting key parts of that first resume: “In March 2009, Dr. Thorsen resigned his faculty position at Aarhus University,” the statement said, meaning, obviously, he could not have been an associate professor of epidemiology as he was claiming as late as Jan. 12, 2010. => https://www.rescuepost.com/files/thorsen-aarhus-1.pdf

“In the meantime, it has come to the attention of Aarhus University that Dr Thomsen [sic] has continued to act in such a manner as to create the impression that he still retains a connection to Aarhus University after the termination of his employment by the university.” Of course, one way this could have come to its attention was through a resume posted at the American Psychiatric Association in which Thorsen still stated exactly that.

“Furthermore,” the statement said, “it has come to the attention of Aarhus University that Dr Poul Thorsen has held full-time positions at both Emory University and Aarhus University simultaneously. Dr Thorsens [sic] double Full-time employment was unauthorised by Aarhus University, and he engaged in this employment situation despite the express prohibition of Aar- hus University.”

Thorsen’s resume, revised and re-posted the same day as the Aarhus statement, drops the statement that he is a professor at Aarhus AND Emory, now citing only a loose academic affiliation with Drexel. It also now says his affiliation with Aarhus ended in 2008, not, as he had said 10 days earlier, that it existed “from 1998” forward to the present day. And in the update he cuts short his Emory professorship as well, saying he was at the Atlanta school in 2008-2009 (rather than from 2008 through the present). That chronology makes his tenures at Aarhus and Emory consecutive, not concurrent. Unfortunately for Thorsen, that contradicts his own original resume – and Emory contradicts the claim he was still there in 2010. On Feb. 21, 2010, the Danish publication Politiken reported [in translation]: “'He is no longer employed at Emory. He was part time occupied at the department of epidemiological research from 2003 and from April 2008 to June 2009 as full time research professor' informs assistant vice director at Emory University Sarah E. Goodwin."

All this, telling though it is in terms of favoring Aarhus’s version of events, is the least of it. The other part of the Aarhus statement said that Thorsen administered a multimillion-dollar grant from the CDC. Without naming him further, Aarhus goes on to state: “Unfortunately, a considerable shortfall in funding at Aarhus University associated with the CDC grant was discovered. In investigating the shortfalls associated with the grant, DASTI and Aarhus University became aware of two alleged CDC funding documents as well as a letter regarding funding commitments allegedly written by Randolph B. Williams of CDC's Procurement Grants Office which was used to secure advances from Aarhus University. Upon investigation by CDC, a suspicion arose that the documents are forgeries.

“DASTI conducted an internal investigation of the authenticity of the docu- ments and have filed a police report with no specific person named in the fil- ing. A police investigation is ongoing.”

Multiple Danish news sources make clear that the only suspect in any ongoing investigation anywhere is the person who held the administrative post in question and subsequently left the university – Thorsen. By now, given the fact that the CDC’s own investigation turned up the fraud, the agency presumably has had plenty of time to mull the implications. Just last month, well after the CDC had been contacted by Aarhus and determined that documents had been forged in its name, and in the middle of the Lancet’s retraction of a paper on the MMR’s possible role in the autism epidemic, the CDC’s Tom Skinner told the New York Times that the retraction “builds on the overwhelming body of research by the world’s leading scientists that concludes there is no link between M.M.R. vaccine and autism.”

Thorsen, of course, is pre-eminently one of those leading scientists and was a co-author of a New England Journal of Medicine study on the MMR. Thorsen and Aarhus, as we’ve reported for years, made important contributions to some of the most influential autism-vaccine mercury (thimerosal) studies – studies disputed as poorly done and unconvincing by critics that over the years have grown to include the head of a panel mandated by Congress to study the issue. But based on five studies, three of which included Aarhus – and one of which Thorsen co-authored – the U.S. Institute of Medicine concluded in 2004 that “the evidence now favors rejection of a relationship between thimerosal and autism.” // The question becomes, how strong is that evidence *now*?

THE FLU CASE

Robert F. Kennedy, Jr.

Validity of autism vaccine studies in question after Danish research scandal

The Flu Case, 11 March 2010, 11:25 AM
https://web.archive.org/web/20100325183921/http://www.theflucase.com/index.php?option=com_content&view=article&id=2989%3Avalidity-of-autism-vaccine-studies-in-question-after-danish-research-scandal-writes-robert-f-kennedy&catid=41%3Ahighlighted-news&Itemid=105&lang=en

A central figure behind the Center for Disease Control's (CDC) claims disputing the link between vaccines and autism and other neurological disorders has disappeared after officials discovered massive fraud involving the theft of millions in taxpayer dollars. Danish police are investigating Dr. Poul Thorsen, who has vanished along with almost $2 million that he had supposedly spent on research.

Thorsen was a leading member of a Danish research group that wrote several key studies supporting CDC's claims that the MMR vaccine and mercury-laden vaccines were safe for children. Thorsen's 2003 Danish study reported a 20-fold increase in autism in Denmark after that country banned mercury based preservatives in its vaccines. His study concluded that mercury could therefore not be the culprit behind the autism epidemic.

His study has long been criticized as fraudulent since it failed to disclose that the increase was an artifact of new mandates requiring, for the first time, that autism cases be reported on the national registry. This new law and the opening of a clinic dedicated to autism treatment in Copenhagen accounted for the sudden rise in reported cases rather than, as Thorsen seemed to suggest, the removal of mercury from vaccines. Despite this obvious chicanery, CDC has long touted the study as the principal proof that mercury-laced vaccines are safe for infants and young children. Mainstream media, particularly the New York Times, has relied on this study as the basis for its public assurances that it is safe to inject young children with mercury – a potent neurotoxin – at concentrations hundreds of times over the U.S. safety limits.

Thorsen, who was a psychiatrist and not a research scientist or toxicologist, parlayed that study into a long-term relationship with CDC. He built a research empire called the North Atlantic Epidemiology Alliances (NANEA) that advertised its close association with the CDC autism team, a relationship that had the agency paying Thorsen and his research staff millions of dollars to churn out research papers, many of them assuring the public on the issue of vaccine safety.

The discovery of Thorsen's fraud came as the result of an investigation by Aarhus University and CDC which discovered that Thorsen had falsified documents and, in violation of university rules, was accepting salaries from both the Danish university and Emory University in Atlanta – near CDC headquarters – where he led research efforts to defend the role of vaccines in causing autism and other brain disorders. Thorsen's center has received $14.6 million from CDC since 2002.

Thorsen's partner Kreesten Madsen recently came under fierce criticism after damning e-mails surfaced showing Madsen in cahoots with CDC officials intent on fraudulently cherry picking facts to prove vaccine safety.

Leading independent scientists have accused CDC of concealing the clear link between the dramatic increases in mercury-laced child vaccinations beginning in 1989 and the epidemic of autism, neurological disorders and other illnesses affecting every generation of American children since. Questions about Thorsens's scientific integrity may finally force CDC to rethink the vaccine protocols since most of the other key pro vaccine studies cited by CDC rely on the findings of Thorsen's research group. These include oft referenced research articles published by the Journal of the American Medical Association, the American Journal of Preventive Medicine, the American Academy of Pediatrics, the New England Journal of Medicine and others. The validity of all these studies is now in question.

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F. William Engdahl

Corrupt Scientist who lied about vaccines and autism vanishes with millions

The One Click Group, 12 March 2010

https://web.archive.org/web/20130605130021/http://www.theoneclickgroup.co.uk/documents/vaccines/Corrupt%20Scientist%20who%20lied%20about%20vaccines%20and%20autism%20vanishes%20with%20millions.pdf

A Danish psychiatrist (sic!) who played a central role in attempting to whitewash the role of mercury preservatives used in vaccines and the explosive rise in infant autism has apparently stolen $2 million of government research money and vanished. It is yet another black mark on the entire corruption edifice behind the pharma industry and their misuse of vaccines.

Robert F. Kennedy Jr.

According to a report from American lawyer and autism activist, Robert F. Kennedy, Jr., son of the assassinated Senator, Dr Poul Thorsen was given millions of dollars by the apparently equally corrupt US Government Center for Disease Control (CDC) to try to disprove the links between infant vaccination and the explosive growth of child autism. Kennedy, who is Chairman of the Waterkeeper Alliance and a law professor at Pace University, has been a prominent critic of the use of mercury-based Thimerosal as a preservative in vaccines given to infants.

Kennedy's prominent claims and independent statements from leading scientists led to a ban on mercury in US vaccines. However, ever since the CDC and the vaccine industry have tried to claim that Thimerosal is harmless. The key figure in that effort was Thorsen.

Thorsen was the head of a Danish research group that wrote several key studies supporting CDC's claims that the mercury-laden MMR, the standard Measles-Mumps-Rubella vaccines typically given to infants in the first months of life were safe for children. He published a 2003 Danish study that claimed a 20-fold increase in autism in Denmark after that country banned mercury based preservatives in its vaccines. He concluded that mercury could therefore not be the culprit behind the autism epidemic.

An investigation by Aarhus University and CDC discovered that Thorsen had falsified documents and, in violation of university rules, was accepting salaries from both the Danish university and Emory University in Atlanta, near CDC headquarters, where he led research efforts to defend the role of vaccines in causing autism and other brain disorders. Thorsen has received $14.6 million from US Government's CDC since 2002. His associate and partner, Kreesten Madsen was recently discovered conspiring with CDC officials to fraudulently select only favourable data to "prove" vaccine safety.

Investigation uncovered the fraud of the widely-cited Thorsen study on the alleged safety of mercury in vaccines for infants. He conveniently failed to note that the 20-fold rise in Danish autism was merely due to a new Danish law requiring for the first time that cases of autism be reported in the national registry, something not previously the case. That and the opening of a national autism clinic in Copenhagen were the sole cause of the rise according to investigation. Despite this obvious chicanery, CDC continued to cite the study as the principal proof that mercury-

laced vaccines are safe for infants and young children. Mainstream media, particularly the New York Times, cite the Thorsen study as the basis for its public assurances that it is safe to inject young children with mercury – a potent neurotoxin – at concentrations hundreds of times over the US safety limits.

Thorsen, is a psychiatrist and not a research scientist or toxicologist, but managed to build a long-term relationship with CDC. He built a research empire called the North Atlantic Epidemiology Alliances (NANEA) that advertised its close association with the CDC autism team. Now Danish police are investigating Thorsen for criminal fraud charges and claim that he has disappeared along with $2 million in US taxpayer money from the CDC.

Numerous independent scientists have accused CDC of concealing the clear link between the dramatic increases in mercury-laced child vaccinations beginning in 1989 and the epidemic of autism, neurological disorders and other illnesses affecting every generation of American children since. Questions about Thorsens's scientific integrity may finally force CDC to rethink the vaccine protocols since most of the other key pro vaccine studies cited by CDC rely on the findings of Thorsen's research group, including articles published by the Journal of the American Medical Association, the American Journal of Preventive Medicine, the American Academy of Pediatrics, the New England Journal of Medicine and others. The validity of all these studies is now in question, claims Professor Kennedy.

THE HUFFINGTON POST

Robert F Kennedy, Jr

Central Figure in CDC Vaccine Cover-Up Absconds With $2M

Huffington Post, 12 March 2010, 11:36
https://web.archive.org/web/20100314051836/http://www.huffingtonpost.com/robert-f-kennedy-jr/central-figure-in-cdc-vac_b_494303.html

A central figure behind the Center for Disease Control's (CDC) claims disputing the link between vaccines and autism and other neurological disorders has disappeared after officials discovered massive fraud involving the theft of millions in taxpayer dollars. Danish police are investigating Dr. Poul Thorsen, who has vanished along with almost $2 million that he had supposedly spent on research.

Thorsen was a leading member of a Danish research group that wrote several key studies supporting CDC's claims that the MMR vaccine and mercury-laden vaccines were safe for children. Thorsen's 2003 Danish study reported a 20-fold increase in autism in Denmark after that country banned mercury based preservatives in its vaccines. His study concluded that mercury could therefore not be the culprit behind the autism epidemic.

His study has long been criticized as fraudulent since it failed to disclose that the increase was an artifact of new mandates requiring, for the first time, that autism cases be reported on the national registry. This new law and the opening of a clinic dedicated to autism treatment in Copenhagen accounted for the sudden rise in reported cases rather than, as Thorsen seemed to suggest, the removal of mercury from vaccines. Despite this obvious chicanery, CDC has long touted the study as the principal proof that mercury-laced vaccines are safe for infants and young children. Mainstream media, particularly the New York Times, has relied on this study as the basis for its public assurances that it is safe to inject young children with mercury – a potent neurotoxin – at concentrations hundreds of times over the U.S. safety limits.

Thorsen, who was a psychiatrist and not a research scientist or toxicologist, parlayed that study into a long-term relationship with CDC. He built a research empire called the North Atlantic Epidemiology Alliances (NANEA) that advertised its close association with the CDC autism team, a relationship that had the agency paying Thorsen and his research staff millions of dollars to churn out research papers, many of them assuring the public on the issue of vaccine safety.

The discovery of Thorsen's fraud came as the result of an investigation by Aarhus University and CDC which discovered that Thorsen had falsified documents and, in violation of university rules, was accepting salaries from both the Danish university and Emory University in Atlanta - near CDC headquarters - where he led research efforts to defend the role of vaccines in causing autism and other brain disorders. Thorsen's center has received $14.6 million from CDC since 2002.

Thorsen's partner Kreesten Madsen recently came under fierce criticism after damning e-mails surfaced showing Madsen in cahoots with CDC officials intent on fraudulently cherry picking facts to prove vaccine safety.

Leading independent scientists have accused CDC of concealing the clear link between the dramatic increases in mercury-laced child vaccinations beginning in 1989 and the epidemic of autism, neurological disorders and other illnesses affecting every generation of American children since. Questions about Thorsens's scientific integrity may finally force CDC to rethink the vaccine protocols since most of the other key pro vaccine studies cited by CDC rely on the findings of Thorsen's research group. These include oft referenced research articles published by the Journal of the American Medical Association, the American Journal of Preventive Medicine, the American Academy of Pediatrics, the New England Journal of Medicine and others. The validity of all these studies is now in question.

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PR Newswire

Federal Vaccine Court Rules Against Autism Families

PR Newswire, 12 March 2010, 03:47 ET
https://www.prnewswire.com/news-releases/federal-vaccine-court-rules-against-autism-families-87495532.html

Government's Refusal to Fund Sound Science Stacks Deck Against Vaccine-Injured Children and Casts Doubt on the Integrity of the National Immunization Program says SafeMinds.

Washington, March 12 /PRNewswire-USNewswire/ -- Autism and mercury advocacy organization Safe-Minds regrets today's ruling by the U.S. Court of Federal Claims against three families who argued that vaccines which contained the mercury-based preservative thimerosal contributed to their child's autism. The denial of reasonable compensation to families was based on inadequate vaccine safety science and poorly designed and highly controversial epidemiology studies supported by the Centers for Disease Control and Prevention.

The Department of Health and Human Services (HHS) is the defendant in vaccine injury cases and is also responsible for carrying out the very vaccine safety research that should be integral to court decisions. This conflict of interest means the deck is stacked against families when they enter "vaccine court" and is yet one more reason for parents to doubt the integrity of the National Immunization Program.

"The government has its thumb on the scales of justice," said Laura Bono, parent of a vaccine injured child whose case was dismissed. "The Vaccine Injury Compensation Act passed by Congress in 1986 gave immunity to vaccine manufacturers and diminished the incentive to create safer products. Meanwhile, the law only gives the illusion that parents will have their day in court. The process is dysfunctional and many families will not see justice done."

Two HHS agencies, the Centers for Disease Control and Prevention (CDC) and the National Institutes of Health (NIH), are responsible for conducting vaccine safety research. Calling into question the scientific integrity of this research, a top CDC-funded vaccine researcher, Poul Thorsen, responsible for the oversight of some of the most influential and controversial studies that have been claimed as evidence for no link between autism and thimerosal, is alleged to be under investigation when funding documents were found to be forgeries and millions of dollars were missing.

The director of the NIH institute in charge of autism studies has admitted that HHS has a conflict of interest in conducting autism-vaccine research due to the court cases. Last year, the government-dominated Interagency Autism Coordinating Committee blocked critical vaccine-autism research studies from moving forward. "The government must fund an extensive vaccine safety program, including studies of the health outcomes of vaccinated and unvaccinated children," stated Lyn Redwood, Vice President of SafeMinds. "Trust in the immunization program will continue to deteriorate without adequate and unbiased safety science."

Over 5,000 petitions have been filed in the vaccine court alleging that vaccines caused a variety of damage to the developing brain, immune system, and other metabolic pathways ultimately giving rise to a diagnosis of autism. Already, the court has awarded approximately $5 million in compensation for such cases, of which the Hannah Poling case is the most well-known. Many of these cases were

quietly settled by the government so the public is not aware of them. Thus the court has already decided that vaccine injury is linked to autism. Today's ruling against families demonstrates that the process is arbitrary. The question is not whether some cases of autism have a vaccine etiology. The government has admitted that. The only remaining question is how many kids have been injured – and what must be done now to treat these kids and prevent further injury.

SafeMinds wishes to recognize the bravery and perseverance of the families who now may face a lifetime of inadequate support for their disabled children.

The Coalition for SafeMinds (Sensible Action for Ending Mercury-Induced Neurological Disorders) is a nonprofit organization founded to investigate and raise awareness of the risks to infants and children of exposure to mercury from medical products, including thimerosal in vaccines. Further information about SafeMinds and the harmful effects from mercury exposure may be found at www.safeminds.org

=> https://edition.cnn.com/2010/HEALTH/03/12/vaccine.court.ruling.autism/index.html?hpt=Sbin

Occupational Therapists in Brewster, NY

Candy Lashkari

Washington State mercury-limit suspension for swine flu vaccine ends

MediCareUSA 24 March 2010, 04:47

https://web.archive.org/web/20100601143251/http://www.theflucase.com/index.php?option=com_content&view=article&id=3134%3Awashington-state-mercury-limit-suspension-for-swine-flu-vaccine-ends&catid=1%3Alatest-news&Itemid=64&lang=en

When it comes to some diseases prevention still is better than cure and swine flu is one such disease. The sheer global panic that gripped nations last year is hard to forget. The PanvaxH1N1 vaccine is specifically manufactured to target the influenza (A) H1N1 strain known more popularly as swine flu. Getting the flu shots may be crucial in prevention of spread of the highly contagious disease. Health officials say that the H1N1 strain of flu is still circulating but at low levels.

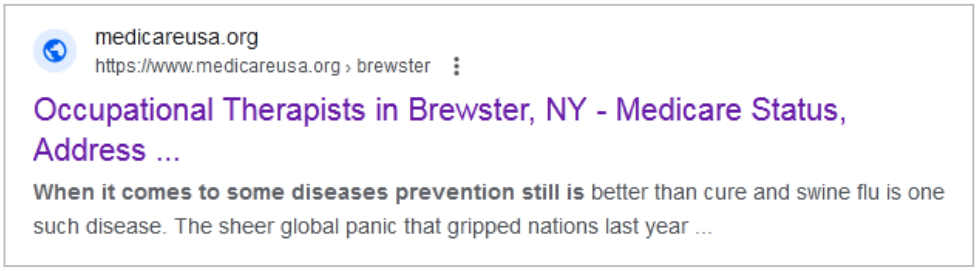
The Washington State Health Department has just lifted a limit on the amount of thimerosal that can be added to the H1N1 swine flu vaccine so that pregnant women and children under three can be immunized. The limits were suspended last fall when supplies of mercury-free vaccine were limited, possibly preventing vaccination of pregnant women and children under three who wanted to be immunized.

Thimerosal has been added to the majority of swine flu vaccines last year and this year as it was produced in large vials with medication for 10 shots. The preservative has a mercury compound which kills bacteria and lowers the risk of the drug getting contaminated by needles used to withdraw separate doses from the vial. Although the preservative thimerosal has not been linked to any health problems, the compound has had a murky history with many believing a link to autism exist, however to date no conclusive evidence of this link has been found.

Secretary of Health Mary Selecky said that, “Pregnant women were hit especially hard by H1N1 infections and younger children were at high risk, so we wanted to give them vaccine options. Suspending the limits made the vaccine more widely available to vulnerable people at a time when supplies were low and production was slow, but that’s no longer the case. There’s plenty of vaccine for everyone, and vaccination is the best protection against H1N1”.

The vaccination is being touted as the best protection against both swine flu and the seasonal flu. Children under ten need two shots and children over ten need just one dose. The effects of the pandemic which hit the world last year are now being studied in terms of public health impact now.

“We conclude that the 2009 A/H1N1 pandemic virus had a substantial health burden in the US over the first few months of circulation in terms of years of life lost, justifying the effort to protect the population with vaccination programs," says a report.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Occupational Therapists in Brewster, NY - Medicare Status, Address ...
When it comes to some diseases prevention still is better than cure and swine flu is one such disease. The sheer global panic that gripped nations last year ...

Andrew Wakefield

Dr Andrew Wakefield

Statement from Dr. Andrew Wakefield regarding the GMC Hearing Sanctions

6 April 2010, 11:39

https://web.archive.org/web/20100426101625/http://vaccineresistancemovement.org/?p=329
http://www.rescuepost.com/files/final-us-statement-ajw.pdf

"On Wednesday April 7th, General Medical Council (GMC) lawyers will demand that I and likely two other doctors involved in the MMR-autism case should be erased from the UK's medical register, removing our license to practice medicine.

Doctors' regulators have found the three of us - Professor John Walker-Smith, Professor Simon Murch and me - guilty of undertaking research on children with autism without approval from an ethics committee.

We can prove, with extensive documentary evidence, that this conclusion is false.

Let me make it absolutely clear that, at its heart, the GMC hearing has been about the protection of MMR vaccination policy. The case has been driven by an agenda to crush dissent that in my opinion serves the government and the pharmaceutical industry — not the welfare of children. It's important to note that there has never been a complaint against any of the doctors by any parent involved in this case – only universal parental support and gratitude.

My colleagues, Professors Walker-Smith and Murch, are outstanding pediatricians and pediatric gastroenterologists. They have led the field of pediatric gastroenterology for decades, devoting their lives to caring for sick children. Our only "crime" in this matter has been to listen to the concerns of parents, act according to the demands of our professional training, and provide appropriate care to this neglected population of children. It is unthinkable that at the end of an unimpeachable career, Professor Walker-Smith would even consider unethical experimentation on children under his care.

In the course of our work, we discovered and treated a new intestinal disease syndrome in children with autism, alleviating suffering in affected children around the world. This should be cause for celebration. Instead, we have been vilified in the press, and demonized by a wasteful PR campaign by the Department of Health. The aim of this negative publicity was to discredit my criticism of vaccine safety research.

Sadly, my colleagues have suffered severe collateral damage in this effort to prevent valid scientific enquiry. They should be exonerated, and left alone with their reputations intact, in the certain knowledge that they have done only what is right.

The loss of my own medical license is, unfortunately, the cost of doing business. Although I do not take this loss lightly, the suffering - so much of it unnecessary - that I have seen among those affected by this devastating disease makes the professional consequences for me a small price to pay by comparison.

As long as a question mark remains over vaccine safety; as long as a safety-first vaccine policy is subordinate to profit and self-interest; as long as the benefits of vaccines are threatened by those who have compromised public confidence by denial of vaccine damage, and as long as these children need help; I will continue my work."

Prakash Sharma

Doctor's to be erased from UK's Medical Register

Top News, 6 April 2010, 12:30
https://web.archive.org/web/20180629230231/http://topnews.us/content/215533-doctor-s-be-erased-uk-s-medical-register

On Wednesday, April 7 it will be demanded by the lawyers to erase the names of 3 doctors' from the UK medical register who were involved in the MMR-autism case. The 3 doctors are guilty for the research they had performed on children with autism without the approval from the Ethics committee.

It has been told by the lawyers that the hearing was about the about the security of the MMR vaccination policy and to crush the dispute, the case has been driven by a plan, which serves the government and the pharmaceutical companies and is not for the welfare of the children.

They also said that no complaints had been launched by the parents against any doctors engaged in this case.

Professors Walker-Smith and Murch said that they found a new way to treat a new intestinal disease syndrome with autism. This treatment would help the suffering children around the world. They said that instead of celebrating this they are being disparaged in the press.

The doctor said that losing his medical license was a loss to his medical career. He also mentioned that as far as these children need help, he would continue his work.

It was committed by Dr Andrew Wakefield who is an academic gastroenterologist that he would do some research on the role of intestinal inflammation and dysfunction in childhood development disorders.

yahoo!

Maria Cheng

Britain bans doctor who linked autism to vaccine

Yahoo News, 24 May 2010, 4:02 pm ET

https://web.archive.org/web/20100526205455/http://news.yahoo.com/s/ap/20100524/ap_on_sc/eu_britain_autism_doctor

LONDON – A doctor who persuaded millions of parents worldwide that a common vaccine could cause autism was barred from practicing medicine in his native Britain on Monday after the country's top medical group found he conducted his research unethically.

Dr. Andrew Wakefield was the first researcher to publish a peer-reviewed study suggesting a connection between autism and the vaccine for measles, mumps and rubella. That prompted legions of parents to abandon the vaccine in moves that epidemiologists feared could lead to outbreaks of the potentially deadly diseases.

Vaccination rates in Britain and other rich countries have not fully recovered since Wakefield and his colleagues' research was published in 1998 and there are measles outbreaks across Europe every year. There are also sporadic outbreaks of the disease in the U.S.

His study in the medical journal Lancet was widely discredited, however, after Britain's medical regulator found it did not meet ethical standards; other studies found no link; and a British journalist revealed Wakefield had been paid by lawyers of parents who suspected their children were harmed by the vaccine.

Wakefield, 53, moved to the U.S. in 2004 and set up an autism center in Texas, where he gained a wide following despite not being licenced as a doctor there, and faced similar skepticism from the medical community. He quit earlier this year.

Britain's General Medical Council was acting Monday on a January ruling that said Wakefield and two other doctors acted unethically and showed a "callous disregard" for the children in their study. The medical body said Wakefield took blood samples from children at his son's birthday party, paying them 5 pounds (today worth $7.20) each and later joked about the incident.

The council, which licenses and oversees doctors, found him guilty of serious professional misconduct and stripped him of his right to practice medicine in the U.K. Wakefield said he plans to appeal the ruling, which takes effect within 28 days. The investigation focused on how Wakefield and colleagues carried out their research, not on the science behind it.

Wakefield said in January that the medical council's investigation was an effort to "discredit and silence" him to "shield the government from exposure on the (measles) vaccine scandal."

Appearing from New York on NBC's "Today Show" on Monday, Wakefield described the British decision as "a little bump on the road." He claimed the U.S. government has been settling cases of vaccine-induced autism since 1991.

Wakefield said the council's ruling against him had been "made from the outset" and vowed to continue his research into the link between vaccines and autism.

"These parents are not going away; the children are not going to go away and I most certainly am not going away," he said.

Numerous studies have been conducted since Wakefield's and none has found a connection between autism and any vaccine.

Two rulings by a special branch of the U.S. Court of Federal Claims in March and last year found no link between vaccines and autism. But more than 5,500 claims have been filed by families seeking compensation for children believed to have been hurt by the measles vaccine.

Wakefield has garnered much support from parents suspicious of vaccines, including some Hollywood celebrities. In February, U.S. actress Jenny McCarthy, who has an autistic son, issued a statement with her former partner Jim Carrey.

"It is our most sincere belief that Dr. Wakefield and parents of children with autism around the world are being subjected to a remarkable media campaign engineered by vaccine manufacturers," McCarthy and Carrey said in February. "Dr. Wakefield is being vilified through a well-orchestrated smear campaign."

In Monday's ruling, the medical council said Wakefield abused his position as a doctor and "brought the medical profession into disrepute."

At the time, Wakefield was working as a gastroenterologist at London's Royal Free Hospital and did not have the ethical approval to conduct the study. The study suggested autistic children had a new bowel disease and raised the possibility of a link between autism and vaccines. He had also been paid to advise lawyers representing parents who believed their children had been hurt by the measles, mumps and rubella vaccine.

Ten of the study's authors later renounced its conclusions and it was retracted by the Lancet in February.

At least a dozen British medical associations including the Royal College of Physicians, the Medical Research Council and the Wellcome Trust have issued statements verifying the safety of the measles, mumps and rubella vaccine.

This verdict is not about (the measles) vaccine," said Adam Finn, a professor of pediatrics at the University of Bristol Medical School. "We all now know that the vaccine is remarkably safe and enormously effective...we badly need to put this right for the sake of our own children and children worldwide."

Ethan A. Huff

Multiple studies link autism to mercury, which is still present in most flu vaccines

Natural News, 12 March 2011
https://www.naturalnews.com/031678_mercury_autism.html

(NaturalNews) Despite recommendations made by the US Centers for Disease Control and Prevention (CDC) in 1999 that Thimerosal, a mercury-based preservative, be removed from vaccines, the toxic chemical is still added to the majority of flu vaccines administered to women, children, and the elderly, according to the Coalition for Mercury-Free Drugs (CoMeD), a Maryland-based non-profit organization. And according to three recent studies, the symptoms of mercury poisoning are nearly identical to those of autism symptoms, which strongly suggests that mercury in vaccines is responsible for causing autism.

Mercury is already a known neurotoxin that causes cancer (carcinogen), damages DNA (mutagen), alters proper embryonic development (teratogen), and disrupts the immune system. It is exactly the type of harmful chemical that you would never want to put in your body, and yet it is still added in the form of Thimerosal to millions of flu vaccines administered to the public.

"We have scientific studies clearly demonstrating that mercury causes neurological damage, and we have a cost-effective alternate that has already been used to replace Thimerosal as the preservative in vaccines," said Dr. Paul G. King, PhD, science advisor to CoMeD.

One such study published in the December 2010 issue of the journal *Folia Neuropathologica* explains that the mercury used in vaccines appears to directly cause neurodevelopmental disorders like autism. => Lasting neuropathological changes in rat brain after intermittent neonatal administration of thimerosal. – Folia Neuropathol. 2010;48(4):258-69. https://pubmed.ncbi.nlm.nih.gov/21225508/

Another study published in the journal *Middle East Current Psychiatry* states that "[m]ercury poisoning and autism have nearly identical symptoms".

=> Elsheshtawy E., et al. Study of some biomarkers in hair of children with autism. – Middle East Current Psychiatry 18(1):p 6-10, January 2011. DOI: 10.1097/01.XME.0000392842.64112.64.

And a study recently published in the Journal of Immunotoxicology directly states that "[n]ot only is every major symptom of autism documented in cases of mercury poisoning but also biological abnormalities in autism are very similar to side effects of mercury poisoning itself."

=> Ratajczak H.V. Theoretical aspects of autism: Causes. – J Immunotoxicology, 2011, 8(1): 68-79. https://doi.org/10.3109/1547691X.2010.545086 https://www.tandfonline.com/doi/full/10.3109/1547691X.2010.545086

It remains unclear why the toxic preservative is still used in vaccines -- especially when there are safer alternatives available – and why mainstream science continues to deny the obvious and scientifically-verifiable link between mercury and autism. The issue is not even one of opposition to vaccinations as much as it is one of opposition to neurotoxic poisons like Thimerosal that continue to deliberately be added to them.

The Sovereign Independent

Sherri Teneenhy

Challenging the Vaccine Dogma

The Sovereign Independent, June 2011
https://www.daily-sun.com/post/515893/Depopulation-through-force

Achilling, conticunt pattern exists in stories told by parent: My child was normal, happy, and healthy. He was walking, learnine to talk and playing with his sibling. He was on track developmentally, and everything was normal. At his one-year well baby check up, the doctor said it was time for his neat round of shots. Unquestioning, the shots were given. Within weeks, he was autistic.

The repons vary slightly an content and timing, but the descriptions of thousand of children who suddenly regress into the isolated world of autism are eerily the same.

What is Dogma?

Webster's defines dogma as "*a doctrine*; *a positive arrogant assertion of opinion*" Taking off from this definition, medical dogmas certainly abound. Many have survived for decades simply because an assertion was made and then neva questioned. Over time. the allegation was assumed to be fact.

An early example of dogma in the vaccine industry occurred in 1913 when Dr. Simon Flexnor held out that polio was a disease caused by a virus entering the body through the nose and mouth. He postulated that paralysis arose when the virus traveled directly from the sinuses to the brain and the spinal cord. Flexnor's assertions about the mode of paralysis were never reproduced and it is now known that polio is a gastrointestinal virus, not a respiratory virus.

Difficulties in developing a vaccine occurred because he propagated a dogma that the polio virus would only grow in neurological tissue, a culture media that was assoiated with life-threatening encephalitis in experimental animals.[1] No one attempted to use other types of tissue cultures to grow polioviruses. His solo paper remained unquestioned dogma for 25 years until Dr. John Enders found, serendipitously, that the virus would indeed grow in a vanety of different tissues. When Enders' revolutionary discovery was published in Science, January 28, 1949, the entire virology community immediately accepted the new findings. The polio vaccine was produced within five years. A scientific claim passed off at dognn vanished when challenged by scientific fact.

Present day vaccine dogma is promoted by The Institute of Medicine (IOM), a group of ostensibly impartial physicians, scientists and researchers. After reviewing the industry-funded research papas concluding there is no connection between vacanes and autism, the IOM similarly concludes there is no connection between vaccines and autism. How could they come to any other conclinion?

The phrase, "*temporal osnociation does not pave causality*" means that even though two events occur at the same time, one even does not cause the other. The IOM supports the dogma purported by the American Academy of Pediatrics: Since autism occurs chronologically around the same time as the first year vaccinutions, angry parents need something to blame.

The medical dogma supporting this position is the assertion that "*temporal association does not prove causality*." Simply pa the phase means that even though two events occur at nearly the same time, one event is not the cause of the other. The implication is that regression into autism would lave happened anyway. The admmistration of several vaccines immediately before the appearence of autism had nothing to do with it a dogma that promotes "*the child is to blame, not the vaccine*." Similarly, intense investigations are searching for a genetic cause fur autism spectrum disorders.[2]

The identification of a corrupted gene will point an incriminating finger at defective parents as the "cause" of their child's autism.

The following statement was published in the Center for Disease Control's publication on infection diseases, referred to as The Pink Book:

"There to no distinct syndrome from vaccine administration and therefore, many temporally associated adverse events probably represent background illness rather than illness caused by the vaccine ... the [vaccine] may stimulate or precipitate inevitable symptoms of underlying CNS disorder, such as seizures, infantile spasms, epilepsy or SIDS. By chance alone some of these cases will seem to be temporally related to [the vaccine]".[3]

With the rate of autism being one in every 150 children in the US and a new high of one in every 58 children in the U.K. an urgent investigation needs to be undertaken to establish if unvaccinated 12 to 18 month old children soddenly become autistic. There has been no answer to this question, in fact no one has even looked.

Safety Assumptions

The classic example of unquestioned dogma is the long held notion that the sun rotated around the earth. In 1530, Copernicus challenged the assumption with evidence that the earth rotated on its axis once daily and traveled around the sun once yearly. A fantastic concept for the times the new information was considered heresy. Later, when Galileo supported Copernicus conclusions, he was imprisoned subjected to a trial by Holy Inquiaitioners, and forced to withdraw his evidence to save his own life.

Similarly, parents am forced into vaccination decisions by modern day medical inquisitionas. Threats include expulsion from the medical practice and calls to children's protective services with accusations of medical neglect. Parents are told vaccines are safe and necessary for keeping children healthy. But are they really safe?

Vaccination is a medical treatment. Assumptions regarding the effectiveness of many medical treatments abound. A report published by The Government Accounting Office (GAO) concluded that "only 10-20% of all procedures currently used in medical practice have been shown to be efficacious by controlled trials".[4] Hence, 80-90% of usual and customary practices are assumed to be effective without proof. Vaccination falls into this category.

Contrary to repeated claims by the guvernment and the pharmaceutical industry, vaccines have never been proven to be safe by the gold standard of medical research: The double-blind, placebo controlled investigation. In a liacebo-cantrollal study, the safety of a medication is determined by comparing it to a neutral substance, such as a sugar pill. In vaccine safety trials, a new vaccine is not compared to an inert compound such as shot of sterile water. Instead, the "placebo" is another vaccine. If the number of side effects caused by the experimental vaccine is found to be the same as the number of reactions caused by the placebo-vaccine, manufacturers declare the new vaccine to be "*as safe as placebo*."

Another trick used by investigators to promote the safety of vaccines, is to discount any part of the study's data that suggests a problem. The following excerpt from a clinical trial demonstrates how a placebo-vaccine is used and the elimination of negative data. The study was designed to determine the safety of Comvax®, a vaccine combining the Haemophilus influenza vaccine (HiB) and the hepatitis B vaccine into one shot. During the study, 17 children (1.9%) had an event within 14 days of vaccination that met one of the defining criteria of a serious adverse experience. These experiences included seizure, asthma, diarrhea, apnea (stopped breathing) [and many others]. Virtually all of these adverse experiences were classified as serious because they involved a hospitalization. None was judged by the study investigaters to be causally related [caused by] Comvax® or the [other two vaccines]. In addition, trace deaths among participants in this study were attributed to sudden infant death syndrome that occured more than 14 days after administration of a dose of vaccinne (29, 31, and 38 days, respectively). Again, none was judged by the investigaion to be related to vateinatiat.[5]

The placebo in this study was the HiB vaccine and the hepatitis B vaccine given as two separate shots. Because the number of side effects from the single shut was similar to the number of side effects induced by the separate shots, Comvax® was declared to be "*as safe as placebo*". Imestigaton nullified the emaciation between the vaccines and SIDS with a stroke of the pen Comvax® was declared to be "*well-tolerated*".

Defining effective

Researchers define an effective vaccine as one that creates antibodies after being deposited into the bloodstream, a response called "positive seroconversion." One vaccine is considered to be more effective than another, from a researcher's perspective, if the first vaccine induces a larger antibody response than the second.[6]

The medical community and the general public define in effective vaccine as a vaccine that protects a person from the infection they have been vaccinated against. For example, the chickenpox vaccine is considered to be effective by doctors if, in the case of an outbreak, those vaccinated do not contract chickenpox.

The definitions differ substantially and have considerably different ramifications, mostly because the presence of an antibody does not assure the person will be protected from infection. Many outbreaks have occurred in fully vaccinated populations. One example was an out break of measles that occurred in a group where more than 99 percent of the population had been vaccinated.[7] Many outbreaks of chickenpox and mumps have occurred when children were fully vaccinated.[8]

The package insert of the HiBTiter®, a vaccine to protect against an infection by the H. influenza b bacteria, clearly states "*the contribution [antibodies make] to clinical protection is unknown*".[9] Similar findings have been reported about the pertussis vaccine: "*The findings of efficacy studies have not demonstrated a direct correlation between antibody* responce and protection against pertussis disease".[10] The esteemed medical jounial, Vaccine, states clearly, "It is known that, in many instances, antibody do not correlate with protection".[11]

The dogma that vaccines are safe and effective has become a medical sacred cow; an icon regarded to be above criticism or attack. Challenges to vaccination have often been written off as conspiracy theories. Parents have leaned through experience the difficulties of challenging their pediatrician's vaccine mandates. Nonetheless, many are resisting the medical profusion's dogmas about vaccine and many arc refusing vaccinations for their children.

A benchmark in a civilized society is the absence of infectious diseases, a doctrine that emerged during the pre-antibiotic era. Public health officials attribute low infection rates to mandatory vaccination policies rather than giving credit to improved personal hygiene and modem conveniences such as indoor plumbing. It is time for the truth about vaccines to he widely known. Vaccine safety has not been proven. Vaccines provide falce security about protection. Vaccines can cause harm. It is time to dispense with the "safe and effective" dogma before one more person is harmed.

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THE JOURNAL OF PEDIATRICS • www.jpeds.com

Frank DeStefano, Cristofer S. Price, Eric S. Weintraub,

Increasing exposure to Antibody-Stimulating Proteins and Polysaccharides in Vaccines is not associated with risk of Autism

J Pediatrics, 30 March 2013 // August 2013; 163(2):561-7. doi: 10.1016/j.jpeds.2013.02.001
https://www.jpeds.com/article/S0022-3476%2813%2900144-3/pdf?ext=.pdf

Objective. To evaluate the association between autism and the level of immunologic stimulation received from vaccines administered during the first 2 years of life.

Study design. We analyzed data from a case-control study conducted in 3 managed care organizations (MCOs) of 256 children with autism spectrum disorder (ASD) and 752 control children matched on birth year, sex, and MCO. In addition to the broader category of ASD, we also evaluated autistic disorder and ASD with regression. ASD diagnoses were validated through standardized in-person evaluations. Exposure to total antibody-stimulating proteins and polysaccharides from vaccines was determined by summing the antigen content of each vaccine received, as obtained from immunization registries and medical records. Potential confounding factors were ascertained from parent interviews and medical charts. Conditional logistic regression was used to assess associations between ASD outcomes and exposure to antigens in selected time periods.

Results. The aOR (95% CI) of ASD associated with each 25-unit increase in total antigen exposure was 0.999 (0.994-1.003) for cumulative exposure to age 3 months, 0.999 (0.997-1.001) for cumulative exposure to age 7 months, and 0.999 (0.998-1.001) for cumulative exposure to age 2 years. Similarly, no increased risk was found for autistic disorder or ASD with regression.

Conclusion. In this study of MCO members, increasing exposure to antibody-stimulating proteins and polysaccharides in vaccines during the first 2 years of life was not related to the risk of developing an ASD. (J Pediatr 2013;163:561-7).

Discussion.

We found no evidence indicating an association between exposure to antibody-stimulating proteins and polysaccharides contained in vaccines during the first 2 years of life and the risk of acquiring ASD, AD, or ASD with regression. We also detected no associations when exposures were evaluated as cumulative exposure from birth to 3 months, from birth to 7 months, or from birth to 2 years, or as maximum exposure on a single day during those 3 time periods. These results indicate that parental concerns that their children are receiving too many vaccines in the first 2 years of life or too many vaccines at a single doctor visit are not supported in terms of an increased risk of autism.

...

Considerations of biological mechanisms should be taken into account when evaluating a possible association between autism and immunologic stimulation from vaccines early in life. The infant's immune system is capable of responding to a large number of immunologic stimuli. Beginning at birth, an infant is exposed to hundreds of viruses and other antigens, and it has been estimated that an infant theoretically could respond to thousands of vaccines at once. The possibility that immunologic stimulation from vaccines during the first 1-2 years of life could be related to the development of ASD is not well supported by the known neurobiology of ASD, which tends to be genetically determined with origins in prenatal development, although possible effects in early infancy cannot be ruled out completely. *It can be argued that ASD with regression, in which children usually lose developmental skills during the second year of life, could be related to exposures in infancy, including vaccines*; however, we found no association between exposure to antigens from vaccines during infancy and the development of ASD with regression.

Porterville Post
"The Right News at The Right Time"

The Right News at the Right Time

The PorteVille Post, 7 Feb 2009 – 18 Aug 2015
http://www.portervillepost.com/nwo/vac/deadly-virus-and-vaccines.html

(Oct 5 2009) – Autism Prevalence Now At 1 in 91 Children, 1 in 58 Boys:
=> http://whale.to/vaccine/autism_prevalence.html

Virginia – (SafeMinds.org) Today the Maternal & Child Health Bureau of Health Resources and Services Administration (HRSA), US Department of Health and Human Services released a study evaluating the number of children in the U.S. who currently have a Autism Spectrum Disorder (ASD) diagnosis, The Prevalence of Parent-Reported Diagnosis of Autism Spectrum Disorder among Children in the United States, 2007. The Study evaluated data from a national Survey of Children's Health and found that 1 in 91 children between the ages of 3 and 17 currently carry an ASD diagnosis -1 in 58 boys. Even more alarming, for the subset of children between ages 6 and 14 immunized during the 1990's the prevalence is actually 1 in 71 children with an autism diagnosis. This age group represents children in the U.S. with the highest exposure to thimerosal, the mercury preservative routinely used until CDC, AAP and industry recommended its removal "as soon as possible" from all childhood vaccines. Despite this recommendation, mercury, one of the most neurotoxic substances on the planet, is still used in most seasonal and H1N1 vaccines.

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(Mar 12 2011) – Multiple studies link autism to mercury ...
=> https://www.naturalnews.com/031678_mercury_autism.html

U.S.A. – (NaturalNews) Despite recommendations made by the US Centers for Disease Control and Prevention (CDC) in 1999 that Thimerosal, a mercury-based preservative, be removed from vaccines, the toxic chemical is still added to the majority of flu vaccines administered to women, children, and the elderly, according to the Coalition for Mercury-Free Drugs (CoMeD), a Maryland-based non-profit organization. And according to three recent studies, the symptoms of mercury poisoning are nearly identical to those of autism symptoms, which strongly suggests that mercury in vaccines is responsible for causing autism.

...
...

(Jun 17 2014) – CDC's Cover-Up of link between Autism & Mercury in Vac's U.S.A
=> https://childrenandautism.com/study-finds-evidence-cdc-cover-link-autism-mercury-vaccines/

A controversial new study published in Biomed Research International titled, "Methodological Issues and Evidence of Malfeasance in Research Purporting to Show Thimerosal in Vaccines Is Safe," has exposed convincing evidence of wrong-doing on the part of the Center for Disease Control and Prevention (CDC) in actively covering up the causal link between mercury in vaccines (Thimerosal) and harm to infants and children.

BioMed Research International

Brian Hooker, Janet Kern, David Geier, Boyd Haley, Lisa Sykes, Paul King, Mark Geier
Ed. Jyutika Mehta

Methodological Issues and Evidence of Malfeasance in Research Purporting to Show Thimerosal in Vaccines is Safe.

BioMed Research International, 4 June 2014
https://doi.org/10.1155/2014/247218 // https://onlinelibrary.wiley.com/doi/10.1155/2014/247218

Abstract

There are over 165 studies that have focused on Thimerosal, an organic-mercury (Hg) based compound, used as a preservative in many childhood vaccines, and found it to be harmful.

Of these, 16 were conducted to specifically examine the effects of Thimerosal on human infants or children with reported outcomes of death; acrodynia; poisoning; allergic reaction; malformations; auto-immune reaction; Well's syndrome; developmental delay; and neurodevelopmental disorders, including tics, speech delay, language delay, attention deficit disorder, and autism.

In contrast, the United States Centers for Disease Control and Prevention states that Thimerosal is safe and there is "no relationship between [T]himerosal[-]containing vaccines and autism rates in children." This is puzzling because, in a study conducted directly by CDC epidemiologists, a 7.6-fold increased risk of autism from exposure to Thimerosal during infancy was found.

The CDC's current stance that Thimerosal is safe and that there is no relationship between Thimerosal and autism is based on six specific published epidemiological studies coauthored and sponsored by the CDC.

The purpose of this review is to examine these six publications and analyze possible reasons why their published outcomes are so different from the results of investigations by multiple independent research groups over the past 75+ years.

8. Conclusion

As seen in this review, the studies upon which the CDC relies and over which it exerted some level of control report that there is no increased risk of autism from exposure to organic Hg in vaccines, and some of these studies even reported that exposure to Thimerosal appeared to decrease the risk of autism..

Considering that there are many studies conducted by independent researchers which show a relationship between Thimerosal and neurodevelopmental disorders, the results of the six studies examined in this review, particularly those showing the protective effects of Thimerosal, should bring into question the validity of the methodology used in the studies. A list of the most common methodological issues with these six studies is shown in Table 1. Importantly, other than the Hviid et al. [23] study, five of the publications examined in this review *were directly commissioned by the CDC*, raising the possible issue of conflict of interests or research bias, since vaccine promotion is a central mission of the CDC. Conceivably, if serious neurological disorders are found to be related to Thimerosal in vaccines, such findings could possibly be viewed as damaging to the vaccine program.

GreenMedinfo®

Sayer Ji, Founder

Study Finds Evidence for CDC Cover-Up of Link Between Autism and Mercury in Vaccines

Green Med *infro*, 16 June 2014
https://greenmedinfo.com/blog/study-finds-evidence-cdc-cover-link-between-autism-and-mercury-vaccines

A new study finds the CDC may have covered up the clear and present danger associated with mercury in vaccines. Republished from http://www.greenmedinfo.com

A controversial new study published in *Biomed Research International titled, Methodological Issues and Evidence of Malfeasance in Research Purporting to Show Thimerosal in Vaccines Is Safe, has exposed convincing evidence of wrong-doing on the part of the Center for Disease Control and Prevention (CDC) in actively covering up the causal link between mercury in vaccines (Thimerosal) and harm to infants and children.*
=> https://doi.org/10.1155/2014/247218 // https://onlinelibrary.wiley.com/doi/10.1155/2014/247218

According to the review, "There are over 165 studies that have focused on Thimerosal, an organic mercury (Hg) based compound, used as a preservative in many childhood vaccines, and found it to be harmful. Of these, 16 were conducted to specifically examine the effects of Thimerosal on human infants or children with reported outcomes of death; acrodynia; poisoning; allergic reaction; malformations; auto-immune reaction; Well's syndrome; developmental delay; and neurodevelopmental disorders, including tics, speech delay, language delay, attention deficit disorder, and autism." [references for the 16 studies can be found here: #3-16]

While the Center for Disease Control and Prevention (CDC) states there is "no relationship between [T]himerosal[-]containing vaccines and autism rates in children,"[1]" the researchers pointed out that a study conducted by CDC epidemiologists found a 7.6-fold increased risk of autism from exposure to Thimerosal during infancy.

Moreover, "The CDC's current stance that Thimerosal is safe and that there is no relationship between Thimerosal and autism is based on six specific published epidemiological studies coauthored and sponsored by the CDC.

Owing to this glaring contradiction the review sought out to examine closely these six CDC conducted studies to find out how their results conflict with the findings of 75+ years of past research performed by multiple independent research groups that did find clear evidence of harm.

A closer look at the review

The review references 16 studies that show Thimerosal exposure is associated with the subsequent diagnosis of neurodevelopmental disorders such as autism. This brings to the fore the obvious question: 'how does the CDC conclude that there is no evidence of that relationship?'

According to the review, there are six studies the CDC references which deny the link:

"These studies include (1) the Madsen et al.[2] ecological study of autism incidence versus Thimerosal exposure in Denmark, (2) the Stehr-Green et al.[3] ecological study of autism incidence versus Thimerosal exposure in Denmark, Sweden, and California, (3) the Hviid et al.[4] study of

autism incidence versus Thimerosal exposure in Denmark (also ecological), (4) the Andrews et al.[5] cohort study of autism incidence and Thimerosal exposure in the United Kingdom, (5) the published Verstraeten et al [6] CDC cohort study of autism incidence and Thimerosal exposure in the United States, and (6) the more recent Price et al.[7] case-control study of autism incidence and Thimerosal exposure in the United States. Although the CDC cites several other publications to purport the safety of Thimerosal, only these six specifically consider its putative relationship to autism."

The review of these six studies found that there were serious methodological issues present, listed as follows:

Study reviewed	**Methodological issues**
Madsen et al. [2]	(i) Changing entrance criteria in ecological studies. (ii) Withholding important results from the final publication. (iii) Conclusions not generalizable to the US vaccination schedule due to widely different vaccination schedules and different levels of Thimerosal dosing in other countries.
Stehr-Green et al. [3]	(i) Changing entrance criteria in ecological studies. (ii) Withholding important results from the final publication. (iii) Conclusions not generalizable to the US vaccination schedule due to widely different vaccination schedules and different levels of Thimerosal dosing in other countries.
Hviid et al. [4]	(i) Accounting for "person-years" regarding exposure rather than actual exposure levels. (ii) Conclusions not generalizable to the US vaccination schedule due to widely different vaccination schedules and different levels of Thimerosal dosing in other countries.
Andrews et al. [5]	(i) Accounting for "person-years" regarding exposure rather than actual exposure levels. (ii) Conclusions not generalizable to the US vaccination schedule due to widely different vaccination schedules and different levels of Thimerosal dosing in other countries.
Verstraeten et al. [6]	(i) Cohort of children too young for followup for an autism diagnosis. (ii) "Overmatching" phenomena due to too closely matched cases and controls. (iii) Withholding important results from the final publication.
Price et al. [7]	(i) "Overmatching" phenomena due to too closely matched cases and controls. (ii) Withholding important results from the final publication.

The reviewers pointed out that all but one of these CDC 'commissioned' studies were likely influenced by conflict-of-interest/malfeasance, owing to their consistent methodological errors, their running contrary the body of evidence showing mercury in vaccines do harm, and the implications their questionable results have for the CDC's aggressive pro-vaccine agenda:

"[F]ive of the publications examined in this review were directly commissioned by the CDC, raising the possible issue of conflict of interests or research bias, since vaccine promotion is a central mission of the CDC. Conceivably, if serious neurological disorders are found to be related to Thimerosal in vaccines, such findings could possibly be viewed as damaging to the vaccine program."

The only CDC-sponsored study that found a clear link between mercury in vaccines and neurodevelopmental disorders including autism — The Verstraeten et al. (2003) Study[8] — had 5 phases, with each successive phase seemingly manipulated to show less harm. Email evidence obtained through the US Freedom of Information Act of 1950 also indicates that lead researcher may have been pressured to water down the study results.

The study's five phases:

- *In the first phase*, a subset of medical records were obtained from databases for several of the HMOs whose records were maintained in a central data repository, the Vaccine Safety Datalink: "Results from the first phase of the study released in an internal presentation abstract by Verstraeten et al. [20] (mentioned earlier) using records from four (4) HMOs showed that infants who were exposed to greater than 25µg of Hg in vaccines and immunoglobulins at the age of one month were 7.6 times more likely to have an autism diagnosis than those not exposed to any vaccine-derived organic Hg. Within the same abstract, Verstraeten reports that the risk for any neurodevelopmental disorder was 1.8, the risk for speech disorder was 2.1, and the risk for nonorganic sleep disorder was 5.0. All relative risks were statistically significant.

- "*In the second phase* of the study, a different approach was taken: exposure was compared at 3 months of age, rather than one month. Results of this phase showed that children exposed to the maximum amount of organic Hg in infant vaccines (62.5 µg) were 2.48 times more likely to have autism diagnosis compared to those exposed to less than 37.5 µg of Hg in vaccines. These results were also statistically significant. No assessment against a "no exposure" control was apparently completed in this study phase.

- "*In the third phase* of the study, in which more data stratification methods and different inclusion/exclusion criteria were applied to the analysis, the relative risk of autism for children at three months of Thimerosal exposure dropped to 1.69. At this point, evidence in an email from Verstraeten, the lead investigator, written to a colleague outside of the CDC (obtained by the authors via the US Freedom of Information Act of 1950 as amended), suggests that Verstraeten could have been receiving pressure within the CDC to apply unsound statistical methods to deny a causal relationship between Thimerosal and autism. In this email, Verstraeten states (Figure 1), "I do not wish to be the advocate of the anti-vaccine lobby and sound like being convinced that thimerosal is or was harmful, but at least I feel we should use sound scientific argumentation and not let our standards be dictated by our desire to disprove an unpleasant theory."

- "*The fourth and fifth phase* of the study used records from only two of the original HMOs and incorporated a third HMO, Harvard Pilgrim, into the analysis. Some critics of the study questioned the use of Harvard Pilgrim, as this HMO appeared to be riddled with uncertain record keeping practices, and the state of Massachusetts had been forced to take it over after it declared bankruptcy. In addition, the HMO used different diagnostic codes than the other two HMOs used in phases 2 and 3. Other criticisms include that the study used younger children, from 0 to 3 years of age, even though the average age for an autism diagnosis at the time was 4.4 years. Since half of the children receiving an autism diagnosis would be over 4.4 years of age, far greater than the maximum age in the study at 3 years, this analysis excluded more than 50% of all autism cases from this HMO. Also, the cohort from this HMO contained 7 times fewer individuals than the main cohort from the previous study (i.e., HMO B), and there was no apparent attempt to assess the power of this HMO to show any statistically significant effect."

Clearly, this new review indicates what is on the line when it comes to the clear and present danger associated with injecting mercury into infants and children, over and above the already questionable practice of injecting hundreds of active and 'inactive' vaccine antigens into our offspring at their most critical and sensitive developmental window. The conventional medical establishment still maintains that there is a scientific consensus on mercury's safety in vaccines, despite the fact that it began to be phased out from the routine vaccination schedule in the United Sates, European Union, and other affluent countries, in 2005, in order to assuage popular and presumably irrational fears among irrational parents and so called 'anti-vaxers.'The fact that autism and autism spectrum disorder diagnoses have continued to expand, despite Thimerosal's 'precautionary' phase out in 2001 in the 'developed world,' is often used as 'evidence' that mercury was never a

contributing factor. What may be more salient is the phase out reflected a tacit acknowledgment that Thimerosal was indeed a factor in the accumulating evidence for unintended, adverse health effects of vaccines. Also, mounting research now points to substituted vaccine adjuvants like aluminum hydroxide continuing to contribute to an epidemic of autoimmunity in immunized populations, including damage to the nervous system consistent with an explanation for vaccine-induced autism and related neurodevelopmental conditions.[9]What this study shows is there was never a consensus on its safety, but rather smoke in mirrors generated in response to a signal of harm. And insofar as the CDC appears to have actively manipulated the results it uses as 'evidence' to support its hardline policies and increasingly obvious agenda of mandatory vaccination, we owe it to ourselves to continue to exercise extreme caution in defaulting to faith in 'authority' over the scientific evidence and commonsense itself.

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[7] C. S. Price, W. W. Thompson, B. Goodson et al., "Prenatal and infant exposure to thimerosal from vaccines and immunoglobulins and risk of autism," Pediatrics, vol. 126, no. 4, pp. 656–664, 2010.

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CNN iReport

Fraud at the CDC uncovered, 340% risk of autism hidden from public

CNN iReport, 24 August 2014

https://web.archive.org/web/20140905002008/http://ireport.cnn.com/docs/DOC-1164794

8/27/2014 17:10 EST - CDC Whistleblower William Thomas has released a formal statement confirming the original study found a link between MMR and Autism, especially in African American and that the CDC hid the results.

A top researcher at the Centers for Disease Control and Prevention (CDC), Dr William Thompson, admits he played a key role in helping uncover data manipulation by the CDC. This fraud obscured a higher incidence of autism in African-American boys due to the MMR vaccine. The whistleblower, Dr. William Thompson, came forward after a Freedom of Information Act (FOIA) request for original data on an autism study was filed and these highly sensitive documents were received with the assistance of U.S. Representative Darrell Issa, Chairman of the House Oversight and Government Reform Committee. The CDC documents and discussions with the whistleblower reveal widespread manipulation of scientific data and top-down pressure on CDC scientists to suppress a causal link between the MMR vaccine and later autism diagnosis, particularly in a subset of African-American males who received their immunization "on-time" in accordance with the recommended CDC schedule.

The received documents from the CDC show that in 2003 a 340% risk of autism in African American boys related to the MMR vaccine was discovered and then hidden due to pressure from senior officials. The CDC researchers then recalculated their results by removing a population to get the results that were desired. Even with the recalculated data from the original report a significant risk of autism due to the MMR is found and can be seen in the IOM presentation of the original study, highlighted on page 29 and 31.

See =>

Demographic Case Subgroup Analyses For Total Sample p. 29

Case Groups	Cases	< 18 Mos	< 24 Mos	< 36 Mos
All Cases	624	1.12 (0.91-1.38)	1.21 (0.93-1.57)	**1.49 (1.04-2.14)**
Boys	500	1.22 (0.97-1.54)	1.29 (0.96-1.73)	**1.67 (1.10-2.53)**
Girls	124	0.83 (0.52-1.30)	0.96 (0.55-1.68)	1.06 (0.51-2.20)
Aged 3-5 Yrs	214	1.08 (0.73-1.60)	1.66 (0.95-2.92)	2.34 (0.99-5.54)
Aged 6-10 Yrs	410	1.14 (0.90-1.46)	1.10 (0.82-1.49)	1.33 (0.89-1.98)

p. 31 Clinical Case Subgroup Analyses For Total Sample

Case Subgroup	Cases	< 18 Mos	< 24 Mos	< 36 Mos
No pre-exist	390	1.07 (0.83-1.39)	1.44 (0.82-1.59)	1.51 (0.96-2.37)
Regression	80	1.37 (0.78-2.41)	1.30 (0.64-2.66)	1.45 (0.54-3.93)
With MR	376	1.06 (0.82-1.38)	1.09 (0.79-1.51)	1.21 (0.79-1.84)
Without MR	248	1.23 (0.87-1.73)	1.46 (0.93-2.30)	**2.45 (1.20-5.00)**

Presantation: Age at First Measles Measles – Mumps – Rubella Vaccination in Children with Autism and School – Matched Control Subjects

https://web.archive.org/web/20160530043310/http://www.nationalacademies.org/hmd/~/media/Files/Activity%20Files/PublicHealth/ImmunizationSafety/DeStefanoslides.pdf

William Thompson has worked for the government agency for over a decade and confirmed that "the CDC knew about the relationship between the age of first MMR vaccine and autism incidence in African-American boys as early as 2003, but chose to cover it up." He remarked "we've missed ten years of research because the CDC is so paralyzed right now by anything related to autism. They're not doing what they should be doing because they're afraid to look for things that might be associated." He alleges criminal wrongdoing by his supervisors, and he expressed deep regret about his role in helping the CDC hide data.

This increase in the rate of regressive autism in African Americans has also been found. Autism Speaks reports that "*Regressive Autism Reported Twice as Often among African American Children*";
https://web.archive.org/web/20140602025922/http://www.autismspeaks.org/science/science-news/regressive-autism-reported-twice-often-among-african-american-children
It would seem to be directly connected to the recent release of documents CDC documents and admissions by CDC Government researcher William Thompson.

Thompson's revelations call into question the nine other studies cited by the CDC as evidence denying a link between vaccines and autism. They also have spurred a change.org petition to have the fraudulent study retracted from the Journal of Pediatrics, which published it in 2004.

A recently released memo from 2004 of Dr. Thompson expressing concerns to Dr. Gerberding, the head of the CDC at the time, about this problematic study has citizens upset. Does this mean Dr. Gerberding could have committed perjury during a congressional hearing? More investigation will be needed to know. A copy of the letter obtained under FOIA can be found here.
=> http://www.naturalnews.com/images/CDC-Gerberding-Warning-Vaccines-Autism.jpg
Regardless many citizens view this as a deliberate malfeasance at the taxpayers' expense have begun a social media blitz to inform others of this story as it unfolds. Using the Twitter hashtags #CDCwhistleblower and #CDCfraud. Parents are hoping to have the agency held accountable for its role in any cover-up and are demanding an investigation on whether Dr. Coleen Boyle also perjured herself in testimony before Congress when addressing concerns of a potential vaccine-autism link.

The US Department of Health Resources and Services Administration has already recognized autism as a secondary cause of vaccine injury as documented in the Update to the Vaccine Injury Table following the 2011 IOM report. They did reject Autism as a direct adverse effect of the MMR specifically, but in view of these revelations that may be revisited.
https://web.archive.org/web/20140426050618/http://hrsa.gov/vaccinecompensation/iomreportupdate030812.pdf

The CDC responded to these claims stating that they recognize this study showed an increased risk of autism from the MMR:
"*findings revealed that vaccination between 24 and 36 months was slightly more common among children with autism, and that association was strongest among children 3-5 years of age.*"
They dismissed this with an assumption that parents with children that have autism rushed to get vaccinated for school.
"*... most likely a result of immunization requirements for preschool special education program attendance in children with autism*."
This raises questions as there are immunization requirements for all children attending public school and they already excluded children that had a vaccine exemption, so this should not have differed from the controls.

An addition the CDC states they excluded the population in question due not having a Georgia birth certificate: "

1. The subset of children who had a Georgia birth certificate.
Access to the information on the birth certificates allowed researchers to assess more complete information on race as well as other important characteristics, including possible risk factors for autism such as the child's birth weight, mother's age, and education. This information was not available for the children without birth certificates;"

There is a problem with this statement as the CDC could have still gotten the needed data from out-of-state birth certificates, They would have had those in the school records as with the kids born in Georgia. So saying they could not get the data on mothers occupation and birth weight is false in and of itself.

The CDC also states that
"Additional studies and a more recent rigorous review by the Institute of Medicine have found that MMR vaccine does not increase the risk of autism".

The Studies that the CDC uses to confirm no link between the MMR and autism are 4 that they list on their website at *Vaccine Safety*: *Measles, Mumps, and Rubella (MMR) Studies*.
=> https://web.archive.org/web/20141010074840/http://www.cdc.gov/vaccinesafety/Vaccines/MMR/MMR.html
A quick look at these 4 studies raises several questions.

- One is the study talked about in this article showing a significant connection
- A second was done by the infamous Dr. Thorsen who is awaiting extradition to the US on Fraud and is listed on the CDC's most wanted list putting any of his work into question and this is outside of other potential problems with the study that have been brought up.
- A third is an exploratory study of very small sample sizes, 28 children total, making this unreliable. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2526159/
- The last one also used a small control sample size of only 31 children and relied on parent interviews to provide medical and behavioral information. Beyond that they did find that oer half (50%) of children with autism did regress shortly after the MMR vaccine (<5 months) even though they then concluded there was no connection
  http://www.bu.edu/autism/files/2010/03/2006-Richler-et-al-MMR-Vaccine1.pdf

This begs the question as to why there are only these four studies used to support the claims that the MRR is safe and yet a quick search of PubMed finds A 2012 peer reviewed research paper studying over 500,000 children that found significant increase adverse effects after certain MMR vaccinations including a 22 Times increased risk of meningitis, 500% increase risk of febrile seizure, and other major side effects including a blood clotting disorder.
[Demicheli V, et al. Vaccines for measles, mumps and rubella in children. Cochrane Database Syst Rev. 2012 Feb 15;2012(2):CD004407. doi: 10.1002/14651858.CD004407.pub3. Update in: Cochrane Database Syst Rev. 2020 Apr 20;4:CD004407. doi: 10.1002/14651858.CD004407.pub4. PMID: 22336803; PMCID: PMC6458016. http://www.ncbi.nlm.nih.gov/pubmed/22336803

The full CDC statement can be seen here
https://web.archive.org/web/20140902175535/http://www.cdc.gov/vaccinesafety/Concerns/Autism/cdc2004pediatrics.html

A recent release of another document shows that William Thompson was so concerned with the report, in light of a 2002 Department of Justice (DOJ) investigation, that the he considered removing his name from the paper. In light of his recent statements and released documents could all of the lawyers involved have been to try and prevent information release? Credit to NaturalNews for the release of this information:
=> http://www.naturalnews.com/images/CDC-DOJ-Investigation-MMR-Vaccine-Autism-NN-Watermark.jpg

A full article analyzing the Press Release can be found on the iReport
https://web.archive.org/web/20140830031442/http://ireport.cnn.com/docs/DOC-1165664

Envoyé par Lina B. Moreco http://linabmoreco.worpress.com/soins/
Réalisatrice : Silence on vaccine www.onf.ca/silenceonvaccine

Translational Neurodegeneration

Brian S. Hooker

Measles-mumps-rubella vaccination timing and autism among young african american boys: a reanalysis of CDC data.

Transl Neurodegener, 27 August 2014, 3 (16)
https://doi.org/10.1186/2047-9158-3-16

Abstract

Background

A significant number of children diagnosed with autism spectrum disorder suffer a loss of previously-acquired skills, suggesting neurodegeneration or a type of progressive encephalopathy with an etiological basis occurring after birth. The purpose of this study is to investigate the effectof the age at which children got their first Measles-Mumps-Rubella (MMR) vaccine on autism incidence. This is a reanalysis of the data set, obtained from the U.S. Centers for Disease Control and Protection (CDC), used for the Destefano et al. 2004 publication on the timing of the first MMR vaccine and autism diagnoses.

Methods

The author embarked on the present study to evaluate whether a relationship exists between child age when the first MMR vaccine was administered among cases diagnosed with autism and controls born between 1986 through 1993 among school children in metropolitan Atlanta. The Pearson's chi-squared method was used to assess relative risks of receiving an autism diagnosis within the total cohort as well as among different race and gender categories.

Results

When comparing cases and controls receiving their first MMR vaccine before and after 36 months of age, there was a statistically significant increase in autism cases specifically among African American males who received the first MMR prior to 36 months of age. Relative risks for males in general and African American males were 1.69 (p=0.0138) and 3.36 (p=0.0019), respectively. Additionally, African American males showed an odds ratio of 1.73 (p=0.0200) for autism cases in children receiving their first MMR vaccine prior to 24 months of age versus 24 months of age and thereafter.

Conclusions

The present study provides new epidemiologic evidence showing that African American males receiving the MMR vaccine prior to 24 months of age or 36 months of age are more likely to receive an autism diagnosis.

Conclusions

The present study provides new evidence of a statistically significant relationship between the timing of the first MMR vaccine and autism incidence in African American males. Using a straight-forward, Pearson's chisquared analysis on the cohort used in the Destefano et al. [14] (CDC) study, timing of the first MMR vaccine before and after 24 months of age and 36 months of age showed relative risks for autism diagnoses of 1.73 and 3.36, respectively. Future studies should be completed to further evaluate the relationship of first MMR timing and neurodevelopmental maladies, including autism, especially in underserved populations.

Routine childhood vaccination is considered an important public health tool in reducing the morbidity and mortality associated with infectious diseases. However, consideration should be made in the current United States vaccination schedule for genetic subpopulations that may be associated with vaccine adverse events. Additional research is required to better understand the relationship between MMR exposure and autism in African American males.

CNN révèle la fraude du CDC – L'autisme est bien causé par les vaccins

Free WiseMan, 20 September 2014 // Silence on Vaccine, 27 September 2014
https://linabmoreco.wordpress.com/
https://freewiseman.wordpress.com/2014/09/20/cnn-revele-la-fraude-du-cdc-lautisme-est-bien-cause-par-les-vaccins/

Le lanceur d'alerte du CDC, le Dr William Thompson a publié une déclaration officielle confirmant que l'étude originale avait montré un lien entre le vaccin ROR (Rougeole-Oreillons-Rubéole) et l'autisme, plus spécialement chez les enfants afro-américains, et que le CDC en avait caché les résultats.

Un éminent chercheur aux Centres de Contrôle et de Prévention des Maladies (CDC), le Dr William Thompson admet qu'il a joué un rôle clé en aidant à faire apparaître au grand jour la manipulation des données par le CDC. Cette fraude a consisté à dissimuler une incidence plus élevée de l'autisme due au vaccin ROR chez les garçons afro-américains. Le lanceur d'alerte, le Dr William Thompson a avoué les faits après que le Dr Brian Hooker ait réclamé et obtenu, en vertu de la Loi sur la Liberté de l'Information (Freedom of Information Act ou FOIA), les données originales d'une étude portant sur l'autisme, avec l'aide du député américain Darrell Issa, président de la Chambre de surveillance et de la réforme du gouvernement. Les documents du CDC, ainsi que les discussions avec le lanceur d'alerte révèlent *une manipulation généralisée des données scientifiques,* ainsi qu'une pression (du haut vers le bas) sur le scientifique du CDC pour supprimer tout lien de causalité entre le vaccin ROR et le diagnostic ultérieur d'autisme, en particulier dans un groupe d'hommes afro-américains qui avaient reçu leur vaccin « à temps » en conformité avec le calendrier recommandé par le CDC.

Les documents reçus du CDC montrent qu'en 2003, on a découvert comme étant lié au vaccin ROR *un risque d'autisme chez les garçons afro-américains de 340%*. La découverte de ce risque a été cachée sous la pression de hauts fonctionnaires. Les chercheurs du CDC ont alors recalculé leurs résultats en omettant d'inclure une population donnée afin de pouvoir obtenir les résultats désirés. Mais même en recalculant ainsi les données après avoir omis cette population, un risque significatif d'autisme est encore retrouvé en lien avec le vaccin ROR. La mention d'un tel risque se retrouve par ailleurs également dans la présentation de l'étude originale faite par l'Institut de Médecine (IOM) (cf. pages 29 et 31 de cette présentation)

Le Dr William Thompson qui a travaillé pour l'Agence gouvernementale pendant plus d'une décennie a confirmé que :

«Depuis les débuts de 2003, le CDC était au courant de la relation qui existait entre l'incidence de l'autisme et l'âge auquel le premier vaccin ROR était administré chez les garçons Afro-Américains, mais a choisi de dissimuler la chose.»

Il a fait remarquer:

«Nous avons perdu dix années de recherche parce que le CDC est actuellement tellement paralysé par tout ce qui touche à l'autisme. Ils ne font pas ce qu'ils devraient faire parce qu'ils ont peur des conclusions qui pourraient être tirées.»

Il prétend que ses supérieurs ont commis des actes criminels et a exprimé son profond regret quant à son rôle qui a contribué à masquer les données du CDC.

Cette augmentation du taux d'autisme régressif chez les Afro-Américains a bel et bien été trouvée. L'association *Autisme Speaks* (fondée en 2005 par les grands-parents d'un enfant autiste) signale que « la question du risque d'autisme régressif chez les enfants Afro-Américains a déjà été posée deux reprises ».

Il semble que la chose soit directement liée à la sortie récente des documents du CDC, ainsi qu'aux aveux du chercheur du CDC, le Dr William Thompson.

Les révélations du Dr Thompson remettent en question les neuf autres études citées par le CDC comme preuves permettant de nier un lien entre autisme et vaccins. Ces révélations ont également suscité une pétition (sur change.org) pour que l'étude frauduleuse soit retirée du journal *Pediatrics* qui fut publié en 2004.

Une note de service de 2004 dans laquelle le Dr Thompson exprimait déjà au Dr Gerberding (chef du CDC à l'époque) ses inquiétudes sur cette étude problématique, a été récemment publiée. Cette étude a bouleversé les citoyens. Cela signifierait-il que le Dr Gerberding aurait commis un parjure au cours d'une audition au Congrès? Un examen plus approfondi sera nécessaire pour le savoir.

Lire ici la copie de la lettre obtenue grâce à la Loi sur la Liberté de l'Information (FOIA) =>
http://idata.over-blog.com/3/27/09/71/aout-2013/Janvier-2014/CDC-Gerberding-Warning-Vaccines-Autism.jpg

Quoi qu'il en soit, de nombreux citoyens qui considèrent la chose comme un méfait délibéré, à la charge des contribuables, ont entamé une campagne médiatique (Twitter etc.) pour informer le public de cette histoire et de ses conséquences. Les parents espèrent que l'Agence sera tenue responsable des dissimulations qui ont été effectuées. Ils réclament également une enquête pour que l'on puisse savoir si le Dr Coleen Boyle aurait aussi commis un parjure dans son témoignage devant le Congrès, quand elle avait été publiquement interrogée sur la question des liens possibles entre les vaccins et l'autisme.

Le Département Américain des Ressources de Santé et des Services de l'Administration a déjà reconnu que l'autisme pouvait être une conséquence indirecte de dommages vaccinaux comme ce fut documenté dans la mise à jour du tableau « Dommages vaccinaux » qui a fait suite au rapport de l'Institut de Médecine (IOM) de 2011. Ils ont rejeté l'autisme comme effet secondaire direct et spécifique de la vaccination ROR mais au vu des dernières révélations, les textes pourraient subir des modifications.

Le CDC a répondu à ces allégations en indiquant qu'ils reconnaissaient que cette étude avait montré une augmentation du risque d'autisme avec le ROR :

«Les résultats des recherches ont révélé qu'entre 24 et 36 mois, la vaccination était légèrement plus fréquente chez les enfants atteints d'autisme, et que cette association était la plus forte chez les enfants de 3 à 5 ans. »

Ils ont rejeté la chose en avançant l'hypothèse que les parents dont les enfants sont autistes se sont précipités pour les faire vacciner avant de rentrer à l'école.

«La chose la plus probable est que tout résulte des exigences de vaccinations préscolaires»
Programme spécial d'éducation pour les enfants atteints d'autisme

Cela soulève des questions parce qu'il y a des exigences de vaccination *pour tous les enfants* qui fréquentent l'école publique et que les enfants qui disposent d'une exemption pour les vaccins ont déjà été exclus du compte (de l'étude réalisée).

Le CDC indique également que:

«*Des études complémentaires, ainsi qu'un examen rigoureux plus récent de l'Institut de Médecine ont établi que le vaccin ROR ne pouvait pas augmenter le risque d'autisme.»*

Les études sur lesquelles le CDC se base pour affirmer qu'il n'y a aucun lien entre le vaccin ROR et l'autisme sont au nombre de 4. Le CDC reprend ces études sur son site. => *Vaccine Safety: Measles, Mumps, and Rubella (MMR) Vaccine.* – CDC
https://web.archive.org/web/20091110193818/http://www.cdc.gov/vaccinesafety/Vaccines/MMR/MMR.html

Un rapide coup d'œil à ces 4 études soulève plusieurs questions.

* La première étude montre un lien significatif (entre les vaccins et l'autisme)

* La seconde étude a été réalisée par l'infâme Dr Thorsen qui attend son extradition vers les Etats-Unis pour cause de fraude. Il est repris sur la liste du CDC comme l'homme le plus recherché – l'instance ayant remis tout son travail en question- et ceci sans parler des autres problèmes potentiels qui ont été soulevés au sujet de cette étude.

* La troisième étude est de nature préparatoire/préliminaire. Elle se base sur de très faibles échantillons : 28 enfants au total, ce qui est très peu.

* *La dernière étude a p*orté sur 31 enfants pour l'échantillon de contrôle et s'est appuyée sur des entrevues avec les parents pour fournir des renseignements médicaux et comportementaux. Ensuite, ils ont constaté que plus de la moitié (50%) des enfants atteints d'autisme ont régressé peu de temps après la vaccination ROR ((dans un délai de moins de 5 mois après la vaccination), alors même qu'ils ont conclu qu'il n'y avait pas de connexion.

Cela pose la question de savoir pourquoi il n'y a que quatre études qui ont été utilisées pour appuyer les allégations que le ROR est un vaccin sûr. Une recherche rapide sur *PubMed* permet de tomber sur un document de recherche de 2012, revu par les pairs et qui a porté sur l'étude de plus de 500.000 enfants. Cette recherche a mis en évidence **une augmentation significative des effets secondaires après la vaccination ROR**: 22 fois plus de risques de méningite, 500% d'augmentation du risque de convulsions fébriles et autres effets secondaires majeurs, y compris des troubles de la coagulation.

La déclaration complète du CDC peut être lue ici.

La récente publication d'un autre document, relatif à une enquête du Ministère de la Justice en 2002, a montré que le Dr William Thompson était à ce point préoccupé par ce rapport qu'il a envisagé de retirer son nom du document. A la lumière de ses récentes déclarations et des documents publiés sur cette affaire, ne serait-on pas en droit de se demander si tous les avocats concernés n'auraient pas tenté d'empêcher la divulgation de cette information ?

L'information divulguée par NaturalNews peut être consultée ici. Source: CNN=>
http://idata.over-blog.com/3/27/09/71/aout-2013/Janvier-2014/CDC-DOJ-Investigation-MMR-Vaccine-Autism-NN-Watermark.jpg

Voir aussi: Les aveux, déjà en 2008 sur CBS, du Dr Bernadine Healy, ancienne Directrice du National Institute of Health (NIH). La question du lien entre autisme et vaccins n'est pas tranchée disait-elle, il existe des inquiétudes et le refus par les autorités d'appliquer une vraie Science amène à sacrifier des enfants qui vont être rendus inutilement autistes alors qu'on aurait pu les dépister…

https://youtu.be/ymhVI_SQwU0

Qu'est-ce que l'autisme? Est-ce si grave et si coûteux? Rendez-vous compte par vous-même en regardant ci-dessous du temps 3.28 à 4.08 (Pour info, en Belgique, il y a plus de 100 000 autistes dont une majorité de cas d'autisme régressif, soit le type d'autisme qui survient après des vaccins et qui se caractérise par un développement parfaitement normal au départ suivi d'une sorte de «cassure» dans le développement qui correspond au déploiement dans le temps des effets neurologiques des vaccins) => Video has deleted

The Guardian

Sarah Boseley

No link between MMR and autism, major study concludes

The Guardian, 21 April 2015, 16.00 BST
https://www.theguardian.com/society/2015/apr/21/no-link-between-mmr-and-autism-major-study-concludes

Research involving cohort of 95,000 children is latest research to contradict findings of discredited gastroenterologist Andrew Wakefield.

A major study published in one of the world's leading medical journals has concluded that there is no link between the MMR (measles, mumps and rubella) vaccination and autism in children.

The findings from the study of a cohort of around 95,000 children will not surprise most scientists, who have been reassuring parents of the jab's safety for 17 years, since the publication of now discredited research by the gastroenterologist Andrew Wakefield.

But the belief that autism and vaccinations are linked continues to cause many parents to decide against having their children immunised. As a result there have been avoidable measles outbreaks, including one in the US last year, which began in Disneyland in California in December and led to school closures and quarantine measures. In all, 159 children were diagnosed with measles across 18 states. The repercussions continue, as US doctors attempt to bring in legislation to prevent parents opting out of vaccination for their children on the grounds of "personal belief", while activists accuse scientists of being in the pockets of drug companies.

The study is published in the Journal of the American Medical Association (JAMA). => A.Jain, et al. Autism Occurrence by MMR Vaccine Status Among US Children With Older Siblings With and Without Autism. – JAMA, 21 April 2015, 313(15):1534-1540. https://jamanetwork.com/journals/jama/fullarticle/2275444

It sought to find out whether children who had older siblings with autism and therefore were at higher risk than most, were more likely to develop an autistic spectrum disorder themselves after having the MMR jab. They found no association between the jab and autism, even among the high-risk children, and regardless of whether they had just the first shot, under the age of two, or the booster as well at around the age of five.

The study included anonymised data from 95,727 privately insured children from across the US, 2% of whom had an older sibling with an autistic spectrum disorder (ASD). The research team, led by Anjali Jain of the Lewin Group, Falls Church, Virginia, say that those families with a child already affected by autism may be less likely to have younger children vaccinated.

"Families with a child affected by ASD may be particularly concerned about reports linking MMR and ASD, despite the lack of evidence," they write. "Surveys of parents who have children with ASD suggest that many believe the MMR vaccine was a contributing cause."

Following up the children in the study, funded by US government institutions, the team found that 994 had been diagnosed with autism, with a higher proportion (6.9%) in the high-risk group with older siblings with ASD than among the majority (0.9%). But whether or not they had been given MMR vaccination did not make a difference.

"Controversy seems to follow autism like the tail on a kite," says an editorial in the journal by Bryan H King of the University of Washington and Seattle children's hospital. Since the 1950s, there have been disputes over what autism actually is and more recently there is the controversy over the rise in the

number of children diagnosed with what is now classified as a spectrum disorder, he writes. Each new prevalence estimate amplifies the urgency to better understand causation.

The reluctance of some parents to vaccinate the younger siblings of children with the disorder could make it appear that there is less autism among children given the jab - not more, he says.

"Even so, short of arguing that MMR actually reduces the risk of ASD in those who were immunised by age two years, the only conclusion that can be drawn from the study is that there is no signal to suggest a relationship between MMR and the development of autism in children with or without a sibling who has autism," he writes.

JAMA®

Jain A, Marshall J, Buikema A, Bancroft T, Kelly JP, Newschaffer CJ.

Autism occurrence by MMR vaccine status among US children with older siblings with and without Autism

JAMA, 21 April 2015; 313(15):1534–1540
doi:10.1001/jama.2015.3077 // https://jamanetwork.com/journals/jama/fullarticle/2275444

Abstract

Importance. Despite research showing no link between the measles-mumps-rubella (MMR) vaccine and autism spectrum disorders (ASD), beliefs that the vaccine causes autism persist, leading to lower vaccination levels. Parents who already have a child with ASD may be especially wary of vaccinations.

Objective. To report ASD occurrence by MMR vaccine status in a large sample of US children who have older siblings with and without ASD.

Exposures. MMR vaccine receipt (0, 1, 2 doses) after 1 year of age.

Main Outcomes and Measures. ASD status defined as 2 claims with a diagnosis code in any position for autistic disorder or other specified pervasive developmental disorder (PDD) including Asperger syndrome, or unspecified PDD (International Classification of Diseases, Ninth Revision, Clinical Modification 299.0x, 299.8x, 299.9x).

Results. Of 95 727 children with older siblings, 994 (1.04%) were diagnosed with ASD and 1929 (2.02%) had an older sibling with ASD. Of those with older siblings with ASD, 134 (6.9%) had ASD, vs 860 (0.9%) children with unaffected siblings ($P < .001$). MMR vaccination rates (≥1 dose) were 84% (n = 78 549) at age 2 years and 92% (n = 86 063) at age 5 years for children with unaffected older siblings, vs 73% (n = 1409) at age 2 years and 86% (n = 1660) at age 5 years for children with affected siblings. MMR vaccine receipt was not associated with an increased risk of ASD at any age. For children with older siblings with ASD, at age 2, the adjusted relative risk (RR) of ASD for 1 dose of MMR vaccine vs no vaccine was 0.76 (95% CI, 0.48-1.22; P = .25), and at age 5, the RR of ASD for 2 doses compared with no vaccine was 0.56 (95% CI, 0.30-1.04; P = .07). For children whose older siblings did not have ASD, at age 2, the adjusted RR of ASD for 1 dose was 0.91 (95% CI, 0.68-1.20; P = .50) and at age 5, the RR of ASD for 2 doses was 1.09 (95% CI, 0.76-1.54; P = .65).

Conclusions and Relevance. In this large sample of privately insured children with older siblings, receipt of the MMR vaccine was not associated with increased risk of ASD, regardless of whether older siblings had ASD. These findings indicate no harmful association between MMR vaccine receipt and ASD even among children already at higher risk for ASD.

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The strange tale of GcMAF

WDDTY, 15 June 2015
https://www.wddty.com/features/the-strange-tale-of-gcmaf/

For a therapy that's been heralded as a cure for cancer, AIDS and autism, the baptism of GcMAF has been a fiery one. Its chief exponent, Dr Jeff Bradstreet, was found dead from a gunshot wound in 2015 – to this day his relatives suspect foul play – and its main manufacturer was jailed last November.

Studies showing the effectiveness of GcMAF, an immunotherapy treatment, have been denounced as bad science or even fraudulent, yet countering that are the thousands of testimonials from people who say they have been helped – even cured – by the therapy.

In sentencing David Noakes, who manufactured GcMAF in the UK, the judge was at pains to point out that the therapy "is not on trial." Noakes, who was sentenced to 15 months in prison after pleading guilty to four counts of manufacturing and selling an unlicensed product and one of money laundering, firmly believed the therapy had helped many people, but he had shown "a reckless disregard for the regulatory regime," said Judge Nicholas Lorraine-Smith.

The prosecution followed a three-year investigation by the UK Medicines and Healthcare Products Regulatory Agency (MHRA), which claimed Noakes had made £10 million (about $12.5 million) from the sale of GcMAF between 2012 and 2015, the year when regulators raided the Cambridgeshire, UK, manufacturing plant of his company Immuno Biotech, seizing product worth around £5.5 million ($7 million).

In a statement, the MHRA said there was no scientific evidence to support Noakes's claims that GcMAF was a 'miracle cure' for cancer, HIV and autism. It also claimed that Noakes had admitted it couldn't cure cancer, although in a separate statement, Noakes had said the admission was advised by his solicitors and had been part of a plea-bargaining negotiation.

In June 2015, just a few months after the MHRA raid, investigators from the US Food and Drug Administration (FDA) raided the Georgia clinic of Dr Jeff Bradstreet, who had been using GcMAF to treat more than 11,000 children with autism. His body was found a few days later, floating in a river in North Carolina, with one gunshot wound to the chest. Investigators said he had committed suicide, but his family hired independent forensic analysts who suspected foul play.

It's only natural

For a therapy that makes such enormous claims, and which – if true – would challenge the pharmaceutical industry, it's not surprising it has been mired in conspiracy theories, charges of fraud and even lawsuits.

GcMAF (Gc protein-derived macrophage activating factor) is a protein that is naturally produced by the body and plays an important role in the healthy functioning of the immune system, and especially in activated macrophages, the white blood cells that protect against cancerous cells, bacteria and 'foreign substances.'

The GcMAF theory postulates that people who are immunocompromised have low levels of the protein and are more susceptible to cancer, multiple sclerosis and other systemic conditions. Cancer cells produce an enzyme, nagalase, that shuts down macrophage activity, and so the typical cancer patient has high levels of nagalase and low levels of GcMAF.

This theory – and the discovery of GcMAF – is the work of Dr Nobuto Yamamoto, a biophysicist who announced his discovery in 1991 while working at Hahnemann Medical College (now Drexel University College of Medicine) in Philadelphia.

Starting in 2006, he began to publish papers suggesting that nagalase levels were an indicator of AIDS progression, and that GcMAF could destroy metastasizing (spreading) breast cancer cells, combat colorectal cancer and cure HIV.

The journals that had published these papers eventually withdrew them after receiving complaints they were unscientific. The Anticancer Fund, based in Belgium, criticized Yamamoto's report on treating eight colorectal patients because its measure of successful treatment was based purely on patients' levels of nagalase, and not tumor size, while the aggressiveness of the cancers was never disclosed.[1]

One paper escaped the purge. Yamamoto and his team treated 16 prostate cancer patients with weekly doses of 100 ng GcMAF for between 14 and 25 weeks and found that their nagalase levels had dropped, which, they concluded, "indicated these patients were tumor-free".[2]

In 2009, Yamamoto sold the patents for GcMAF to an Israeli biopharmaceutical company, Efranet Macrophage, which subsequently rebranded it as EF-022. But others started to take an interest in GcMAF, including David Noakes. Yamamoto said his patent lawyers had tried to sue Noakes, but he had 'escaped.' One of Noakes' associates was Dr Bradstreet, who was testing GcMAF as a therapy for autism.

Bradstreet, a neuroscientist and professor of child development at the Southwest College of Naturopathic Medicine in Arizona, had published an initial study showing that GcMAF lowered the nagalase levels of 40 autistic children – and, thus, according to Yamamoto's protocols, had reversed autism itself.[3] Immuno Biotech, Noakes's company, has claimed that 500 autistic children of the 3,500 treated with GcMAF made a full recovery, and Bradstreet said he had treated thousands of autistic children at his clinic until the FDA raid.

The Immuno Biotech website claims that 180 scientists have published 73 research papers on GcMAF, while the company has written 33 papers since 2012. At a conference in 2013, doctors had reported cases of complete remission even in patients with stage IV cancer, and those individuals who had never had chemotherapy were the most likely to survive.

Overall, the company claims a 25 percent success rate with autism, with many other chronic conditions – like herpes, acne, kidney disease, Crohn's disease and osteoporosis – also being reversed.

Milking it

The death of Bradstreet and imprisonment of Noakes might have heralded the end of the GcMAF saga, but it refuses to go away. In Japan – where yet another version of GcMAF is being produced and sold on the web – researchers and therapists continue to take a close interest in the protein and have published papers on their findings.

In one, researchers at Kagoshima University tested a 'second-generation' GcMAF – produced with cows' colostrum, the first form of milk all mammals produce after giving birth – on two patients with chronic fatigue syndrome, who they claim experienced a reduction in fatigue and pain.[4]

Colostrum MAF, as it's known, was also tested on a patient with multiple sclerosis, who showed improvements, especially in motor function.5 Combined with low-intensity ultrasound therapy, it also killed cancer cells in a 77-year-old man with lung cancer.6

Proponents of GcMAF describe it as the most powerful – and promising – immunotherapy treatment for cancer of them all. The thousands who have been treated with GcMAF – including hundreds of cancer sufferers on the island of Guernsey, where Noakes's Immuno Biotech company is based – would agree.

GcMAF could be another false trail in the long road to finding a cancer cure, but there's enough evidence out there that suggests it deserves a closer – and independent – look. But raiding offices and clinics, and seizing the products, isn't the best way of finding out.

How it works

GcMAF (Gc protein-derived macrophage activating factor) is a protein we produce in our bodies. It binds with vitamin D to help improve immune system response by activating macrophages, the white blood cells that kill bacteria and cancer cells and clean up cellular 'debris.'

But the protein doesn't operate alone; it needs vitamin D to help regulate it. The vitamin – and especially variants D3 and D2 – is vital for the healthy functioning of the immune system, and especially for the development of the central nervous system and neurological processes.

An enzyme called nagalase (alpha-N-acetylgalactosaminidase) can interfere with macrophage activity, and having a high nagalase level is a risk factor for many chronic conditions, including lupus and cancer.

GcMAF therapy blocks nagalase, allowing the body to start producing its own version of the protein and restore healthy immune function.

As well as supplementing with D3 – with anything from 10,000 to 20,000 IU every day – taking GcMAF may also work better when it's combined with oleic acid, a fatty acid found in meats, vegetables and milk.

The original GcMAF products were based on serum (blood), but later generations are instead produced using colostrum, the first milk produced by mammals after giving birth. Antibodies in the colostrum called immunoglobulins are also supposed to make the protein more effective.

Another GcMAF activator is yogurt. Dr John Gray – author of the best-selling book series *Men Are from Mars, Women Are from Venus* who now runs his own health center in California – advocates the use of Bravo Super Probiotic yogurt, as the product's 42 strains of probiotic bacteria have been "proven to produce the essential protein, GcMAF."

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1. Cancer Immunol Immunother, 2014; 63: 1347-8
2. Transl Oncol, 2008; 1: 65-72
3. Autism Insights, 2012; 4: 31-8
4. Neuropsychiatry, 2017; 7: 246-53
5. Anticancer Res, 2016; 36: 3771-4
6. Anticancer Res, 2016; 36: 3767-70

What Doctors Don't Tell You
https://www.wddty.com › features › the-strange-tale-of-...

The strange tale of GcMAF - What Doctors Don't Tell ...

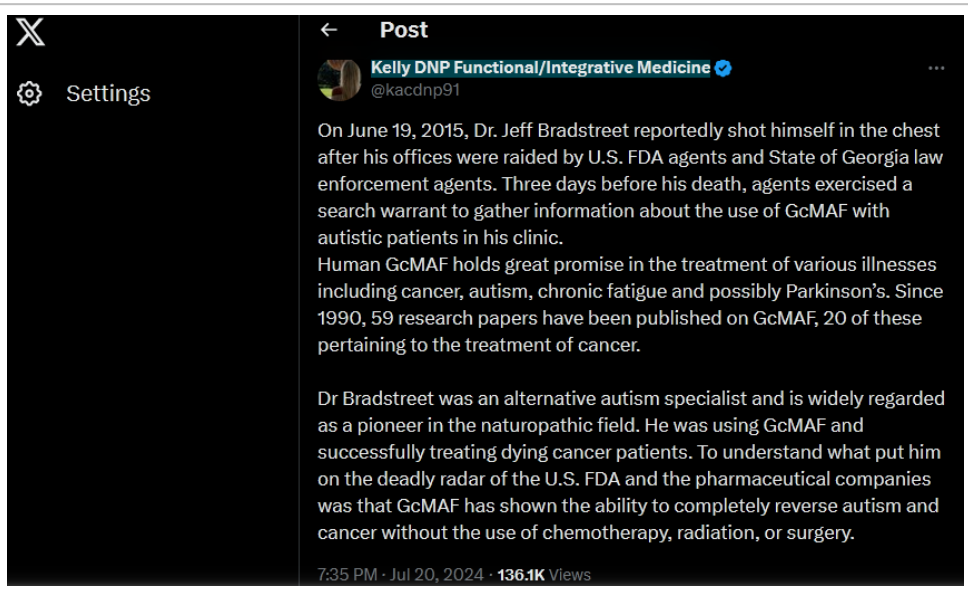
15 Jun 2015 — **The strange tale of GcMAF**. Reading time: 6 minutes. For a therapy that's been heralded as a cure for cancer, AIDS and autism, the baptism of GcMAF has been a ...

On June 19, 2015, Dr. Jeff Bradstreet reportedly shot himself in the chest ...

X, Kelly DNP Functional/Integrative Medicine
https://mobile.x.com/kacdnp91/status/1814625210064069102

On June 19, 2015, Dr. Jeff Bradstreet reportedly shot himself in the chest after his offices were raided by U.S. FDA agents and State of Georgia law enforcement agents. Three days before his death, agents exercised a search warrant to gather information about the use of GcMAF with autistic patients in his clinic. Human GcMAF holds great promise in the treatment of various illnesses including cancer, autism, chronic fatigue and possibly Parkinson's. Since 1990, 59 research papers have been published on GcMAF, 20 of these pertaining to the treatment of cancer.

Dr Bradstreet was an alternative autism specialist and is widely regarded as a pioneer in the naturopathic field. He was using GcMAF and successfully treating dying cancer patients. To understand what put him on the deadly radar of the U.S. FDA and the pharmaceutical companies was that GcMAF has shown the ability to completely reverse autism and cancer without the use of chemotherapy, radiation, or surgery.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Nothing surprises me anymore.
Kelly DNP Functional/Integrative Medicine @kacdnp91 · Jul 20
On June 19, 2015, Dr. Jeff Bradstreet reportedly shot himself in the chest after his offices were raided by U.S. FDA agents and State of Georgia law enforcement agents. Three days before his death, agents exercised a search warrant to gather information about the use of GcMAF
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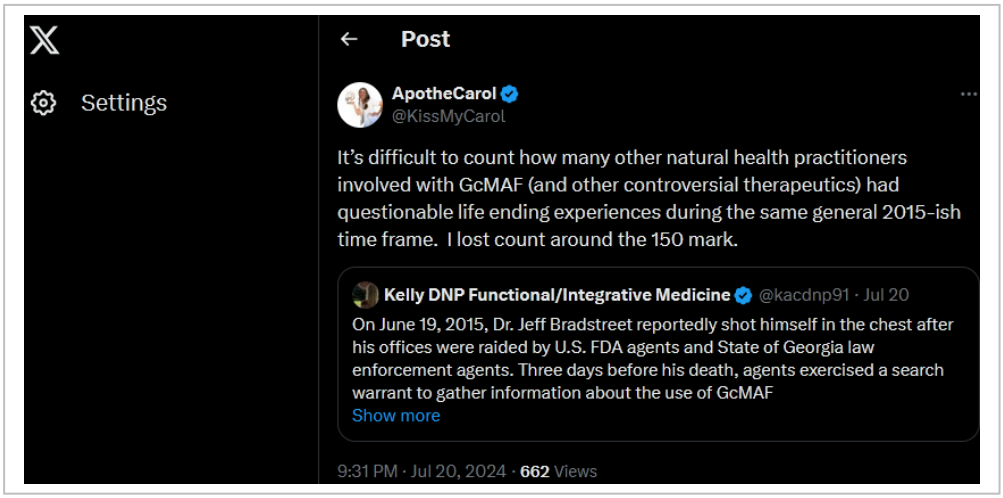
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It's difficult to count how many other natural health practitioners involved with GcMAF (and other controversial therapeutics) had questionable life ending experiences during the same general 2015-ish time frame. I lost count around the 150 mark.
Kelly DNP Functional/Integrative Medicine @kacdnp91 · Jul 20
On June 19, 2015, Dr. Jeff Bradstreet reportedly shot himself in the chest after his offices were raided by U.S. FDA agents and State of Georgia law enforcement agents. Three days before his death, agents exercised a search warrant to gather information about the use of GcMAF
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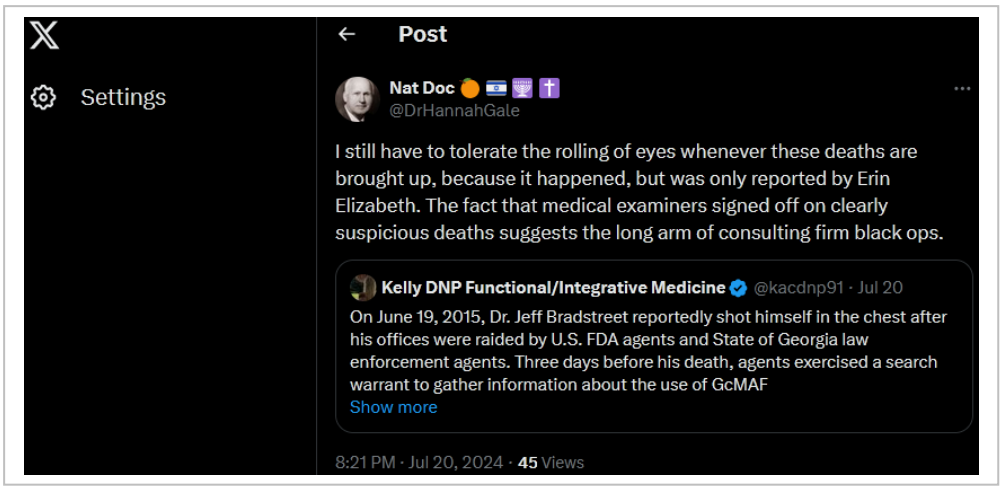
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Nat Doc
@DrHannahGale
I still have to tolerate the rolling of eyes whenever these deaths are brought up, because it happened, but was only reported by Erin Elizabeth. The fact that medical examiners signed off on clearly suspicious deaths suggests the long arm of consulting firm black ops.
Kelly DNP Functional/Integrative Medicine @kacdnp91 · Jul 20
On June 19, 2015, Dr. Jeff Bradstreet reportedly shot himself in the chest after his offices were raided by U.S. FDA agents and State of Georgia law enforcement agents. Three days before his death, agents exercised a search warrant to gather information about the use of GcMAF
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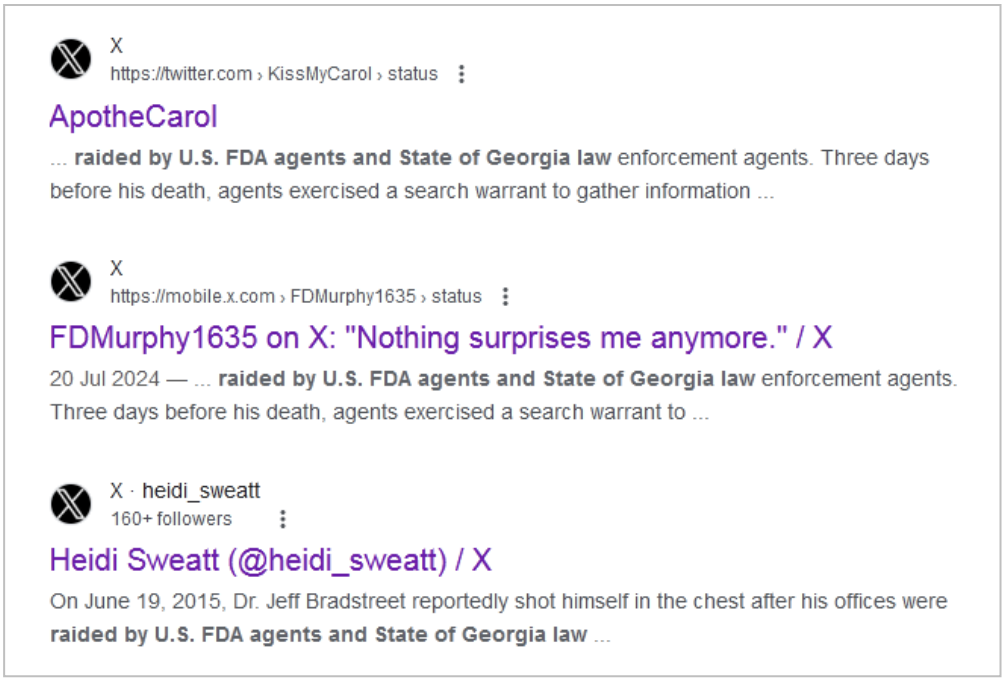
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On June 19, 2015, Dr. Jeff Bradstreet reportedly shot himself in the chest after his offices were raided by U.S. FDA agents and State of Georgia law ...

Erin Elizabeth

Famous autism researcher and Doctor, Jeff Bradstreet, MD, died of alleged "self inflicted gunshot wound" to chest and found in a river

Health Nut News, 23 June 2015
https://healthnutnews.com/famous-florida-autism-researcher-and-doctor-jeff-bradstreet-died-of-alleged-self-inflicted-gunshot-wound-and-found-in-a-river/

There are now 5 missing doctors (4 holistic & 1 osteopath) from the same region, and 5 more are missing, all within under a month.

From their Facebook page, the Bradstreet family has said they're "going to get to the bottom of this." They've started a GoFundMe page to help launch a thorough investigation to uncover whether or not foul play was involved. They've asked that people not speculate at this time. We hope they find out the truth. They deserve at least that. Our thoughts and condolences go out to his family, friends, patients, and many followers. =>
https://web.archive.org/web/20150627143820/http://www.gofundme.com/xscefs?fb_action_ids=10200851175799279&fb_action_types=og.shares

I'd heard about the raid on his office in Buford, GA, which happened just before his death but didn't write about it. Now that the Epoch Times has posted a tastefully written piece by an epidemiologist from AutismInvestigated.com, I feel I can share that information. There are speculations as to why the office was raided, but I'm not going to comment on that. I just know that Dr. Bradstreet helped many children who were his patients, and was loved by countless people, as evidenced by his memorial page on Facebook. He leaves behind a beautiful wife and family.

End of update.

I'm sad to report that two prominent doctors in the "alternative medicine" world have died in the past few days. The first was the accomplished, well known, and much loved Dr. Jeff Bradstreet MD**,** formerly of the East Coast of Florida, who'd since moved to Georgia.

Fox Carolina is reporting that his body was found in a river in North Carolina and that he died of an apparent "self-inflicted gunshot wound to the chest."

The funeral is in Shelby, North Carolina. Shelby is a small town of 20k people and where authorities recently apprehended Dylann Roof, the Charleston South Carolina mass church killer. Some doctors writing me tonight find the story suspicious. They're concerned. I'm concerned too; my other half is a prominent, controversial doctor as well. I suspect we'll know more as the investigation continues.

Another doctor (whose name I cannot yet disclose) died suddenly on Father's Day, here on Florida's east coast. *He too had a run-in with the feds, was investigated and charged*, but I'll elaborate on that in due time. This doctor was healthy and fit, with a thriving practice, and had an additional PhD in nutrition from Harvard. We're saddened by the sudden death of both doctors. Loved ones have already set up a memorial page for Dr. Bradstreet on Facebook. People who loved him are posting worldwide and thanking him for all he did during his amazing career. I haven't yet posted this article on Facebook, and haven't noticed any news coverage of the details I've found regarding his death.

From the article about Dr. Bradstreet's tragic death:

"The Rutherford County Sheriff's Office said they received a report about a body in the Rocky Broad River in Chimney Rock on June 19.

Deputies said the body was found by a fisherman. The body was removed from the river and was identified as James Jeffrey Bradstreet of Braselton, Georgia. Bradstreet had a gunshot wound to the chest, which appeared to be self inflicted, according to deputies.

Divers from the Henderson County Rescue Squad responded to the scene and recovered a handgun from the rivers, according to deputies.

Bradstreet's body was sent to Wake Forest Baptist Medical Center for an autopsy on Wednesday. The case remains under investigation."

We will update you as more information becomes available about the death of Dr. Jeffrey Bradstreet and of the other doctor whose name I can't yet share. More info is coming in at this late hour about the #CDCwhistleblower and from other sources I need to vet before posting (it's complicated). Our hearts go out to their families and friends during their time of loss.

Gwinnett Daily Post

Controversial autism researcher, Jeff Bradstreet, commits suicide after FDA raid in Buford, authorities say

Gwinnett Daily Post, 24 June 2015
https://www.gwinnettdailypost.com/archive/controversial-autism-researcher-jeff-bradstreet-commits-suicide-after-fda-raid-in-buford-authorities-say/article_f5192b34-9d05-504f-973a-4778728ede09.html

BUFORD – Dr. Jeff Bradstreet, an autism researcher hailed as a hero by some, dismissed as a fringe conspiracy theorist by others, is believed to have committed suicide following a visit to his Buford office by federal agents, authorities confirmed Thursday.

Multiple law enforcement officials said the U.S. Food and Drug Administration searched Bradstreet Wellness Center last week. On Monday, plastic sheets covered the windows of the two suites the office takes up in a complex off Commerce Drive, and the doors were locked.

Employees who answered the door said they couldn't give any information, that it was too soon to speculate on how he died. By Wednesday night, some of Bradstreet's supporters were speculating that his death wasn't a suicide, but a conspiracy.

The Rutherford County, N.C. Sheriff's Office says the doctor, 61, of Braselton, was found dead by a fisherman in the Rocky Broad River on Friday afternoon, not far from the lake Bradstreet and his wife often visited on vacation.

"Mr. Bradstreet had a gunshot wound to the chest, which appears to be self inflicted," a statement from the office said, adding that the investigation is ongoing.

The FDA has yet to reveal why agents searched the office of the doctor, reportedly a former pastor who has been controversial for well over a decade. Robert Hiser, an assistant special agent in charge with the federal agency's criminal investigations division, referred questions to the U.S. Attorney's Office in Atlanta, which couldn't immediately be reached Thursday.

The Georgia Drugs and Narcotics Agency aided the FDA with the raid, but director Rick Allen said Thursday he wasn't immediately able to give information on the purpose of the search.

Bradstreet has been criticized for using methods of treating autism that were dismissed by mainstream medical professionals. He has also been blasted for reportedly treating patients for "mercury toxicity," based on the belief that an ingredient in a childhood vaccination caused autism, a theory which the leading voices in medicine say is inaccurate.

As news of his death spread, many of his supporters began posting messages online, saying that he had saved their children's lives, that he was champion for the movement to cure autism. They posted story after story in which his therapies and drugs were successful.

Others, including a man who said he was his brother, called him a martyr for autism and insinuated that the truth about his death wasn't yet known. The man, Thomas Bradstreet, is shown as the creator an online fundraising page, asking for $25,000 from supporters for "Finding out the TRUTH."

More than $5,000 had been donated by shortly after noon Thursday.

Jamie Keever, the investigator from the sheriff's office on the case, said he was aware of the theories.

"I've talked to some of those people today," he said Thursday. "I don't know what to say. They have a right to their opinion."

Efforts to reach the Bradstreet family were not successful this week.

Return to gwinnettdailypost.com for updates.

Dr. Jeff Bradstreet

https://web.archive.org/web/20150628133129/https://www.gwinnettdailypost.com/photos/2015/jun/25/148031/

EPOCH TIMES

Jake Crosby

Doctor who Shined Light on Vaccine Injury Dies at 60

The Epoch Times, 25 June 2014 // Autism Investigated, 26 June, 2015
https://web.archive.org/web/20150628022510/http://www.theepochtimes.com/n3/blog/doctor-vaccine-injury-dies-60/
https://web.archive.org/web/20150628055507/http://www.autisminvestigated.com/doctor-vaccine-injury-dies-60/

It comes with great sadness to announce the untimely passing of Dr. Jeff Bradstreet, a medical doctor and parent of a child who developed autism after vaccination. Having once stated at a conference that "autism taught me more about medicine than medical school did," he has contributed heavily to the body of peer reviewed science implicating the vaccine schedule in autism's etiology.

He had produced research suggesting children with autism have a higher body burden of mercury as well as research detecting measles in a subset of children with regressive autism who received the live-virus measles, mumps and rubella vaccination. As such, he believed children who presented with these types of findings should be treated for them.

=> see: Bradstreet, et al. https://www.jpands.org/jpands0803.htm // https://www.jpands.org/vol8no3/geier.pdf
=> see: Bradstreet, et al. https://www.jpands.org/vol9no2/bradstreet.pdf

Dr. Bradstreet faced considerable scorn as a result of his research, practice and views.

In 2004 his work was dismissed by the Institute of Medicine, which was paid by the Centers for Disease Control and Prevention to produce a report rejecting any association between autism and vaccination. He was also ridiculed for mercury detoxification treatment by a special master in vaccine court, where email evidence has since shown that petitioners' attorneys advised by SafeMinds threw the case for the mercury-based vaccine preservative thimerosal causing the autism epidemic.

Then shortly after an FDA raid on his clinic in Buford, Georgia, Dr. Bradstreet was suddenly found dead. The FDA – which continues to maintain that thimerosal is safe despite contrary evidence produced by him and other researchers – would not comment on why its agents visited his clinic. An investigation is ongoing and a fundraising effort has been set up by his brother "To find the answers to the many questions leading up to the death of Dr Bradstreet, including an exhaustive investigation into the possibility of foul play."

In the meantime, his brother requested that people not spread rumors or gossip about Dr. Bradstreet's untimely death out of respect for his family. Autism Investigated will honor those wishes and will not approve any comments through moderation that do. May the circumstances surrounding Dr. Bradstreet's passing be revealed soon, and may Dr. Bradstreet's scientific contributions help lead to the end of the harm being done to so many children.

NBC NEWS

Anti-Vaccine Doctor Jeff Bradstreet Dead in Apparent Suicid

NBC News, 27 June 2015, 6:33 PM GMT+8
https://www.nbcnews.com/news/us-news/anti-vaccine-doctor-jeff-bradstreet-apparent-suicide-officials-n382981

Anti-vaccine doctor Jeff Bradstreet was found dead in an apparent suicide in North Carolina, officials said.

The Rutherford County Sherriff's Office said in a news release issued this week that Bradstreet died of what appears to be a self-inflicted gunshot wound to the chest.

He was found in a river in the Rocky Broad River in Chimney Rock on June 19 by a fisherman.

“The case is still under investigation,” the news release said

His family is raising funds online to investigate his death, the Associated Press reported.

Bradstreet ran a clinic in Buford, Georgia, and published autism research based on the claim that vaccines cause autism, the AP said.

The Gwinnett Daily Post in Georgia reported that U.S. Food and Drug Administration agents searched Bradstreet’s clinic on Monday, citing multiple law enforcement officials. That report could not immediately be verified by NBC News.

12 WJTV NEWS FOCUSED ON YOU

Erin Burt

CBS News: Authorities: Anti-vaccine doctor dead in apparent suicide

CBS News, 27 June 2015, 10:46 AM CDT
https://www.wjtv.com/news/cbs-news-authorities-anti-vaccine-doctor-dead-in-apparent-suicide/

Chimney Rock, N.C. – Authorities say Dr. Jeff Bradstreet, who published research based on the medically disproved claim that vaccines cause autism, has been found dead in an apparent suicide in North Carolina.

The Rutherford County Sheriff's Office said in a news release issued this week that Bradstreet died of what appears to be a self-inflicted gunshot wound to the chest.

Bradstreet, who was from Braselton, Georgia, was found in the Rocky Broad River in Chimney Rock on June 19. His body was found by a fisherman. The sheriff's department said Tuesday that a handgun was also pulled from the river.

Authorities are still investigating.

Bradstreet ran a clinic in Buford, Georgia. He also owned Creation's Own, a maker of dietary supplements, which he also prescribed.

The Gwinnett Daily Post reports that agents from the U.S. Food and Drug Administration, aided by the Georgia Drugs and Narcotics Agency, raided the Bradstreet Wellness Center last week. The FDA did not reveal to the paper why agents had searched Bradstreet's office.

Bradstreet's family is now raising funds online to investigate his death, including "an exhaustive investigation into the possibility of foul play."

The Bradstreet Wellness Center's website describes the practice's focus as "treating children with Autism Spectrum Disorder, PPD, and related neurological and developmental disorders," through the use of measured biomarkers.

"Our mission is to positively impact children's lives by meeting their biological, behavioral, and nutritional needs," it states. "Properly identify and address the underlying issues so that the child's brain, gut and immune systems can begin to function and heal."

In 2009, the U.S. Court of Federal Claims, Office of Special Masters found Bradstreet's research claiming causation between autism and environmental mercury exposure, which were published in non-peer-reviewed journals, and his testimony about links between a young patient's autism and his MMR vaccination, to be unconvincing and unsupported by evidence.

The court's opinion also questioned Bradstreet's treatment of a Florida boy whose family had filed a claim under the National Vaccine Injury Compensation Program. Over several years, Bradstreet prescribed a variety of dietary supplements, "de-yeasting," secretin infusions, immunoglobulin therapy and chelation therapy, as well as numerous non-standard laboratory tests which were not FDA-approved.

The Washington Post

Michael E. Miller

Anti-vaccine doctor behind 'dangerous' autism therapy found dead
Family cries foul

The Washington Post, 29 June 2015, 5:23 a.m. EDT
https://www.washingtonpost.com/news/morning-mix/wp/2015/06/29/anti-vaccine-doctor-behind-dangerous-autism-therapy-found-dead-family-cries-foul/

James Jeffrey Bradstreet's life was full of controversy. To thousands of supporters, he was a savior: a physician who claimed vaccines caused autism and promoted radical procedures to treat those afflicted, including his own son.

To many others, however, he was a crackpot: a man who, despite his medical license, ignored science and championed dangerous, discredited and occasionally deadly treatments.

It's no surprise, therefore, that Bradstreet's death is proving equally divisive.

On the afternoon of June 19, a fisherman spotted Bradstreet's lifeless body lying in the Broad River in the tiny town of Chimney Rock, N.C. He had a gunshot wound to his chest, authorities said. A gun was found in the water nearby.

That's about all that everyone can agree on.

Like his research, Bradstreet's death has become a Rorschach test in which his supporters see a conspiracy, while most everyone else – including law enforcement – sees slow downward slide towards suicide.

The Rutherford County Sheriff's Office said it is investigating Bradstreet's death, but that the wound appears to have been self-inflicted.

Bradstreet's family, however, has set up an online account to raise funds for "an exhaustive investigation into the possibility of foul play."

"Jeff dedicated his life's work to finding answers, always pushing the envelope, and never giving up, even at the risk of being perceived as controversial," wrote his niece, Cali Bradstreet Howell, on the gofundme Web site. "Now, in this moment, we find ourselves in a position, where we too are in search for answers … and we intend on finding them."

Bradstreet had been a leading voice in the anti-vaccine, or "anti-vaxxer," movement for nearly two decades.

He was a former preacher who traded the pulpit for a physician's gown, according to the Gwinnett Daily Post. Bradstreet received his medical degree from the University of South Florida and completed his residency at the Wilford Hall USAF Medical Center in Texas, according to a paper he wrote.

His interest in autism was as much personal as professional. He made no secret about the fact that family had been touched by the disorder. "Both [my] son and stepson have autism spectrum disorders and have experienced significant recovery as a result of intensive biomedical interventions," he claimed.

On his blog, Bradstreet detailed the painful story of how his own son's struggles had pushed him to study autism – and increasingly controversial therapies.

"It takes a lot of courage to face the world with autism," he wrote in a 2012 birthday letter to his autistic son:

From an easy pregnancy and simple delivery you progressed as a sweet and happy baby boy right up until 8 months when that first ear infection struck. It didn't want to go away easily and ultimately you needed tubes to drain the infection. Prior to that we tried a lot of antibiotics and none worked. We didn't realize back then that you had a primary immune deficiency and couldn't make enough IgM to defend your body.

I can't even talk about the next year and all the things that happened. But your mother and I had to watch our precious boy change without understanding what was happening. The first time you pulled the pans out of the kitchen cabinets and banged on them it was cute. The next 20 times it was obvious something was wrong. And then you just didn't seem to cry when you fell and hurt yourself. I had never seen that before.

The worst part of those early years was the horrific diarrhea that would actually burn your bottom within seconds. That was so sad and so hard to treat. Back in those days we understood so little about the gut connection to autism.

Ultimately, secretin (a simple hormone) give IV made a huge difference in that problem. It was an immediate change and even got you the attention of Bernie Rimland and the National Enquirer. Your response to secretin made you an immediate hit with about 10 million readers of the Enquirer and neither your nor my life has been the same since.

But as the National Enquirer coverage suggests, some of these treatments were salacious but scientifically iffy. (A 2012 study, for instance, found "no evidence that single or multiple dose intravenous secretin is effective" for treating autism.) Bradstreet also wrote about including his son in an intravenous immunogloblin (IVIG) trial that "made a huge difference." But another study found IVIG only helped 10 percent of patients and "should be undertaken only with great caution."

Nonetheless, his son's case helped convince Bradstreet that vaccines caused autism. He took his message to the highest levels of government. Twice he testified about the supposed link between vaccines and autism before the U.S. House of Representatives.

"He was a very happy, well connected child prior to his MMR at approximately 12 months of age," Bradstreet told representatives in 2002, presenting copies of his son's various tests. "Matthew completely lost about 2 months after his MMR vaccine."

From his clinic in Buford, Ga., Bradstreet treated patients from around the world, many who sought him out online. Desperate parents seeking answers for their children's maladies would write to him on his blog, begging him for help.

But leading autism experts say Bradstreet was simply wrong, and that the autism therapies he espoused were "dangerous."

"There is no evidence that vaccines cause autism," Peter Jay Hotez, dean for the National School of Tropical Medicine at Baylor College of Medicine, told The Washington Post. "It is pseudoscience based on a misunderstanding of the whole neurobiology of autism.

"But there are a lot of worrying conspiracy theorists that keep on making up allegations about vaccines," he said. "Every five years, the main variables change. I've seen about six iterations of this. As soon as one pseudoscience theory is debunked, someone comes up with something new."

Hotez, who also has a child with autism, said it was understandable that Bradstreet and others sought answers to the still somewhat mysterious disorder.

"If you Google something on the Web, you can get a quick and easy fix," he said. "Unfortunately that's what a lot of parents do, and there is a lot of garbage on the Internet."

Bradstreet's beliefs were doubly dangerous, Hotez said. Not only did they scare people off of vaccines – something that has led to a resurgence of measles in the U.S. – but the treatments themselves can also be deadly.

"Bradstreet was promoting chelation therapy, which is dangerous and without any benefit," Hotez said. Chelation involves the use of chemicals to remove metals from a patient's blood.

The U.S. Food and Drug Administration says chelation can be used in cases of acute poisoning, but Bradstreet believed the procedure could treat autism by removing mercury — supposedly introduced by vaccines — from an autistic person's blood.

The FDA, however, has warned against such "chelation therapies" for autism: "Chelating important minerals needed by the body can lead to serious and life-threatening outcomes."

"Chelation therapy never made any sense from a scientific standpoint," Hotez added. "So in the zeal to chelate mercury, which, again, there is no basis showing [it is the problem], Bradstreet would also chelate the calcium, and that would cause a very toxic reaction."

"Chelation is certainly not appropriate" for treating autism, Michael Katz, a senior adviser to the March of Dimes and professor emeritus at Columbia University, told The Washington Post. He added that numerous studies have debunked the link between mercury in vaccines and autism, rendering chelation pointless.

Bradstreet was also a believer in hyperbaric oxygen chambers and stem cell therapy for the autistic.

It is unclear what role Bradstreet's controversial research and therapeutic techniques might have played in his death. According to the Gwinnett Daily Post, the FDA and Georgia's Drugs and Narcotics Agency raided his Buford clinic in the days before his death.

"Multiple law enforcement officials said the U.S. Food and Drug Administration searched Bradstreet Wellness Center last week," the newspaper reported on June 26. "On Monday, [June 22] plastic sheets covered the windows of the two suites the office takes up in a complex off Commerce Drive, and the doors were locked."

It's still unclear why the raid was carried out. For many, however, the timing seemed to fit with the official explanation of a suicide. Bradstreet's body was found near where he and his wife vacation, the Daily Post reported. And, although less frequent than bullets to the head, suicide shots to the chest are not uncommon.

But Bradstreet's family and broad network of supporters see a nefarious scheme in the series of events leading to his death.

"He was a fighter and would never just quit," Bradstreet's former wife, Lori, wrote on the gofundme Web site. "What we were told happened really does defy all reason. Thank you for all your help to find the truth."

The Bradstreet family did not respond to multiple requests for comment.

"I can not accept the notion that Jeff would take his own life," wrote former colleague, John Reinhold Sr. "His research was a threat to many representing huge financial losses in the hundreds of billions, if the direction his research was validating came to be accepted as 'fact.' We discussed this many times when he was in the earliest stages of his work. The public is unaware of how easy it is for someone knowledgeable whose financial interests are threatened to make a phone call and simply state, 'He's an annoyance we don't need right now,' and that simple statement putting plans in motion. If Jeff's strong suspicions are right regarding cause and causes of autism, legal actions against those corporations implicated would be staggering and possibly unprecedented in the history of world finance. Jeff was brilliant and had every reason to live. Although we've not been in touch in recent years I can not fathom that he checked himself out."

Others expressed their thanks for the miracles that Bradstreet had allegedly worked upon their autistic children, while quickly decrying his "murder."

"I will always remember how helpful his office in Melbourne Fl. was to my very ill autistic child," Marla Peters wrote. "My daughter is now 19, she was 5 when we first went to his office. No one would help her with her gut pain but this group of Dr.s helped her and myself. Forever grateful and sad because his work was not done! May God have vengeance quickly on the evil doers who murdered him!"

"One of the best doctors my son had in 21 years," echoed Andrea Parker. "He did not kill himself! I simply don't believe it at all. He was super religious and had an Autistic son himself. This looks really dirty to me."

Hotez said passions run high in the autism debate. He and his family have received angry messages and e-mails but never death threats, he said.

And while he couldn't comment about Bradstreet's death, Hotez wondered if the homicide theories were, like vaccine conspiracies, half baked.

"There is a deep seated paranoia" in the anti-vaccine movement, he said. "There is a deep seated feeling that there must be something bad out there."

Medscape

Dr. Jeff Bradstreet Murder vs. Suicide: Media Spin Evidences Organized Crime

Med Scape, 2 July 2015
https://medicalveritas.org/dr-jeff-bradstreet-murder-vs-suicide-media-propaganda-evidences-organized-crime/

Dr. Jeff Bradstreet Murder vs. Suicide: The Washington Post, Historically a Mouthpiece for the CIA, Heralds "Anti-vaccine Doctor Behind 'Dangerous' Autism Therapy Found Dead. Family Cries Foul."

Foreword by
Dr. Leonard G. Horowitz

The following well-written article by Michael E. Miller, published by the *Washington Post,* is a classic study in social engineering using defamatory propaganda published to disparage the recently deceased Dr. Jeff Bradstreet on behalf of the *Post*'s leading advertisers–Big Pharma–that has historically played key roles in aiding-and-abetting genocide, mandatory vaccinations, and anti-trust violations in medicine while defrauding consumers and depriving people of their rights, informed consent, and even religious freedoms.

Miller's prose evidences a pattern of bias and commercial malice, punctuated by adjectives abused to discredit every aspect of the heroic Dr. Bradstreet's academic dedication, published science, and clinical success stories.

The Hegelian Dialectic Used in Counter-Intelligence

To see the forest of reality through the trees of counter-intelligence propaganda, you need to first understand the general persuasion technique called the "Hegelian Dialectic" that the "news media" applies in circumstances such as this. When protection against threatened revolution is needed; when a defense against heroes, like Dr. Bradstreet, are required to squelch voices loud enough to "make a difference" in health science and clinical practice; and when alternative views of life and health endanger the petrochemical status quo, behavioral science is applied to media spin, to news "programming," to shape minds, beliefs, attitudes, and political actions to the detriment of truth and reason in medicine and civilization.

The Hegelian Dialectic applies a "thesis," followed by its "antithesis," yielding "synthesis." In this case, the *Post*'s "thesis" is that Dr. Bradstreet was a quack; the antithesis is that Bradstreet was a hero in the world of autism and "alternative medicine." The social engineering outcome is called "synthesis"–mass confusion about the safety and efficacy of lower cost less risky approaches to healthcare, and diversion from the underlying medical monopoly and commercial conspiracy.

This is how Big Pharma's "protection racketeering" is administered; whereby opposition to "slash, burn, and poison medicine" is squelched by defaming parties threatening the drug cartel. The media, by omissions and misrepresentations, commits consumer fraud in this way. Media spins effectively influence and engineer society to accept deadly doctrines, and indoctrinate generations into a "health science cult."

That cult argues that anything other than what the "gods of science" espouse from corporate-controlled institutions of "higher learning" is "pseudoscience" and "dangerous."

"The 'smoking gun' in this case is the FDA's armed intrusion into Dr. Bradstreet's clinic only days before his death–a clear and convincing assault against the doctor's health freedom and professional reputation in retaliation for Dr. Bradstreet's well-founded opposition to the vaccine industry's liability for creating generations of brain damaged victims."

Fraudulent Concealment of Evidence of Assassination in the *Post*'s Spin

Dr. Bradstreet's most probable assassination is evidenced by the bias expressed by the *Post*, and other "mainstream media" sources of counter-intelligence propaganda. Bradstreet had achieved academic and medical prominence, and was capable of changing minds and scientific paradigms to advance medicine beyond Big Pharma's fixation on intoxicating pharmacology (i.e., drugs and vaccines that cause horrible side effects).

If investigators were to discover a smoking gun beside a murder victim they would be liable for negligence, cover-up, or even complicity in the murder if they were to claim the gun contained only blanks, and swept away evidence of the suspect leaving the scene of the crime.

The "smoking gun" in this case is the FDA's armed intrusion into Dr. Bradstreet's clinic only days before his death–a clear and convincing assault against the doctor's health freedom and professional reputation in retaliation for Dr. Bradstreet's well-founded opposition to the vaccine industry's liability for creating generations of brain-damaged genetically-mutated victims.

Miller's article is akin to sweeping the evidence of crime under the carpet, and then claiming the murder victim killed himself because he was mentally ill. According to the *Post*, Bradstreet "ignored science and championed dangerous, discredited, and occasionally deadly treatments."

Miller's libel disparaging the victim creates the diversion and alibi. Miller quoted, Peter Jay Hotez, dean for the National School of Tropical Medicine at Baylor College of Medicine, saying "There is no evidence that vaccines cause autism. . . . It is pseudoscience based on a misunderstanding of the whole neurobiology of autism."

Miller did not disclose Hotez's bias and conflicting interest. Baylor College of Medicine has a long history of infamy in advancing the cancer industry best exposed by investigator Ed Haslem. Haslem's father, a Harvard-educated naval officer introduced his son, the author of *Mary, Ferrie, and the Monkey Virus*, to the secret world of biological warfare and CIA operations at the Alton Ochsner Clinic in New Orleans. The operation Haslem discovered was fundamental to the cancer industry, pioneering genetically engineered viruses for genocide; and administering covert operations, arson, and murders linked to New Orleans assigned special agent, Lee Harvey Oswald, whose CIA involvement in the Kennedy assassination has been corroborated by numerous reputable authors.

"[T]here are a lot of worrying conspiracy theorists that keep on making up allegations about vaccines," Hotez said. "Every five years, the main variables change. I've seen about six iterations of this. As soon as one pseudoscience theory is debunked, someone comes up with something new."

The Double-sided Deadly Misrepresentations in the Post's Yellow Press Evidence Complicity and Cover-up in the Murder

"If you Google something on the Web, you can get a quick and easy fix," Hotez said. "Unfortunately that's what a lot of parents do, and there is a lot of garbage on the Internet."

"Bradstreet's beliefs were doubly dangerous," Hotez continued. "Not only did they scare people off of vaccines – something that has led to a resurgence of measles in the U.S. – but the treatments themselves can also be deadly."

"Pseudoscience" and "deadly treatments"–the pot calls the kettle black. Ask Hotez to cite one double blind case control study of the long term effects of vaccination poisoning with deadly viral recombinants (GMOs) now used in Monsanto's foods and Pfizer's vaccines and you have gross hypocrisy fouling Miller's article. (Note: Pfizer owns Monsanto.)

"Bradstreet was promoting chelation therapy, which is dangerous and without any benefit," Hotez said.

"Chelation involves the use of chemicals to remove metals from a patient's blood," Miller misrepresented.

In fact, the most commonly used medical chelation agent is not a "chemical," but a mineral, naturally sourcing from lava rock. It is called zeolite. And there is nothing "dangerous" or toxic about zeolite's widespread use in medicine and natural healing by well educated and responsible physicians, contrary to Miller's misrepresentations and Hotez's libel.

Likening Hotez's narrative to hostile witness testimony, Hotez's story is unreliable, incongruous, and clearly malicious. Hotez's testimony reads like he celebrates Bradstreet's death, as though Bradstreet was his enemy. Hotez expresses a criminal "condition of mind" consistent with retaliation and motivation for murder.

Next witness . . .

"Chelation is certainly not appropriate" for treating autism, Michael Katz, a senior adviser to the March of Dimes and professor emeritus at Columbia University, told The *Washington Post*.

Katz added that numerous studies have debunked the link between mercury in vaccines and autism, rendering chelation pointless.

On cross examination, numerous studies have also confirmed mercury in vaccines' link to autism, and the March of Dimes' link to spreading cancer viruses and epidemics of cancer worldwide through their polio vaccine "eradication program" that transmitted the SV40 virus–the fortieth money virus ever discovered that was determined to cause cancer in virtually every species injected.

The *Washington Post* and the CIA

Moreover, as a witness, or reliable source of intelligence, Michael Katz, is grossly discredited by his association with Columbia University–New York's mecca for CIA-academia–graduating leading agents assigned to direct intelligence and counter-intelligence in the spook worlds of health science, geopolitics, and population policies consistent with the global financial agendas of the Carlyle Group and Rockefeller family.

During the Ebola emergency of 2014, for instance, the *Post* assigned pro-war "psychopath," rookie journalist Terrence McCoy, to troll for the National Security Agency, according to evidence of the company's actions witnessed worldwide on the Internet. McCoy's bio precisely fit the m.o. of a C.I.A. propagandist, including "voluntary" "Peace Corps" service coupled with "training" at New York's Columbia University, infamous for rearing "The Company's" best assets, including "Wild Bill" Donovan, the "father of the Central Intelligence Agency," who operated on behalf of the Rockefeller family, and graduated from Columbia Univ. Law School. And Carlyle Group Chairman, past CIA Deputy Director, and National Security Advisor under the Reagan Administration, Frank Carlucci, III, was replaced by Columbia University's mega-donor, Louis V. Gerstner. Carlucci served as under secretary of the Department of Health, Education, and Welfare (1972-74), the precise time that HIV/AIDS was loosed in New York's gay male population and Willowbrook State School for the mentally retarded according to massive scientific evidence.

Columbia University's complicity in biomedical racketeering, especially in the cancer industry, is heavily supported by the "generosity," of the Louis V. Gerstner family and the Louis V. Gerstner, Jr. Foundation. A "Gerstner Award program" began in 2008, courtesy of Gerstner, the retired chairman and CEO of IBM, and most influential member of the board of advisers in Columbia University's College of Physicians and Surgeons.

Gerstner, chief of "war racketeering" for the Carlyle Group, recently replaced Frank Carlucci, III, whose CIA record, pursuant to HIV/AIDS and Ebola "outbreaks" in Africa, is shocking and neglected by *The Washington Post*. (Carlucci directed the Agency's African operations from his posts in Portugal and the Congo, including "Peace Corp" infiltrations for intelligence gathering and covert ops, according to detailed accounts in *Emerging Viruses: AIDS & Ebola–Nature, Accident, or Intentional?*

The Washington Post–best known for heralding Watergate – now publishes a propaganda campaign against Dr. Bradstreet dirtier and more transparent than the one launched to discredit me and my politically-explosive *Emerging Viruses book.*

Suffice it to say that Dr. Katz shames Columbia University's name by concealing his gross bias and conflicting financial interests while berating dead doctor Bradstreet.

MURHA.INFO
Suomen johtava rikosaiheinen portaali

Holistisia lääkäreitä murhattu viime kuukausien aikana

Murha Info, 15 October 2015, 3:04 pm
https://murha.info/rikosfoorumi/viewtopic.php?t=19737&start=30

PaxCow kirjoitti:
Palle kirjoitti:
Niin, Neuvostoliitossakin kerrottiin yhta ja toista, mutta pitaisiko kaikki niella purematta? Usan judehallituksen ja-organisaatioiden tiedotteet seka "tutkimukset" eivat oikein vakuuta.

Käytit itse tuota samaa sivustoa lähteenä. Oliko ne autismilukematkin manipuloituja lukuja?
Jos päättää olla uskomatta vaikkapa tähän tutkimukseen ja samaan aikaan pitää Jim Stonea luotettavana lähteenä, ei se mua haittaa, mutta ei kannata pitää lainkaan yllättävänä sitä, ettei sanoma oikein uppoa. => https://pubmed.ncbi.nlm.nih.gov/23545349/
Tutkimuksia on enemmänkin. The Guardian kertoo Journal of the American Medical Associationissa julkaistusta tutkimuksesta, jossa seurattiin 95 000 lasta ja joka toteaa saman asian: yhteyttä ei ole.
=> https://www.theguardian.com/society/2015/apr/21/no-link-between-mmr-and-autism-major-study-concludes
Jos löytyy kausaliteetin todistavia vertaisarvioitua tutkimuksia, ne voi toki lyödä tässä vaiheessa pöytään.

Palle kirjoitti:
Voittehan te rokottaa itsenne ja lapsenne reikia tayteen, ei se minua haittaa, mutta me kriittiset jatkamme pohdintoja.
Tässä ketjussa "kriittisyys" näyttää lähinnä sokealta uskolta omaan asiaan.

Mielipiteensä kullakin. Usan hallitus ja virkamiehistö väärentää ja sensuroi kuitenkin häikäilemättä tutkimustuloksia ja tutkimuksia joissa todetaan autismin ja rokotusten yhteys, kuten tässä:
NaturalNews did a report about an intercepted CDC e-mail which blew the lid off the vaccine autism scam, *which proves the CDC covered up the vaccine autism link.* Sure enough, the report the CDC mail referred to got censored practically instantly after NaturalNews published it, but I have it here below. Perhaps this will put pressure on the censors to make this available again.

The actual censored text Natural News no longer has a link to:
Translational Neurodegeneration 2014, 3:16 doi:10.1186/2047-9158-3-16
Correspondence: Brian S Hooker bhooker@simpsonu.edu
Published: 8 August 2014

See above:

Brian S. Hooker

Measles-mumps-rubella vaccination timing and autism among young african american boys: a reanalysis of CDC data

Transl Neurodegener, 27 August 2014, 3 (16)
https://doi.org/10.1186/2047-9158-3-16
https://translationalneurodegeneration.biomedcentral.com/articles/10.1186/2047-9158-3-16

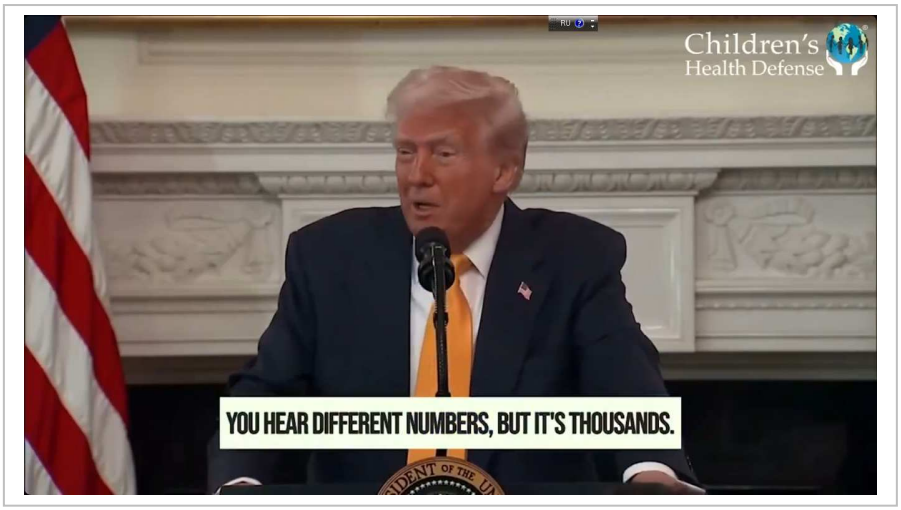
FOCAL POINTS
COURAGEOUS DISCOURSE

Nicolas Hulscher, MPH

How to Address the Autism Epidemic
Two Key Targets: Childhood Hyper-Vaccination and Toxic Pesticide Exposure

Focal Points, 25 February 2025
https://www.thefocalpoints.com/p/how-to-address-the-autism-epidemic?img=https%3A%2F%2Fsubstack-post-media.s3.amazonaws.com%2Fpublic%2Fimages%2Ff2850339-1bac-4006-b5b6-ccf2e6a4d759_1000x666.jpeg&open=false

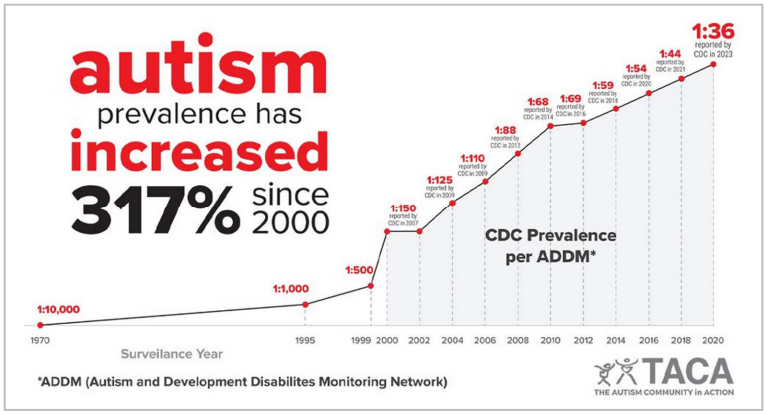
A few days ago, President Trump delivered the following remarks:



You know, we have one stat that I quote, the autism stat … if you go back 15 years ago, we had like nobody. It was 1 in 20,000. Now we have 1 in 34 … So 34 or 36 kids have autism. And if you go back … 18 years, whenever that was done, it was 1 in 20,000.

So we got from 20,000 to 34-36. That's unbelievable. So there's something wrong …We've done something wrong. There's something you're going to figure it out.

Maybe it's a spray that we spray all over the place that nobody else does – Other countries don't. The Pennsylvania Dutch [Amish], they don't do anything. And they're amazingly healthy.



President Trump is correct – the CDC estimates that 2.78% of children and 2.21% of adults have autism in America.

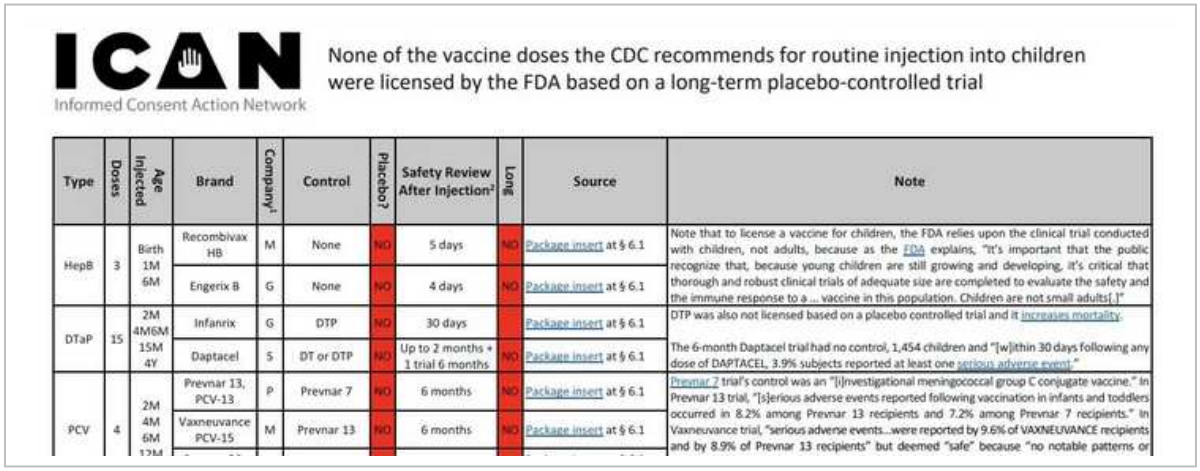
A 2010 study titled Prevalence Rates of Autism Spectrum Disorders Among the Old Order Amish estimated that ASD affected approximately 1 in 271 children in the Amish community. This is significantly lower than the CDC's 2010 estimate for the general U.S. population, which was 1 in 68 children. Why do Amish children fare better than others? And why is the autism rate in America continuing to skyrocket with no end in sight? We now have abundant evidence that the following factors should be key targets in addressing the autism epidemic:

TARGET #1 - Childhood Hyper-Vaccination

As of 2025, the CDC recommends that children receive up to 32 doses by age 2. This represents a massive increase in recommended vaccine doses since the inception of the 1986 National Childhood Vaccine Injury Act giving vaccine makers full liability protection:

RECOMMENDED DOSES
U.S. CHILDREN CONCEPTION - 18 YEARS | SOURCE: CDC.GOV
1940
1960
1983
2021
2024
1986 NATIONAL CHILDHOOD VACCINE INJURY ACT
THE CHILDHOOD VACCINE INJURY ACT WAS SIGNED INTO LAW, CREATING A COMPENSATION PROGRAM FUNDED BY TAXPAYERS AND RELEASING PHARMACEUTICAL COMPANIES FROM LIABILITY.
CHOICE IS SIMPLY THE ABILITY TO PERSONALIZE THIS SCHEDULE BY ANY ONE OR MORE DOSES.
CURRENT VACCINES IN DEVELOPMENT: 609
YOUR BODY | YOUR FAMILY | YOUR CHOICE
WWW.MNRIGHTS.ORG

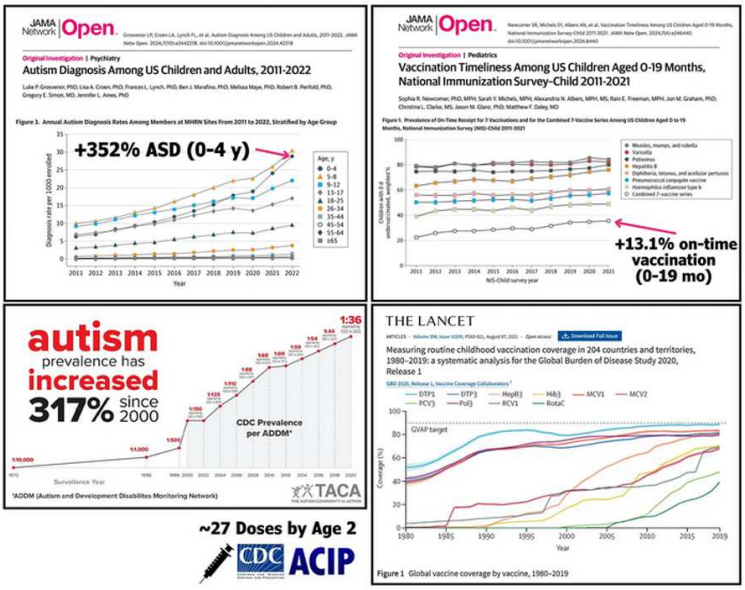
Since they enjoy full liability protection, pharmaceutical companies currently get their injections approved with no long-term, placebo-controlled trials:


ICAN
Informed Consent Action Network

None of the vaccine doses the CDC recommends for routine injection into children were licensed by the FDA based on a long-term placebo-controlled trial

Type	Doses	Age Injected	Brand	Company[1]	Control	Placebo?	Safety Review After Injection[2]	Long	Source	Note
HepB	3	Birth 1M 6M	Recombivax HB	M	None	NO	5 days	NO	Package insert at § 6.1	Note that to license a vaccine for children, the FDA relies upon the clinical trial conducted with children, not adults, because as the FDA explains, "It's important that the public recognize that, because young children are still growing and developing, it's critical that thorough and robust clinical trials of adequate size are completed to evaluate the safety and the immune response to a ... vaccine in this population. Children are not small adults[.]"
			Engerix B	G	None	NO	4 days	NO	Package insert at § 6.1	
DTaP	15	2M 4M6M 15M 4Y	Infanrix	G	DTP	NO	30 days		Package insert at § 6.1	DTP was also not licensed based on a placebo controlled trial and it increases mortality.
			Daptacel	S	DT or DTP	NO	Up to 2 months + 1 trial 6 months	NO	Package insert at § 6.1	The 6-month Daptacel trial had no control, 1,454 children and "[w]ithin 30 days following any dose of DAPTACEL, 3.9% subjects reported at least one serious adverse event."
PCV	4	2M 4M 6M 12M	Prevnar 13, PCV-13	P	Prevnar 7	NO	6 months	NO	Package insert at § 6.1	Prevnar 7 trial's control was an "[i]nvestigational meningococcal group C conjugate vaccine." In Prevnar 13 trial, "[s]erious adverse events reported following vaccination in infants and toddlers occurred in 8.2% among Prevnar 13 recipients and 7.2% among Prevnar 7 recipients." In Vaxneuvance trial, "serious adverse events...were reported by 9.6% of VAXNEUVANCE recipients and by 8.9% of Prevnar 13 recipients" but deemed "safe" because "no notable patterns or
			Vaxneuvance PCV-15	M	Prevnar 13	NO	6 months	NO	Package insert at § 6.1	

We recently observed that autism rates have skyrocketed alongside the ever-expanding inadequately tested childhood vaccination schedules:


JAMA Network Open
Autism Diagnosis Among US Children and Adults, 2011-2022
+352% ASD (0-4 y)
JAMA Network Open
Vaccination Timeliness Among US Children Aged 0-19 Months, National Immunization Survey-Child 2011-2021
+13.1% on-time vaccination (0-19 mo)
autism prevalence has increased 317% since 2000
1:36
CDC Prevalence per ADDM*
TACA
~27 Doses by Age 2
CDC ACIP
THE LANCET
Measuring routine childhood vaccination coverage in 204 countries and territories, 1980–2019: a systematic analysis for the Global Burden of Disease Study 2020, Release 1
GVAP target
Figure 1 Global vaccine coverage by vaccine, 1980–2019

This corroborates at least 4 peer-reviewed studies demonstrating a strong association between childhood vaccination and autism:

DeLong (2011) – State-Level Analysis

- 1%↑ vaccination → 1.7%↑ autism prevalence (680 additional cases, $p < 0.01$)

Mawson et al. (2017) – n = 666

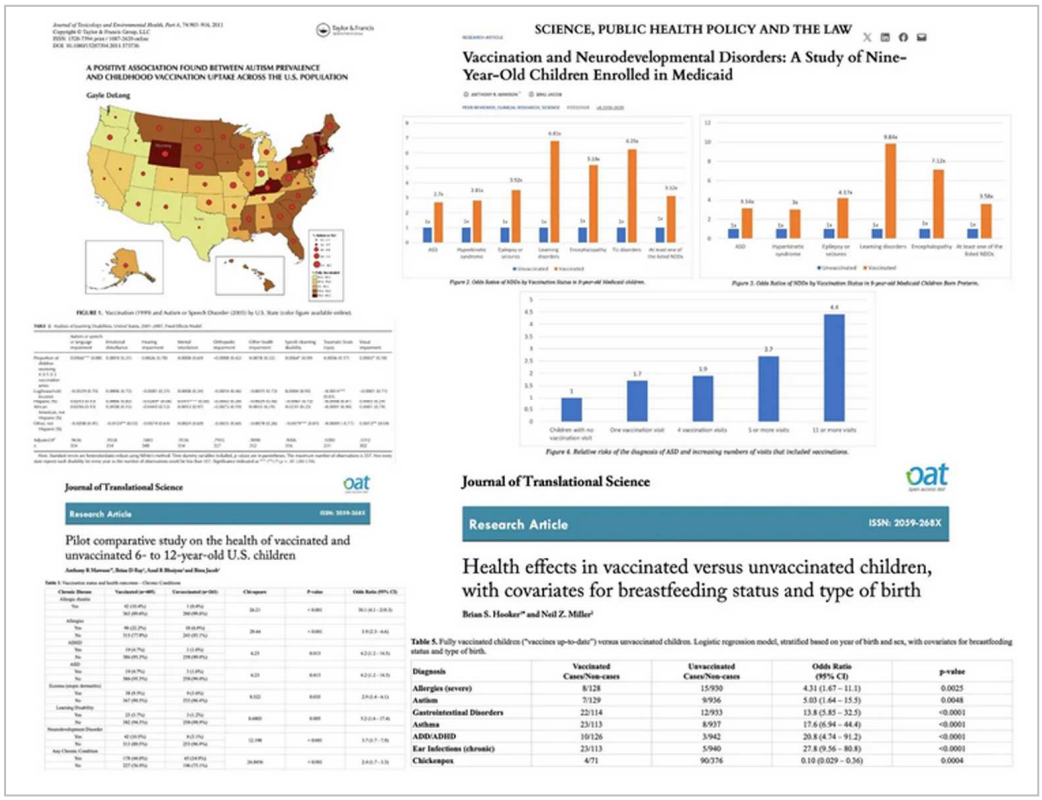
- OR 4.2 (320%↑ autism risk, $p = 0.013$)

Hooker & Miller (2021) – n = 1,565

- OR 5.03 (403%↑ autism risk, $p = 0.0048$)

Mawson & Jacob (2025) – n = 47,155

- OR 2.7 (170%↑ autism risk, $p < 0.0001$), RR 4.4 (340%↑ for 11+ vaccine visits, $p < 0.0001$)


A POSITIVE ASSOCIATION FOUND BETWEEN AUTISM PREVALENCE AND CHILDHOOD VACCINATION UPTAKE ACROSS THE U.S. POPULATION
Gayle DeLong
SCIENCE, PUBLIC HEALTH POLICY AND THE LAW
Vaccination and Neurodevelopmental Disorders: A Study of Nine-Year-Old Children Enrolled in Medicaid
Journal of Translational Science
Research Article
Pilot comparative study on the health of vaccinated and unvaccinated 6- to 12-year-old U.S. children
Journal of Translational Science
Research Article
ISSN: 2059-268X
Health effects in vaccinated versus unvaccinated children, with covariates for breastfeeding status and type of birth
Brian S. Hooker and Neil Z. Miller
Table 5. Fully vaccinated children ("vaccines up-to-date") versus unvaccinated children. Logistic regression model, stratified based on year of birth and sex, with covariates for breastfeeding status and type of birth.
Diagnosis | Vaccinated Cases/Non-cases | Unvaccinated Cases/Non-cases | Odds Ratio (95% CI) | p-value
Allergies (severe) | 8/128 | 15/930 | 4.31 (1.67 – 11.1) | 0.0025
Autism | 7/129 | 9/936 | 5.03 (1.64 – 15.5) | 0.0048
Gastrointestinal Disorders | 22/114 | 12/933 | 13.8 (5.85 – 32.5) | <0.0001
Asthma | 23/113 | 8/937 | 17.6 (6.94 – 44.4) | <0.0001
ADD/ADHD | 10/126 | 3/942 | 20.8 (4.74 – 91.2) | <0.0001
Ear Infections (chronic) | 23/113 | 5/940 | 27.8 (9.56 – 80.8) | <0.0001
Chickenpox | 4/71 | 90/376 | 0.10 (0.029 – 0.36) | 0.0004

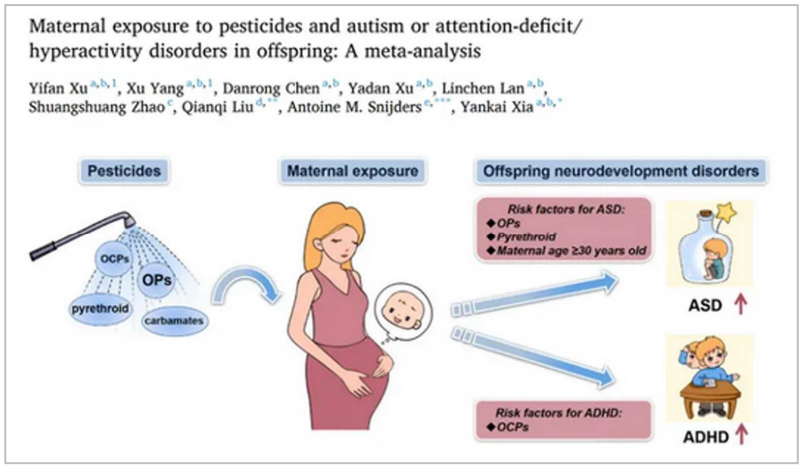
TARGET #2 - Pesticides

As President Trump stated, “Maybe it's a spray that we spray all over the place.”

The Association Between Pesticides and Autism

Nicolas Hulscher, MPH

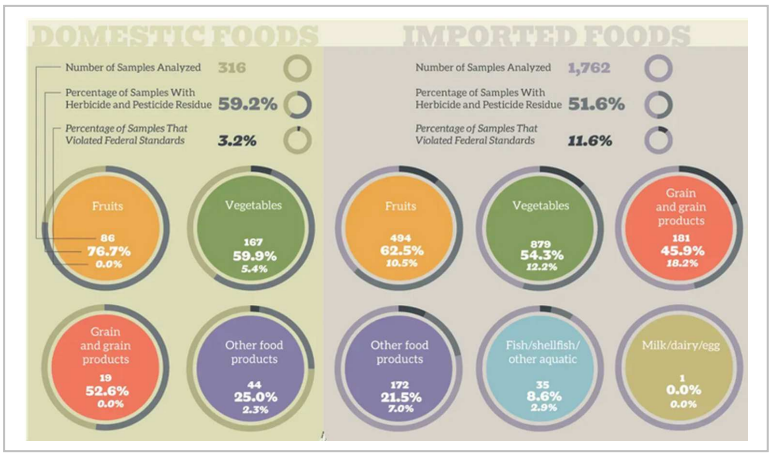
November 16, 2024



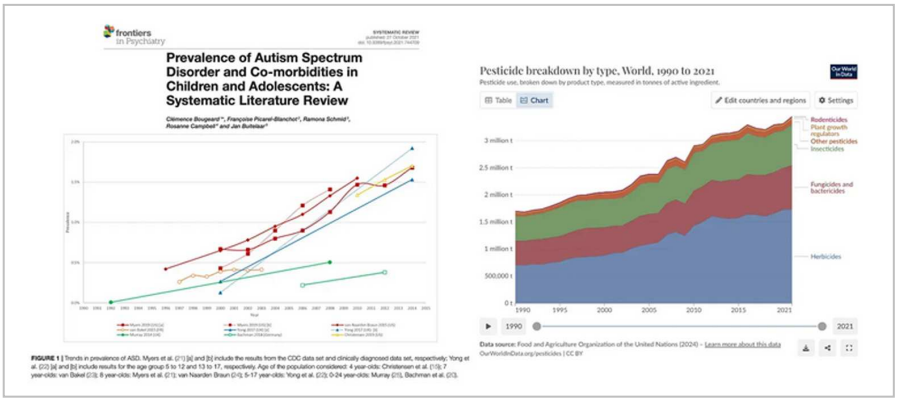
By Nicolas Hulscher, MPH

=> https://www.thefocalpoints.com/p/the-association-between-pesticides

The FDA 2020 Pesticide Residue Monitoring Report “tested for approximately 750 different pesticides and selected industrial compounds on 2,078 human food samples (316 domestic and 1,762 import samples) in its regulatory monitoring program.” Nearly 60% of all domestic foods contained herbicide and pesticide residue, with 3.2% violating federal standards. 11.6% of all imported foods violated federal standards for pesticide residues:


DOMESTIC FOODS
Number of Samples Analyzed 316
Percentage of Samples With Herbicide and Pesticide Residue 59.2%
Percentage of Samples That Violated Federal Standards 3.2%
Fruits 86 76.7% 0.0%
Vegetables 167 59.9% 5.4%
Grain and grain products 19 52.6% 0.0%
Other food products 44 25.0% 2.3%
IMPORTED FOODS
Number of Samples Analyzed 1,762
Percentage of Samples With Herbicide and Pesticide Residue 51.6%
Percentage of Samples That Violated Federal Standards 11.6%
Fruits 494 62.5% 10.5%
Vegetables 879 54.3% 12.2%
Grain and grain products 181 45.9% 18.2%
Other food products 172 21.5% 7.0%
Fish/shellfish/ other aquatic 35 8.6% 2.9%
Milk/dairy/egg 1 0.0% 0.0%

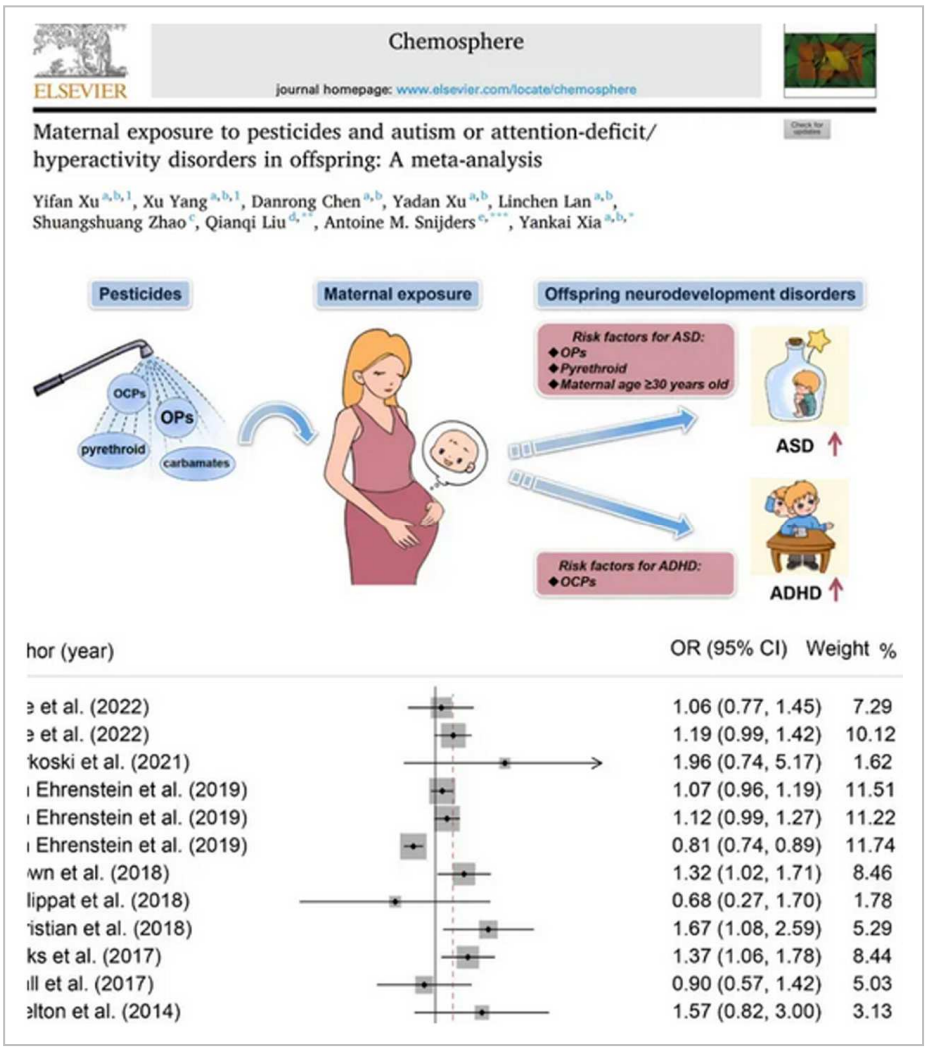
Since 1990, autism rates have skyrocketed along with pesticide use:



A 21-year case-control study by Roman et al found a 34% rise in ASD prevalence rate in regions with elevated pesticide use compared to regions with low use [OR: 1.34, 95% CI: 1.24–1.44].

Pu et al found that the exposure to high levels (0.098%) glyphosate during pregnancy and lactation caused ASD-like behaviors in male juvenile offspring (mice).

A meta-analysis by Xu et al included 19 studies and found maternal pesticide exposure was associated with a 19% increased risk of ASD in offspring [pooled OR = 1.19, 95% CI: 1.04-1.36].:


Chemosphere
journal homepage: www.elsevier.com/locate/chemosphere
Maternal exposure to pesticides and autism or attention-deficit/ hyperactivity disorders in offspring: A meta-analysis
Yifan Xu, Xu Yang, Danrong Chen, Yadan Xu, Linchen Lan, Shuangshuang Zhao, Qianqi Liu, Antoine M. Snijders, Yankai Xia
Pesticides
Maternal exposure
Offspring neurodevelopment disorders
OCPs
OPs
pyrethroid
carbamates
Risk factors for ASD:
◆OPs
◆Pyrethroid
◆Maternal age ≥30 years old
ASD
Risk factors for ADHD:
◆OCPs
ADHD
hor (year)
OR (95% CI)
Weight %
et al. (2022) 1.06 (0.77, 1.45) 7.29
et al. (2022) 1.19 (0.99, 1.42) 10.12
koski et al. (2021) 1.96 (0.74, 5.17) 1.62
Ehrenstein et al. (2019) 1.07 (0.96, 1.19) 11.51
Ehrenstein et al. (2019) 1.12 (0.99, 1.27) 11.22
Ehrenstein et al. (2019) 0.81 (0.74, 0.89) 11.74
wn et al. (2018) 1.32 (1.02, 1.71) 8.46
lippat et al. (2018) 0.68 (0.27, 1.70) 1.78
istian et al. (2018) 1.67 (1.08, 2.59) 5.29
ks et al. (2017) 1.37 (1.06, 1.78) 8.44
ll et al. (2017) 0.90 (0.57, 1.42) 5.03
lton et al. (2014) 1.57 (0.82, 3.00) 3.13

These data suggest that restructuring the CDC's childhood hyper-vaccination schedule and drastically limiting toxic pesticide use should be two priority targets in addressing the autism epidemic. A comprehensive, science-driven investigation into these factors is urgently needed to protect future generations.

AAPS Association of American Physicians and Surgeons

Public Health Watch:
Is There a Vaccine-Autism Connection?

AAPS, 13 March 2025
https://aapsonline.org/public-health-watch-is-there-a-vaccine-autism-connection/

Are you completely convinced of the safety and effectiveness of the childhood vaccine schedule, or do you think additional research is justified?

The Centers for Disease Control and Prevention (CDC) is gearing up to study the links between vaccines and autism. Some, including Sen. Bill Cassidy (R-La.), have called this a waste of scarce resources, like studying whether the earth is flat or whether Elvis is still alive.

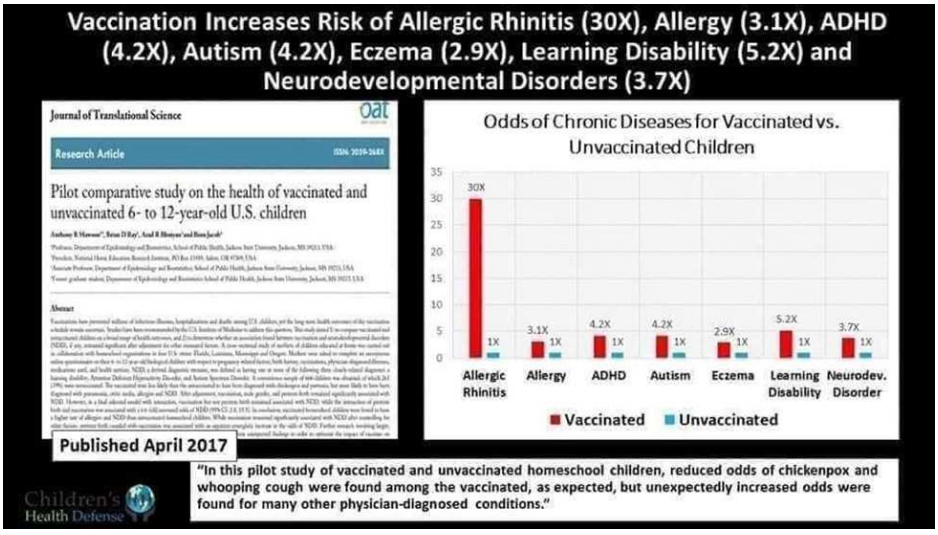
The whole concern about MMR and autism is believed to have originated in a 1998 paper in *The Lancet* by Dr. Andrew Wakefield and 12 others. The journal retracted the paper 12 years later, and the British General Medical Council revoked Dr. Wakefield's medical license.

Dr. Wakefield was not the first person to suggest an association, and hundreds of thousands of parents have reported that their normally developing child suddenly regressed (losing eye contact, speech, motor skills, etc.), often after a well-baby visit that involved "baby shots."

Nearly 90% of autism cases may be regressive, according to a 2018 study by Ozonoff, et al., a fact not compatible with a genetic cause. => https://pubmed.ncbi.nlm.nih.gov/29524310/ Rather, it implicates a sudden toxic exposure. (Exposure to microplastics or common foods is not sudden.)

Autism is one of many conditions found to be far more prevalent in vaccinated children (see graph) in a 2017 study by Mawson et al. https://x.com/RCarter69938/status/1872314776250171819 =>

Mawson1 A.R., et. Pilot comparative study on the health of vaccinated and unvaccinated 6- to 12-year-old U.S. children. – J Transl Sci, 24 April 2017, 3(3): 1-12; doi: 10.15761/JTS.1000186 // https://www.oatext.com/pdf/JTS-3-186.pdf


Vaccination Increases Risk of Allergic Rhinitis (30X), Allergy (3.1X), ADHD (4.2X), Autism (4.2X), Eczema (2.9X), Learning Disability (5.2X) and Neurodevelopmental Disorders (3.7X)
Journal of Translational Science
Research Article
Pilot comparative study on the health of vaccinated and unvaccinated 6- to 12-year-old U.S. children
Odds of Chronic Diseases for Vaccinated vs. Unvaccinated Children
30X
3.1X
4.2X
4.2X
2.9X
5.2X
3.7X
1X
Allergic Rhinitis
Allergy
ADHD
Autism
Eczema
Learning Disability
Neurodev. Disorder
Vaccinated
Unvaccinated
Published April 2017
"In this pilot study of vaccinated and unvaccinated homeschool children, reduced odds of chickenpox and whooping cough were found among the vaccinated, as expected, but unexpectedly increased odds were found for many other physician-diagnosed conditions."
Children's Health Defense

Unquestionably, the diagnosis of autism is being made far more frequently – it may be as high as 1 in 25 children in some areas. The burden of needed social services will become even more crushing when the children's parents die. A $1.6 trillion/year tsunami has been suggested.

Some studies have found a vaccine connection; others have not. Should we toss out all the positive ones as flawed, as Sen. Cassidy has suggested? Or pursue all avenues to investigate the cause of this overwhelming catastrophe?

Additional Information:

- Vaccinated vs. unvaccinated kids, showing difference in attention deficit hyperactivity disorder (ADHD): findings by Dr. Paul Thomas
- AAPS amicus brief supporting Dr. Thomas
- Analysis of the Danish study (Madsen et al.), the "most exhaustive" study of an MMR-autism connection

Chapter 10

Additional
information related to a
Global
Vaccination Campaign

THE Sun UK Edition

Joe Frick

Big Brother's Coming!
Revealed: Secret plan to tag every man, woman and child

The Sun, 1 August 1989, p. 15
https://www.instagram.com/p/CSX6x9qtZvN/
http://www.whale.to/vaccine/frick.html

Coded Microchips implanted in every person in the country would tie all of us into a master computer that could track anyone down at any moment, and plans for such a system are already under way whether you like it or not!

The secret scheme is being touted as a service for the protection of the people by high government officials, but some insiders who object to the move say it's just another way for Big Brother to control its subjects.

Transmitters

"Top-level national security agents are trying to convince sources in the Bush Administration to begin the project in which every man, woman and child will be implanted with a tiny transmitter," claims Davis Milerand, a critic of government intervention who says he has received leaked information from inside sources.

"They're trying to say this will be a good way for authorities to quickly track down missing persons and children, as well as criminals and spies.

Injections

"But with the astounding technology of today, everything about you could be contained in one tiny microchip, which would be connected to a government computer."

"Any government agency will know what any person has done and is doing at any time."

Other sources say the tiny transmitters can be injected painlessly from a tiny gun in humans without them even knowing it through a nationwide vaccination program.

"All the government would have to do is make up something like the swine flu vaccine," Milerand says.

"Imagine if they said there was a vaccine for AIDS. People would rush in droves to get shots.

"The doctors themselves may not even know what they're injecting. They could be told the microchips are genetic implants that reprogram the body into fighting disease."

He adds: "The program would require all federal, state and local government workers to undergo the injections."

"It would be only a matter of time before everyone is implanted with a microchip, a slave the goverment."

BIG BROTHER'S COMING!

Revealed: Secret plan to tag every man, woman and child

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by JOE FRICK

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Other sources say the tiny transmitters can be injected painlessly from a tiny gun in humans without them even knowing it through a nationwide "vaccination" program.

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He adds: "The program would require all federal, state and local government workers to undergo the injections.

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• TINY MICROCHIPS containing transmitters could be injected painlessly in humans with a small gun like this

No-sleep diet keeps you wide awake

IF YOU THINK there just aren't enough hours in the day, you can now get added time — thanks to a revolutionary new sleep method that helps people stay up nearly all night.

The new sleep system is called "Micro-Somnia," and it's billed as "The Entrepreneur's Guide to Sleep Reduction" by sleep management researcher Benjamin Plumb of Miami.

Plumb gets only 4½ hours of sleep each night and has a few brief catnaps during the day.

He says that through Micro-Somnia he hopes to introduce short sleep "as a safe viable tool for people to use in increasing productivity."

Writes

The researcher cut red meat out of his diet, eats less gooey sweets, takes daily naps and avoids doing high-impact exercises in his leisure time.

He eats stuff like beans, rice and tofu, and does light exercises like walking and yoga.

Besides his prescribed diet and exercise regimen, the tireless sleep expert says he writes down his goals for the next day before retiring for the night — so he'll wake up excited the next morning.

Plumb says his brand of sleep management is only for "highly motivated, extremely goal-driven adults" because children and pregnant women require more sleep for health reasons.

Some super successful people like Winston Churchill, Napoleon and Thomas Edison worked wonders while catching only a few winks a night, he notes.

But they were born short sleepers and their nocturnal habits came naturally.

Now, however, Plumb says his program can make short sleepers out of sleepaholics who spend nine or 10 hours each night huddled under the covers.

He figures the best customers for his Micro-Somnia technique are corporate types who'd rather be awake pursuing their goals than wasting their time on sleep.

— KEN O'HARA

August 1, 1989 — SUN — 15

THE FLU CASE

Flashback:

UK newspaper reports on plan to chip people under swine flu jab pretext in 1989

The Flu Case, 3 November 2009

https://web.archive.org/web/20091108013313/http://www.theflucase.com/index.php?option=com_content&view=article&id=1572:flashback-uk-newspaper-reports-on-plan-to-chip-people-under-swine-flu-jab-pretext-in-1989&catid=1:latest-news&Itemid=64&lang=en

The UK newspaper "The Sun" carried a prophetic report on 1. August 1989 with the headline "Big Brother's Coming" outlining secret government plans to implant microchips, also under the pretext of a swine flu pandemic, into every person in order to obtain total control of populations.

The report could have been written today as governments prepare to implement mass "swine flu" vaccinations with an untested and toxic jab and many sources say there will be a nanochip in the syringes to be issued by governments.

Others:

According to The Sun - 1st Aug 1989 Microchip Article does not exist. – 9 December 2009.
=> https://www.abovetopsecret.com/forum/thread524255/pg1

Secret Plan to Tag Every Man, Woman And Child (*GMSsincityLasVegas Ba*) – 30 July 2021.
=> https://www.youtube.com/watch?v=ljt_EsbRgPU

The Economist

Changing your Genes

The Economist Magazine. 25 April 1992
1992 Apr 25; 323 (7756):11-12. PMID: 16001470
https://pubmed.ncbi.nlm.nih.gov/16001470/

Biology is destiny." Though the years have been unkind to Sigmund Freud's thought, that notion sounds fresher now than when he said it. In the 1950s the threads of destiny were given form when Francis Crick and James Watson elucidated the double-helix structure of DNA. In the 1960s the language of genes, in which the messages stored on DNA are written, was translated; biology, and much else, began to change. Genes are blamed for everything from cancer to alcoholism. People worry about being made ineligible for jobs because of disease susceptibilities they never knew they had; fetuses are aborted because of faults in their genes; criminals are defined by the bar-codes of their genetic fingerprints.

Gene Therapy

At first glance, genetic therapy – the nascent art of giving sick people new genes to alleviate their illness – looks like the apotheosis of this trend towards reducing human life to a few short sequences of DNA. But although its advent means people will be talking in the language of genes even more than they already do, the way they talk will change. They will not be passively reading out the immutable genetic lore passed down from generation to generation. They will not be receiving orders; they will be giving them. The birth of genetic therapy marks the beginning of an age in which man has the power to take control of his genes and make of them what he will.

At the moment, gene therapy is a small field on the fringes of medicine and biotechnology. Genes carry descriptions of proteins, the molecules that do most of the body's work; if someone is missing a gene, they will be missing a protein, and may thus suffer a deficiency or disease. If a gene or set of genes runs amok, cancer can result. The gene-therapists aim to provide the body with genes to make good its deficiencies and problems. If their field had grown as fast as the stacks of ethical reports and regulatory procedures that surround it, it would already be big business. As it is, after years of discussion, it is only now starting to blossom. Therapies are being tried on people around the world (though in tiny numbers) and new ways of delivering genes are being devised. A torrent of raw material for tomorrow’s therapies is flowing from the human genome programme, which plans to have a description of every gene and every scrap of DNA found in the body by the early years of the next century.

Many hear echoes of eugenics at every mention of the gene, and look at this progress with fear. Present research, though, provides no cause for alarm, just an occasion for the routine caution with which all medical advances must be treated. From one point of view, gene therapies are transplants; from another, they are just drug treatments with the added twist that the drug is being made inside the body. There already exist sets of rules for trying out drugs. The question of the drug's provenance is of secondary importance, as long as its manufacture can be shown to be safe. Experimental gene therapy has satisfied regulators on that count, so far.

"So far,’ though, is only the beginning, Beyond today's gene therapy, which is a specialised form of medicine not that dissimilar to others, lie far more controversial possibilities: changing genes for non-medical reasons, and changing genes wholesale in such a way that the new genes are passed on from generation to generation, At present, therapists aim at genes that are clearly villains, and the therapies last at most as long as the patient, and often only as long as a transient set of cells. But what of genes that might make a good body better, rather than make a bad one good? Should people be able to retrofit themselves with extra neurotransmitters, to enhance various mental powers? Or to change the colour of their skin? Or to help them run faster, or lift heavier weights?

Humans Make Choices

While the dilemmas of genetic research give many reasons to pause and reflect, they do not justify slowing or stopping the research itself. In many cases, the best way to eliminate dilemmas – and protect human life – is to push back genetic frontiers. Admittedly, there are risks involved. The more we master genes, the more options – many of them morally questionable – we will have. But making choices, after all, is what being human is all about.

Joel L. Swerdlow, Моя Quarter, Spring 1992.

Yes, they should. Within some limits, people have a right to make what they want of their lives. The limits should disallow alterations clearly likely to cause harm to others. Even if the technology allowed it, people should not be allowed to become psychopaths at will, or to alter their metabolism so that they are permanently enraged, Deciding which alterations sit in this forbidden category would have to be done case by case, and in some cases the toss may be passionately argued. But so it is with all constraints on freedom, Minimal constraint is as good a principle in genetic law as in any other.

People may make unwise choices. Though that could cause them grief, it will be remediable. That which can be done, can be undone; people need no more be slaves to genes they have chosen than to genes they were born with. To keep that element of choice, however, one thing must be out of bounds. No one, should have his genes changed without his informed consent; to force genetic change on another without his consent is a violation of his person, a crime as severe as rape or grievous bodily harm. There may be subtle social pressures to choose certain traits; but there is often social pressure for all sorts of things, and it does not deny the subject free will.

God and Nature

Some will object, in the names of God and nature, Religious beliefs may strongly influence people's decisions about what, if any, engineering they undergo. They should not be allowed to limit the freedoms of unbelievers, In that it uses natural processes for human ends, gene therapy is as natural, or as unnatural, as most medicine. But even the artificial carries no moral stigma, The limits imposed by nature are practical, not moral. The body does not have infinite capacities – gains in one ability usually mean losses in others. Natural selection always seeks to fit the balance of abilities to a given environment, and abilities it has optimized may prove hard to enhance. Substantial improvements in human intellect, for example, may not be possible using genes alone.

All this refers to the engineering of cells in the bulk of the body, "somatic" cells which pass no genes to the next generation. But to influence the early development of embryos, or to create radically different types of persons, requires a different approach, one that puts new genes into all cells – including the eggs and sperm, whence they can launch themselves into the next generation. This sort of "germ-line" therapy, with its long-term effects, brings to mind spectres of master races and *Untermenschen* that limited cell therapy does not.

One response to these worries, used by many scientists in the field, is to say that germ-line therapy is not an option. Prospective patients may disagree. Some conditions, which do their nasty work on small embryos, may for all practical purposes be treatable only by using germ-line therapy. As yet, no therapy for such conditions has been devised. If it is, it would not necessarily be ruled out; but it would be right to regulate it far more closely than regular, somatic-cell therapy. Germ-line therapy ‘would be similar to major surgery on an unborn child incapable of informed consent, In such cases, it is commonly accepted that the parents are justified in acting in the child’s interests. If they can show they are undeniably doing so, there similarly seems no ground for denying the gene therapy. But that undeniable interest will have to be the avoidance of a clear blight that would prevent the child, if not treated, from ever being able to take a similar decision about its future.

If somatic-cell therapy becomes common, if biological understanding becomes far more profound and if people show an abiding interest in transforming themselves, then a less conservative approach may prevail – not least because people would know that a child with genes foisted on it by its parents might be able to change them itself, come the time. In such a world, changing children may look less worrying: or it may look unnecessary, Not all change is genetic. Surgery can transform people too, as many transsexuals will testify; increasing intelligence may be easier with prosthetic computers than with rewired brains. The proper goal is to allow people as much choice as possible about what they do. To this end, making genes instruments of such freedom, rather than limits upon it, is a great step forward. With apologies to Freud, biology will be best when it is a matter of choice.

WIPO

Richard A. Fayrer-Hosken

Fertility Impairing Vaccine and Method of Use

WIPO, 17 July 1999; WWO1999034825; Priority Data: 60/070,375 - 02.01.1998 - US, etc.
https://patentscope.wipo.int/search/en/detail.jsf?docId=WO1999034825
WIPO (PCT); WO1999034825A1
https://patents.google.com/patent/WO1999034825A1/en

Abstract

(EN) A vaccine comprising an antigen derived from a zona pellucida glycoprotein is effective to impair fertility in animals, preferably carnivores. The vaccine can be used as an immunosterilant or an immunocontraceptive.

(FR) L'invention concerne un vaccin comprenant un antigène dérivé d'une glycoprotéine de l'aire pellucide, ce vaccin permettant d'inhiber la fécondité chez les animaux, de préférence carnivores. Ce vaccin peut être utilisé comme immunostérilisant et comme immunocontraceptif.

PCT WORLD INTELLECTUAL PROPERTY ORGANIZATION
International Bureau

INTERNATIONAL APPLICATION PUBLISHED UNDER THE PATENT COOPERATION TREATY (PCT)

(51) International Patent Classification 6 : **A61K 39/00, 39/39**	**A1**	**(11) International Publication Number:** **WO 99/34825** **(43) International Publication Date:** 15 July 1999 (15.07.99)

(21) International Application Number: PCT/US98/27658

(22) International Filing Date: 30 December 1998 (30.12.98)

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60/070,375	2 January 1998 (02.01.98)	US
60/071,406	15 January 1998 (15.01.98)	US
60/076,368	27 February 1998 (27.02.98)	US

(71) Applicant *(for all designated States except US)*: THE UNIVERSITY OF GEORGIA RESEARCH FOUNDATION, INC. [US/US]; Boyd Graduate Studies Research Center, Athens, GA 30602–7411 (US).

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(74) Agent: SANDBERG, Victoria, A.; Mueting, Raasch & Gebhardt, P.O. Box 581415, Minneapolis, MN 55458–1415 (US).

(81) Designated States: AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, CA, CH, CN, CU, CZ, DE, DK, EE, ES, FI, GB, GD, GE, GH, HU, IL, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, UA, UG, US, UZ, VN, YU, ZW, ARIPO patent (GH, GM, KE, LS, MW, SD, SZ, UG, ZW), Eurasian patent (AM, AZ, BY, KG, KZ, MD, RU, TJ, TM), European patent (AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE), OAPI patent (BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG).

Published
With international search report.
With amended claims.

(54) Title: FERTILITY IMPAIRING VACCINE AND METHOD OF USE

Experimental and Molecular Pathology
Open access

Asa PB, Cao Y, Garry RF.

Antibodies to squalene in Gulf War syndrome.

Exp Mol Pathol, 2000 Feb; 68(1):55-64.
doi: 10.1006/exmp.1999.2295. PMID: 10640454.

Abstract

Gulf War Syndrome (GWS) is a multisystemic illness afflicting many Gulf War-era veterans. The molecular pathological basis for GWS has not been established. We sought to determine whether the presence of antibodies to squalene correlates with the presence of signs and symptoms of GWS.

Participants in this blinded cohort study were individuals immunized for service in Desert Shield /Desert Storm during 1990-1991. They included 144 Gulf War-era veterans or military employees (58 in the blinded study), 48 blood donors, 40 systemic lupus erythematosus patients, 34 silicone breast implant recipients, and 30 chronic fatigue syndrome patients. Serum antibodies to squalene were measured.

In our small cohort, the substantial majority (95%) of overtly ill deployed GWS patients had antibodies to squalene. All (100%) GWS patients immunized for service in Desert Shield/Desert Storm who did not deploy, but had the same signs and symptoms as those who did deploy, had antibodies to squalene.

In contrast, none (0%) of the deployed Persian Gulf veterans not showing signs and symptoms of GWS have antibodies to squalene. Neither patients with idiopathic autoimmune disease nor healthy controls had detectable serum antibodies to squalene. The *majority of symptomatic GWS patients had serum antibodies to squalene*.

Rebecca Carley

Statement before the New York State Assembly Health Committee on the Model Emergency State Health Powers Act (MESHPA)

LinkNY, 14 March 2002

https://web.archive.org/web/20121211173658/http://web.linkny.com/~civitas/CPHArticles/page26.html

I am Dr. Rebecca **Carley**, a licensed medical doctor from Long Island who has been specializing in VIDS (Vaccine Induced Diseases Syndromes) for the past 5 years. I am here to tell you why I am uniquely qualified to advise you of the impending public health disaster you will precipitate if you sign on to this far reaching health powers act, knowing that there are 3 things insurance companies have totally abandoned coverage: acts of God, nuclear war and nuclear power plant accidents and vaccination.

I have developed a protocol to detox vaccine toxins and repair damaged body systems with nutritional supplements, and I have successfully reversed autoimmune diseases such as autism, asthma, allergies, leaky gut syndrome, etc. in many hundreds of patients, and I am not alone. Dr.Tinus Smits (www.tinussmits.com/english/pvs) coincidentally started using the same homeopathic detox techniques as I use overseas in what he calls PVS (Post Vaccination Syndrome), and he is having equally excellent results treating autoimmune disorders.

Dr.Michael Goldstein, a veterinarian from NYS, uses the same technique in pets as we use in people, and he is reversing cancer, behavioral abnormalities and other immune malfunction in animals, *Our combined work proves that vaccines are actually causing the epidemic of autoimmune diseases and cancer in the world today*. The rates of these diseases are escalating exponentially as the immunological assaults via inoculation in school age children increases in number.

Additionally, I am attaching a letter written by Canadian researcher Rita Hoffman to the Immunization Safety Review Committee at the Institute of Medicine in Washington,DC, documenting approximately 30 studies reported recently in mainstream medical journals such as JAMA, Pediatrics, Pediatric Allergy & Immunology, and International Archive of Allergy & Immunology documenting the obvious association of vaccines with anaphylaxis, asthma and allergies.

There are also many researchers, such as Dr.Andrew Wakefield and Dr.V.Singh demonstrating anti-myelin antibodies and digestive tract pathologies in children with autism after being given the MMR vaccine; as well as Dr. Harold Buttram linking vaccines to SIDS and cases of alleged "shaken baby syndrome." The common pathway for all the autoimmune and neurological VIDS that mounting evidence is now proving, is that when you get injected with foreign protein particles of RNA and DNA , the foreign proteins attach themselves to your own host cell proteins. It forms what is called an "antigenic complex," which the immune system now recognizes that the whole complex as foreign, and it mounts what is called an autoimmune response against the entire complex (including the host cell proteins), where antibodies you produce now attack YOU.

When an honest evaluation of the medical literature is done, it becomes obvious that vaccines did not actually cause the decline in communicable diseases; but rather, said decline occurred as a result of sanitation reforms and nutritional improvements. W.John Martin, one of the world's leading vaccine contamination analysts in charge of testing human vaccines for contamination between 1976 and 1980 at the FDA, Bureau of Biologics, testified at the trial of Dr.Guylaine Lanctot, Canadian physician and author of " The Medical Mafia," who was brought up on charges, as happens in this

State as well on a regular basis for speaking out against vaccinations. Dr.Martin gave trial testimony (as he did in the forward to the book "Emerging Viruses" by Dr. Leonard Horowitz) saying that those vaccines carried major contaminants that can not only cause cancer in your lifetime; but they may also be transmitted through the gene line to your children or your children's children, or even environmentally to cause cancer.

Neil Z. Miller reports in his book "Vaccines;are they really safe and effective?" (click to order from Civitas) that smallpox was actually kept alive and spread by vaccinations. Dr.Edward Jenner, given credit for developing the smallpox vaccine in the early 1800's, admitted that smallpox was relatively unknown before he began vaccinations.1 Before England passed a compulsory vaccination law in 1853, the highest death rate for any two year period was only 2,000 cases, even during the most severe epidemics.2 After more than 15 years of mandatory smallpox vaccinations, the number of deaths increased to 23,000 from smallpox. in the years 1870 and 1871. An Increase of over Eleven times that prior to compulsory vaccination 3 It was Adolph Hitler who said "If you tell a lie long enough, the people will believe it; and the greater the lie, the more people will believe it." The phrase that comes to mind is "vaccinations are safe and effective." Never has a greater lie been told.

The alleged smallpox bioterrorist attack that we have been told is coming is very likely to have a genetically engineered virus to make it resistant to known vaccines and treatments. Without sound scientific evidence proving these untested vaccines to be safe and effective, then legally and ethically, this vaccine would have to be considered experimental. The mandated use of the untested vaccine, must then be viewed as a state enforced national scientific experiment in violation of the nuremburg code, and god's laws. The proposed smallpox vaccine, as many others, will actually involve injection of viruses grown in lung tissues from aborted fetuses, into those opposed to abortion.

This legislation raises more questions than it answers.Why are criminal penalties being considered for refusal of people who weigh the risks and alleged benefits and then refuse to be inoculated? Why are doctors who, after taking an oath to "first do no harm";who decide they cannot in good conscience participate in what is surely to become known as "the greatest public health debacle in history," being threatened with loss of their medical license if they do not participate in this vaccine holocaust? It is political interference with patient care to override a physician's considered judgment that a vaccine for smallpox or anthrax is medically contraindicated.

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1 Pharmaceutical Rep. (Mar.'92);NVIC News (National Vaccine Information Center, Vienna,VA April '92), p.16
2 Ibid p.13
3McBean,Eleanor. The Poisoned Needle (Mokelumme Hill,CA: Health Research,1974) p.13

Comments from Sandy Mintz:
http://www.vaccinationnews.com

If vaccines work, then why is quarantine being considered for individuals who have no disease, but refuse vaccination?

As a matter of fact, since the vaccine can cause smallpox and its spread, it is the vaccinated, not the unvaccinated who should be quarantined. Since the Department of Defense has stated that there are over 65 agents that can be used for biological warfare; how does the government know that smallpox is coming?

Why is the State Militia being given the power to force vaccination, or quarantine of citizens and seizure of their property? What is the difference between such action and what went on in nazi germany? In fact, the systemic biologic assault of New York State citizens and the American people under such police powers with an untested vaccine is by definition: state sponsored bioterrorism. in fact it is painfully obvious that this law is actually creating a national scientific experiment, as per USC,Title 50,Chapter 32, Section 1520 & 1524. As I stated this is a violation of the Nuremberg Code.

If this model law is passed by this legislature, this will be practicing medicine without a license, and a violation of your oaths of office. The proposed law states "except in cases of gross negligence or willful misconduct, state actors are immune for death or injury to person or damage to property." Unless this panel or one of the "public health officials" being appointed can prove that the information I am submitting is NOT true; to pass such a law WILL be gross negligence; if not Treason.

I ask you to search your conscience, and stand up for the truth; regardless of the pressure being put on you by the military-industrial-medical complex. The future of humanity (including your loved ones), as well as our freedoms, is at stake with this draconian bill. In my expert medical opinion, such a bill is immoral, unethical and a total violation of our Constitutional Rights. // Sandy from Alaska // http://www.vaccinationnews.com

The Guardian

Antony Barnett

Much of Britain was exposed to bacteria sprayed in secret trials

The Guardian, 21 April 2002, 10.23 BST
https://www.theguardian.com/politics/2002/apr/21/uk.medicalscience

The Ministry of Defence turned large parts of the country into a giant laboratory to conduct a series of secret germ warfare tests on the public.

A government report just released provides for the first time a comprehensive official history of Britain's biological weapons trials between 1940 and 1979.

Many of these tests involved releasing potentially dangerous chemicals and micro-organisms over vast swaths of the population without the public being told.

While details of some secret trials have emerged in recent years, the 60-page report reveals new information about more than 100 covert experiments.

The report reveals that military personnel were briefed to tell any 'inquisitive inquirer' the trials were part of research projects into weather and air pollution.

The tests, carried out by government scientists at Porton Down, were designed to help the MoD assess Britain's vulnerability if the Russians were to have released clouds of deadly germs over the country.

In most cases, the trials did not use biological weapons but alternatives which scientists believed would mimic germ warfare and which the MoD claimed were harmless. But families in certain areas of the country who have children with birth defects are demanding a public inquiry.

One chapter of the report, 'The Fluorescent Particle Trials', reveals how between 1955 and 1963 planes flew from north-east England to the tip of Cornwall along the south and west coasts, dropping huge amounts of zinc cadmium sulphide on the population. The chemical drifted miles inland, its fluorescence allowing the spread to be monitored. In another trial using zinc cadmium sulphide, a generator was towed along a road near Frome in Somerset where it spewed the chemical for an hour.

While the Government has insisted the chemical is safe, cadmium is recognised as a cause of lung cancer and during the Second World War was considered by the Allies as a chemical weapon.

In another chapter, 'Large Area Coverage Trials', the MoD describes how between 1961 and 1968 more than a million people along the south coast of England, from Torquay to the New Forest, were exposed to bacteria including e.coli and bacillus globigii , which mimics anthrax. These releases came from a military ship, the Icewhale, anchored off the Dorset coast, which sprayed the micro-organisms in a five to 10-mile radius.

The report also reveals details of the DICE trials in south Dorset between 1971 and 1975. These involved US and UK military scientists spraying into the air massive quantities of serratia marcescens bacteria, with an anthrax simulant and phenol.

Similar bacteria were released in 'The Sabotage Trials' between 1952 and 1964. These were tests to determine the vulnerability of large government buildings and public transport to attack. In 1956 bacteria were released on the London Underground at lunchtime along the Northern Line between

Colliers Wood and Tooting Broadway. The results show that the organism dispersed about 10 miles. Similar tests were conducted in tunnels running under government buildings in Whitehall.

Experiments conducted between 1964 and 1973 involved attaching germs to the threads of spiders' webs in boxes to test how the germs would survive in different environments. These tests were carried out in a dozen locations across the country, including London's West End, Southampton and Swindon. The report also gives details of more than a dozen smaller field trials between 1968 and 1977.

In recent years, the MoD has commissioned two scientists to review the safety of these tests. Both reported that there was no risk to public health, although one suggested the elderly or people suffering from breathing illnesses may have been seriously harmed if they inhaled sufficient quantities of micro-organisms.

However, some families in areas which bore the brunt of the secret tests are convinced the experiments have led to their children suffering birth defects, physical handicaps and learning difficulties.

David Orman, an army officer from Bournemouth, is demanding a public inquiry. His wife, Janette, was born in East Lulworth in Dorset, close to where many of the trials took place. She had a miscarriage, then gave birth to a son with cerebral palsy. Janette's three sisters, also born in the village while the tests were being carried out, have also given birth to children with unexplained problems, as have a number of their neighbours.

The local health authority has denied there is a cluster, but Orman believes otherwise. He said: 'I am convinced something terrible has happened. The village was a close-knit community and to have so many birth defects over such a short space of time has to be more than coincidence.'

Successive governments have tried to keep details of the germ warfare tests secret. While reports of a number of the trials have emerged over the years through the Public Records Office, this latest MoD document - which was released to Liberal Democrat MP Norman Baker - gives the fullest official version of the biological warfare trials yet.

Baker said: 'I welcome the fact that the Government has finally released this information, but question why it has taken so long. It is unacceptable that the public were treated as guinea pigs without their knowledge, and I want to be sure that the Ministry of Defence's claims that these chemicals and bacteria used were safe is true.'

The MoD report traces the history of the UK's research into germ warfare since the Second World War when Porton Down produced five million cattle cakes filled with deadly anthrax spores which would have been dropped in Germany to kill their livestock. It also gives details of the infamous anthrax experiments on Gruinard on the Scottish coast which left the island so contaminated it could not be inhabited until the late 1980s.

The report also confirms the use of anthrax and other deadly germs on tests aboard ships in the Caribbean and off the Scottish coast during the 1950s. The document states: 'Tacit approval for simulant trials where the public might be exposed was strongly influenced by defence security considerations aimed obviously at restricting public knowledge. An important corollary to this was the need to avoid public alarm and disquiet about the vulnerability of the civil population to BW [biological warfare] attack.'

Sue Ellison, spokeswoman for Porton Down, said: 'Independent reports by eminent scientists have shown there was no danger to public health from these releases which were carried out to protect the public.

'The results from these trials_ will save lives, should the country or our forces face an attack by chemical and biological weapons.'

Asked whether such tests are still being carried out, she said: 'It is not our policy to discuss ongoing research.'

Российская Академия Наук

Г.Г. Онищенко, Л.С. Сандахчиев. С.В. Нетесов. Р.А. Мартынюк

Биотерроризм: национальная и глобальная угроза

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http://vivovoco.astronet.ru/VV/JOURNAL/VRAN/BIOTERROR.HTM

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Угроза биотерроризма, разбуженная 11 сентября 2001 г. атаками на Нью-Йорк и Вашингтон, стала реальностью после того, как в почтовой системе США были скрытно распространены письма с возбудителями сибирской язвы. В результате этой акции умерли пять человек, включая троих, непосредственно контактировавших с зараженной почтой, более 20 были инфицированы и несколько тысяч человек вынуждены принимать сильные антибиотики. Письма, содержащие споры возбудителя сибирской язвы или их имитаторы, обнаружены в десятках других стран, включая Россию. Последний случай инфицирования сибирской язвой через письмо зарегистрирован 31 октября 2001 г. в одном из госпиталей Нью-Йорка [1].

Анализ исторических данных показал, что, как всякий терроризм, биотерроризм имеет политико-идеологические корни. Характер преследуемых целей и задач – борьба за власть и политико-экономическое влияние в современном мире -требует от террористов XXI столетия осуществления глобальных акций, способных самым серьезным образом воздействовать на население и правительства разных стран. В принципе, это тот же террор, только его инструментом служат биологические агенты, среди которых - возбудители особо опасных инфекций. Фактически, меняются форма и масштаб, сущность террора остается прежней.

В истории человечества сохранились сведения о применении биологических агентов во время захватнических войн, следствием чего были опустошающие эпидемии чумы и оспы. Так, в 1346 г. по приказу хана Золотой Орды Тохтамыша в колодцы и другие источники воды в осажденной генуэзской крепости Каффу (нынешняя Феодосия) в Крыму забрасывались трупы людей и животных, погибших от бубонной чумы. В итоге Каффа сдалась, но чума распространилась по всей Европе, вызвав страшную эпидемию, которая унесла жизни 25 млн. человек, что соответствовало примерно 10% населения тогдашнего мира. В 1422 г., в период религиозной войны в Чехии, в битве за Карлштейн тела зараженных чумой солдат бросали в шеренги противника. Подобные эпизоды отмечались и в 1710 г., во время войны России со Швецией. При колонизации Америки среди индейских племен неоднократно распространялась оспа. Например, в 1763 г. белые колонисты вероломно передавали им в знак дружбы зараженные одеяла, что привело к гибели миллионов индейцев, не имевших иммунитета к такому опасному заболеванию, как оспа. Позднее тем же приемом воспользовались британские солдаты для истребления коренного населения Америки [2]. И во время войны Франции и Индии (1754-1767) вирус оспы применялся с целью уничтожения противника [3].

В XX в. развернулись исследования по разработке высокоэффективного химического и биологического оружия для военных целей. Однако, в отличие от химического оружия, в прошлом столетии биологическое оружие использовалось крайне редко. Документально подтверждено лишь применение Японией возбудителей чумы и других бактериальных агентов против Китая в ходе Второй мировой войны [4]. Подписание в 1972 г. конвенции о запрещении биологического оружия значительно уменьшило потенциальную опасность его применения.

Согласно исследованию, проведенному американскими учеными в 1994 г., со времени окончания Первой мировой войны произошло более 244 инцидентов использования биологического и химического оружия [5]. Позднее были идентифицированы еще 110 подозрительных эпизодов, когда террористы или члены криминальных групп использовали, приобретали, угрожали либо проявляли интерес к биологическому оружию [6]. Случаи применения биологических агентов в террористических целях, с точки зрения нынешней трактовки терроризма, единичны. До недавнего времени единственным доказанным случаем считалось заражение салата в барах одного из американских городов в 1984 г., когда в приправу к салатам была добавлена *Salmonella typhimurium* [7].

Эксперты прогнозировали возрастающую угрозу биотерроризма задолго до событий 11 сентября 2001 г. В докладе Службы внешней разведки России за 1993 г. отмечалось:

"Наметившаяся тенденция к широкому распространению биотехнологий (имеющих, как правило, двойное назначение), трудности контроля за производством и применением биологических агентов и токсинов увеличивают вероятность использования биологического оружия (БО) странами «третьего мира» в локальных военных конфликтах, а также в диверсионных и террористических целях" [8].

При этом подчеркивалось преимущество биологического оружия перед ядерным и химическим: имеется возможность нанести серьезный ущерб экономике противника путем изначально скрытого применения биологического оружия против сельскохозяйственных растений и животных. Такие акции могут проводиться и в целях "экономической войны".

Если потенциальные агенты химического оружия хорошо изучены и для большинства из них разработаны методы противодействия, то в отношении биологических агентов ситуация качественно другая. Важно понимать, что биологические агенты действуют не сразу, имеют инкубационный период заболевания, в течение которого носитель может оказаться в совершенно других от первоначального места распространения биологических агентов географических условиях. Случаи подобного рода очень трудно выявить и отличить от природной вспышки, поэтому для доказательства биотеррористической природы вспышки требуется всесторонний эпидемиологический анализ, который может занять много времени. В упоминавшемся нами случае заражения салатов сальмонеллой только через год было доказано, что это - террористический акт, а общественность США узнала об инциденте лишь спустя много лет [9].

Нельзя также забывать, что окружающая нас природа - неисчерпаемый источник микроорганизмов - вирусов, бактерий и грибов, вызывающих заболевания человека, растений и животных. Всемирная организация здравоохранения (ВОЗ) считает инфекционные заболевания второй ведущей причиной смертности и первой причиной преждевременной смертности в мире. Согласно оценкам ВОЗ, ежегодно 2 млрд. людей болеют инфекционными заболеваниями, 17 млн. из которых умирают; ежедневно 50 тыс. смертей являются следствием инфекционных болезней и половина населения планеты находится под угрозой эндемических заболеваний [10].

Имеются и другие причины, по которым биологические агенты могут быть предпочтительными для террористов. Прежде всего это доступность, простота в изготовлении, удобство в хранении и транспортировке, а также возможность скрытого применения. Угроза биотерроризма требует от здравоохранения исключительно высокого уровня готовности к обнаружению наиболее опасных агентов и ликвидации последствий их преднамеренного использования.

В настоящее время ни одна страна не способна в достаточной степени противодействовать биотеррористической угрозе. По мнению ВОЗ, во всем мире система общественного здравоохранения ведет борьбу с естественно возникающими инфекциями на пределе своих возможностей, и дополнительная биотеррористическая угроза может привести к тому, что эта система будет не в состоянии с ней справиться. Уязвимость общества к биологическим агентам объясняется главным образом тем, что система медико-санитарной помощи не способна на данном этапе их своевременно обнаружить и предпринять необходимые меры защиты. Согласно рекомендациям ВОЗ, чтобы повысить готовность общественного здравоохранения к отражению биологической угрозы в той или иной стране, следует сосредоточить усилия на обучении персонала по программе, включающей ограниченную, но правильно выбранную группу биологических агентов. Это позволит создать необходимый потенциал для борьбы с более широким спектром патогенов [12].

Существуют различные списки агентов биологического оружия или потенциально опасных биологических агентов. Исторически потенциальная опасность патогенов оценивалась в интересах военных действий, а не биотеррора. Однако мирное население отличается от военных формирований. Для населения характерны широкий возрастной диапазон и большой разброс в состоянии здоровья, поэтому последствия биологической атаки для него могут быть сильнее, чем для военных формирований. Мирное население более уязвимо к биологическим агентам, содержащимся в питьевой воде и продуктах питания.

На встрече экспертов по инфекционным заболеваниям, проведенной в 1999 г. в Центре по контролю за инфекционными заболеваниями США, были рассмотрены ранее составленные списки потенциально опасных биологических агентов и разработаны общие критерии отбора тех из них, которые представляют наибольшую опасность при биотеррористической атаке. Отобрано около 40 биологических агентов (вирусы или группы вирусов, бактерии, риккетсии, грибы и токсины) и сформированы три категории A, B и C, включающие агенты по степени значимости угрозы для мирного населения [13]. Приводим распределение опасных биологических агентов по категориям [14].

Категория А

Bacillus anthracis (сибирская язва), *Clostridium botulinum* (ботулизм), *Yersinia pestis* (чума) *Variola major* (оспа натуральная) и другие покс-вирусы, *Francisella tularensis* (туляремия) Вирусные геморрагические лихорадки, вызываемые: аренавирусами (ЛХМ вирус, Хунин вирус, Мачупо вирус, Гуанарито, лихорадка Ласса), буньявирусами (хантавирусы, лихорадка долины Рифт) флавивирусами (Денге) филовирусами (Эбола, Марбург)

Категория В

Burkholderia pseudomallei (мелиоидоз), *Coxiella burnetti* (лихорадка Ку), *Brucella species* (бруцеллез), *Burkholderia mallei* (сап), *Ricinus communis* (токсин Рицин), *Clostridium perfringens* (Эпсилон токсин), Стафилококковый энтеротоксин В, *Rickettsia prowazekii* (сыпной тиф).

Патогены, угрожающие пищевой и водной безопасности: Бактерии *(E. coH* - диарея, холерные вибрионы, шигеллиозы, сальмонеллезы, *Listeria monocytogenes* - листериоз, *Campylobacter jejuni* - энтерит, *Yersinia enterocolitica* - энтерит), вирусы *(Caliciviruses,* гепатит А) простейшие *(Cryptosporidium parvum* - диарея, *Cyclospora cayatanensis* - диарея, *Giardia lamblia* - энтерит, *Entamoeba histolytica* -амебиаз, *Toxoplasma* — токсоплазмоз, *Microsporidia* — микроспоридии) дополнительные вирусные энцефалиты (вирус лихорадки Западного Нила, Ла Кросс, Калифорнийский энцефалит. Венесуэльский энцефаломиелит лошадей, Восточный энцефаломиелит лошадей. Западный энцефаломиелит лошадей, вирус японского энцефалита, вирус болезни леса Кьяссанур).

Категория С

Вирусы клещевых геморрагических лихорадок (вирус Конго-Крымской геморрагической лихорадки), Вирусы клещевых энцефалитов, Желтая лихорадка, Устойчивые к лекарствам, формы туберкулеза, Грипп, Риккетсиозы, Бешенство.

В 2002 г. этот список был использован Национальным институтом аллергии и инфекционных заболеваний, одним из ведущих в США в области изучения инфекционных агентов, при разработке краткосрочного и долгосрочного планов исследований по противодействию терроризму. Оценка опасности биологических агентов как средств терроризма против гражданского населения проводилась по следующим критериям:

•высокая заболеваемость и смертность;

• потенциал для непосредственной трансмиссии от человека к человеку либо через переносчика;

• низкая инфекционная доза и высокая инфекционность аэрозоля, способная вызывать большие вспышки;

• способность контаминировать продовольственные и водные ресурсы;

• отсутствие специфических диагностических тестов и/или эффективного лечения;

• отсутствие безопасных и эффективных вакцин;

• потенциал вызывать страх у населения и медицинских работников;

• потенциал для использования в качестве биологического оружия.

Агенты, отнесенные к категории А, представляют наибольшую угрозу для мирного населения. Их применение может привести к массовым жертвам, а некоторые из них, например оспа и чума, способны поставить под угрозу функционирование всего государства. Вирус натуральной оспы считается самым опасным из-за своих патогенных и эпидемических свойств [15]. За всю историю человечества оспа унесла около полумиллиарда человеческих жизней - больше, чем войны и прочие эпидемии вместе взятые [2].

Большинство предпринимаемых ныне мер ориентированы на защиту мирного населения именно от агентов, относящихся к категории А. Однако необходимо помнить, что в качестве биологического оружия можно использовать и обычные микроорганизмы, например, сальмонеллы, легионеллу или вирус гриппа, которые способны надолго вывести из строя большую часть населения страны, подорвать экономику государства. К такому выводу исследователи пришли на основе изучения пяти вспышек инфекционных болезней, недавно имевших место в различных странах. Санитарно-эпидемиологические службы и органы здравоохранения этих стран не смогли адекватно отреагировать на резкий прирост заболеваемости [16].

Крайне опасно использование в террористических целях агентов "возникающих инфекций". По оценкам экспертов, нам известно не более нескольких процентов существующих вирусов и чуть большая доля бактерий, а природа постоянно создает новые патогены. Только за последние 40 лет открыто и идентифицировано более 30 новых инфекционных агентов, среди которых ВИЧ, вирусы Марбург и Эбола. Для этих заболеваний не разработаны средства лечения и профилактики. Ряд возникающих и вновь появляющихся патогенов, таких как вирус Западного Нила, лекарственно устойчивые *Streptococcus, Staphylococcus* и *Mycobacterium tuberculosis,* также могут быть опасными биологическими агентами [9].

Значительную угрозу представляют и химерные организмы, сконструированные с помощью простых генетических манипуляций. На конференции, прошедшей в Бельгии в ноябре 2001 г., ученые пришли к выводу, что пандемию гриппа можно вызвать искусственным путем. По мнению доктора Р. Бебстера - директора Сотрудничающего центра ВОЗ по изучению экологии гриппа у животных и птиц - террористы вполне могут инициировать вспышку гриппа. Возможности современной биотехнологии позволяют создать вирус гриппа того типа, который наблюдался в 1919 г. и вызвал многомиллионные смерти во всем мире [17]. В противовес этим угрозам должны быть разработаны методики выявления таких искусственно созданных агентов и специфические средства для профилактики и лечения вызываемых ими заболеваний.

* * *

Возрастание угрозы применения биологического оружия террористами и масштабы возможного воздействия биологических агентов на гражданское население заставили правительства разных стран и международные организации готовить планы ответных мер, находить способы

пресечения биотеррора. В середине 2001 г. обнародованы черновые материалы - рекомендации ВОЗ "Ответные меры системы общественного здравоохранения на угрозу применения биологического и химического оружия" [12]. В составлении этого документа принимали участие ведущие ученые разных стран.

В документе основное внимание уделено национальным планам противодействия терроризму. Национальное здравоохранение должно быть готово обнаружить и ликвидировать последствия вспышки любого биологического агента, включая традиционные и экзотические виды микроорганизмов. Существующие системы государственного эпидемиологического надзора и борьбы с инфекционными болезнями должны быть способны выявлять, локализовать и ликвидировать вспышку инфекционного заболевания независимо от того, следствие ли она естественного проявления природного патогена или результат его преднамеренного использования. Несомненно, что национальные планы противодействия биотерроризму должны входить составной частью в планы по борьбе со вспышками инфекционных заболеваний, химическими и радиологическими инцидентами.

В рекомендациях ВОЗ отмечается, что вводимые в практику методы обнаружения биологических агентов, базирующиеся на молекулярных технологиях, нуждаются в повышении чувствительности, быстроты и точности. Для обеспечения должного уровня профилактических мероприятий нужны новые безвредные и эффективные вакцины, созданные современными методами биотехнологии.

Необходимость дальнейшего развития медико-биологических исследований подчеркивается и в стратегическом плане, разработанном Национальным институтом аллергии и инфекционных заболеваний США уже после событий сентября 2001 г. В нем отмечается, что возможности выявления и предотвращения инфекций как последствий биотеррористических актов в немалой степени зависят от уровня фундаментальных и прикладных медико-биологических исследований.

США готовились к противодействию биотерроризму с середины 90-х годов прошлого века. В июне 1995 г. была издана секретная директива президента США, предусматривающая повышение готовности страны на случай совершения терактов, в том числе биологических. В мае 1998 г. началась разработка всеобъемлющей стратегии борьбы с биотерроризмом. В 2000 г. Центр по контролю за инфекционными заболеваниями США публикует Национальный стратегический план по готовности к действиям в случаях биологического и химического терроризма [18]. План предусматривает координированное участие в выявлении и ликвидации инцидентов более десяти различных организаций. Основные разделы плана: профилактика; надзор; диагностика биологических и химических агентов; принятие мер по ликвидации инцидента; система оповещения и информационного обеспечения. Предполагается обучение персонала, эффективный санитарно-эпидемиологический надзор и обеспечение готовности всех участников к обнаружению и ликвидации последствий возможного применения химических и биологических агентов. Ключевым моментом плана является создание в США многоуровневой сети диагностических лабораторий для быстрого обнаружения, идентификации и оповещения служб здравоохранения территорий, штатов, районов и городов о выявленных агентах биологической и химической природы. План ориентирован на модернизацию существующих структур по борьбе с инфекционными болезнями, прежде всего на местном уровне.

В планах ВОЗ и Центра по контролю за инфекционными заболеваниями США предлагаются меры, направленные на совершенствование клинической базы и подготовку медицинского персонала. Медики должны хорошо представлять текущую эпидемическую ситуацию, знать потенциальные биологические агенты и симптоматику инфекционных заболеваний, нередко отличающуюся от естественно возникающих заболеваний. Они должны овладеть средствами лечения и способами предотвращения эпидемий. Особое внимание в этих планах уделено созданию системы мониторинга за необычными случаями заболеваний.

В 1999 г. на борьбу с биотерроризмом различным ведомствам США были выделены значительные средства. Началась реализация программ по созданию запасов 18 новых вакцин, включая новые вакцины против оспы, запасов медикаментов и антибиотиков, предназначенных в первую очередь для полиции, пожарных и медицинских работников. Проведен ряд учений, моделирующих использование террористами в крупных городах особо опасных инфекционных агентов - чумы, сибирской язвы, оспы [19-21].

К сентябрю 2001 г. США отнюдь не считали себя неподготовленными к террористическим актам с применением биологического и другого оружия массового уничтожения. Вместе с тем оказалось, что система здравоохранения США не располагает реальными возможностями, необходимыми для быстрой обработки большого числа жертв, не имеет достаточных площадей изоляторов, где должны размещаться инфекционные больные. Кроме того, врачи не сразу сумели поставить правильный диагноз сибирской язвы. Так, случай заражения грудного младенца в Нью-Йорке был подтвержден только через полторы недели после появления первых симптомов [1]. Обнаружилось, что наборы медицинских средств борьбы с инфекцией - диагностические тест-системы, вакцины и терапевтические лекарства – устарели, а их запасы недостаточны.

Сентябрьские события 2001 г. вызвали страх и панику среди населения, напуганного не только самим фактом биотерроризма, но и неготовностью здравоохранения, демонстрировавшего признаки перенапряжения даже при малочисленных случаях заражения сибирской язвой. Очевидно, что выбор биологического агента и способа его распространения в большей степени имел целью оказать психическое воздействие на общество, чем вызвать крупномасштабную эпидемию. И цель была достигнута. Недостаток правдивой, объективной и профессионально поданной информации об используемой террористами бактериальной рецептуре, ее поражающем действии и способах профилактики усугубил панику.

Многие страны, осознав реальную возможность применения биологических агентов террористами, предприняли определенные шаги и в области совершенствования законодательной базы. В частности, были внесены поправки в уже существующие законы, ужесточающие наказание за терроризм. В США в январе 2002 г. подписан Закон о терроризме. В июне 2002 г. принят Закон о защите здоровья населения и реагировании на биотерроризм, направленный на улучшение работы портовых инспекций, защиту продовольственных поставок, контроль биологических материалов и расширение возможностей реагирования системы здравоохранения на серьезное нападение [22, 23]. После подписания этих законов на борьбу с биотерроризмом выделили дополнительно 2.9 млрд. долл. В федеральном бюджете на 2003 финансовый год на эти цели предлагается выделить уже 5.9 млрд. долл. - в три раза больше, чем в 2002 финансовом году. Почти половина этих средств (2.4 млрд. долл.) будет направлена на развитие фундаментальных и прикладных исследований, призванных обеспечить США медицинскими средствами, которые требуются для эффективного ответа на вызов террористов [24].

В России начиная с 1997 г. предпринимаются меры противодействия биотерроризму. Создана Межведомственная антитеррористическая комиссия РФ, для решения оперативных вопросов образована секция по биотерроризму, включающая в себя специалистов многих министерств и ведомств. В 1999 г. по инициативе Минздрава России на уровне Межведомственной антитеррористической комиссии РФ была представлена концепция деятельности государственных органов власти при возникновении чрезвычайных ситуаций, вызванных терактами с применением биологического и химического оружия. В том же году утверждена Федеральная целевая программа "Создание методов и средств защиты населения и среды обитания от опасных и особо опасных патогенов в чрезвычайных ситуациях природного и техногенного характера на 1999-2005 гг." (нынешнее ее название - "Защита от патогенов"). В ней определены следующие приоритеты: фундаментальные исследования патогенов, прогнозирование вспышек инфекционных заболеваний, специфическая индикация и диагностика, профилактика и лечение, защита от патогенов (средства и методы обеззараживания). Создан Центр специальной

лабораторной диагностики и лечения опасных и экзотических инфекций, организован Федеральный межведомственный центр подготовки специалистов, испытания средств и методов индикации возбудителей особо опасных инфекций [19,25].

После событий осени 2001 г. в нашей стране подготовлен проект поправок к Закону "О борьбе с терроризмом", ряд министерств ведет работу над Концепцией биологической безопасности России [26]. Российская академия медицинских наук и Минздрав России разрабатывают программу, предусматривающую план действий по оказанию населению медицинской и психологической помощи в связи с возможными угрозами биотерроризма. В план включена специальная подготовка медицинского персонала и обучение населения методам защиты от угрозы биотерроризма [27].

Большую актуальность приобретает созданная еще в 2000 г. национальная Программа фундаментальных и прикладных исследований вируса оспы. Нынешнее поколение врачей не имеет опыта в диагностике и лечении этой инфекции, отсутствуют современные диагностикумы, лечебные препараты, ограничен запас вакцин [28]. Минздрав России подготовил Концепцию возобновления вакцинации против оспы, которая в 2002 г. внесена на рассмотрение правительства.

В России значительная часть научно-организационных мер противодействия биотерроризму проводится в рамках существующей системы борьбы с инфекционными заболеваниями. Основные задачи этой системы:

• повышение эффективности эпидемического надзора за инфекционными заболеваниями на основе повсеместного использования компьютерных информационно-аналитических систем, мониторинга состояния окружающей среды и коллективного иммунитета населения;

• развитие нормативной и методической базы в области профилактики инфекционных заболеваний;

• реализация федеральных и региональных программ по обеспечению санитарно-эпидемиологического благополучия населения;

• совершенствование системы вакцинопрофилактики инфекционных заболеваний;

• расширение информационно-пропагандистской системы по соблюдению населением мер личной и общественной профилактики инфекционных болезней;

• укрепление материально-технической базы лабораторий лечебно-профилактических учреждений и центров Госсанэпиднадзора, оснащение их необходимым оборудованием, внедрение современных методов индикации возбудителей инфекционных заболеваний (ПЦР и др.);

• активизация научных исследований в области диагностики, эпидемиологии, лечения и профилактики инфекционных заболеваний [25].

Готовность к возможным актам биотерроризма удается повысить, если в крупных региональных центрах, особенно там, где есть международные аэропорты, будут постоянно функционировать инфекционные больницы, оборудованные с учетом должного уровня биозащиты (не ниже Р-3). На том же уровне биобезопасности следует оборудовать региональные клинико-микробиологи-ческие и иммунологические лаборатории, которые должны сотрудничать с инфекционными больницами и соответствующими НИИ.

Комплекс мер противодействия угрозе биотерроризма, дополняя уже существующую систему борьбы с инфекционными заболеваниями, призван усовершенствовать структуру здравоохранения, повысить уровень биомедицинских исследований, а также улучшить взаимодействие с другими министерствами и ведомствами, учреждениями Госсанэпиднадзора и НИИ соответствующего профиля. * * *

После событий осени 2001 г. еще очевиднее стала необходимость усиления международного сотрудничества в деле борьбы с угрозой биотерроризма. Консолидация усилий государств в этой борьбе ведется на различных уровнях.

В ноябре 2001 г. президенты России и США приняли совместное заявление, в котором отмечается, что обе страны будут вести совместную работу по противодействию угрозе биотерроризма. Стороны заявили о приверженности Конвенции 1972 г. о запрещении разработки, производства и накопления бактериологического, биологического, токсинного оружия и его уничтожении [29].

В ноябре 2001 г. США и шесть других стран присоединились к Оттавскому плану, предусматривающему усиление международного сотрудничества в предупреждении биологических терактов. Страны договорились налаживать совместное сотрудничество в обеспечении вакцинами и антибиотиками; участвовать в конструктивном диалоге по унификации нормативно-правовой базы создания вакцин, в частности, вакцин против оспы; оказывать дальнейшую поддержку существующей сети ВОЗ по наблюдению за заболеваниями и ее усилиям по выработке согласованной стратегии сдерживания вспышек заболеваний. Предполагается обмениваться планами подготовки к чрезвычайным ситуациям и ликвидации их последствий; рассматривать возможности совместной подготовки кадров; организовать обмен данными наблюдений национальных медицинских лабораторий и информацией о реальном или грозящем заражении продовольствия, стратегиями безопасного продовольственного снабжения [30].

Тема объединения усилий по противодействию терроризму обсуждалась на состоявшемся в мае 2002 г. в Москве рабочем совещании, на котором присутствовали представители американских и российских министерств иностранных дел, обороны, здравоохранения, науки [31]. Вопрос о принятии общественным здравоохранением ответных мер при умышленном использовании биологического, химического или радиологического оружия был рассмотрен в мае 2002 г. на 55-й Всемирной ассамблее здравоохранения. Секретариат ассамблеи отметил важность борьбы с возникающими в природных условиях эпидемиями, например, с лихорадкой Эбола. Особое внимание было уделено мерам защиты воды и продуктов питания от заражения химическими и биологическими агентами [33].

В мире имеются ресурсы для борьбы с инфекционными болезнями, и эти ресурсы могут быть использованы для противодействия биотерроризму. В 1997 г. на базе национальных центров и лабораторий, сотрудничающих с ВОЗ, была создана международная сеть по сбору данных и контролю за вспышками наиболее опасных заболеваний. Действуют сотни центров ВОЗ, специализирующихся по отдельным инфекциям, сеть лабораторий Панамериканской организации здравоохранения, Международная сеть клинической эпидемиологии, сеть институтов Пастера, сеть исследовательских центров Национального института здравоохранения США, в которую вовлечены и университеты [9].

В наши дни большое внимание уделяется созданию автоматизированных систем эпидемического обнаружения и реагирования. В США уже внедрены несколько систем для улучшения надзора как за инфекционными заболеваниями, так и за выявлением случаев биотерроризма в крупных городах. Так называемая Система усовершенствованного эпидемиологического обнаружения и экстренного реагирования функционирует в 79 госпиталях [33]. Разработана автоматизированная система для учета информации, полученной при амбулаторном посещении больных и во время телефонных разговоров [34].

Существенную помощь в анализе различных эпидемических ситуаций могут оказать современные геоинформационные системы, или ГИС-технологии. Первые исследования в области эпидемиологии, проведенные в России с применением ГИС-технологий, показали, что с их помощью можно изучать закономерности распространения инфекционных заболеваний, прогнозировать их развитие, анализировать последствия актов биотерроризма [35].

По традиции для ликвидации очагов заболевания используются созданные под эгидой ВОЗ специализированные команды (эпидотряды). Они ликвидировали эпидемические вспышки геморрагической лихорадки Марбург в Конго в 1999 г., энцефалит, вызванный вирусом *Nipah,* в Малайзии в 1999 г., лихорадку Рифт-Вэлли в Саудовской Аравии в 2000 г., желтую лихорадку в Либерии в 2001 г. [36].

Чтобы повысить эффективность борьбы с инфекционными заболеваниями, Д. Хендерсон - главный советник по науке министра здравоохранения и социального обеспечения США, предлагает организовать сеть из 15 региональных центров. Они должны располагать: клиническими амбулаторными службами по инфекционным болезням; исследовательскими диагностическими лабораториями; эпидотрядами на правах службы эпидемиологической разведки, обеспечивающими контроль за регионом, в котором проживают 2-5 млн. человек; образовательно-тренировочной базой для подготовки национального и международного персонала. Эта сеть должна взаимодействовать с такими организациями, как Центр по контролю за инфекционными заболеваниями США, Национальный институт аллергических и инфекционных заболеваний США и с другими центрами. Для обеспечения легитимности и стабильной работы региональных центров необходима их тесная связь с ВОЗ и государственными структурами стран, в которых они находятся [9].

В настоящее время идет работа над организацией единого Европейского центра по инфекционным заболеваниям, который начнет функционировать в 2005 г. Подобно Национальному центру инфекционных болезней США, европейский центр будет координировать научно-исследовательские работы, осуществлять надзор за инфекционными заболеваниями, проводить профессиональное обучение. Предполагается, что новый центр поможет оптимизировать деятельность уже существующих в Европе национальных структур, таких как Институт Пастера (Франция), Каролинский институт (Швеция), Институт им. Роберта Коха (Германия), и повысить готовность Европы противодействовать угрозе биотерроризма [37].

В России уже функционирует уникальная система, предназначенная для борьбы и надзора за инфекционными заболеваниями, которой нет нигде в мире, - Государственная санитарно-эпидемиологическая служба: 89 региональных и 1700 центров районного уровня. Есть система противочумных институтов, включающая 5 НИИ, 11 станций и 14 отрядов, работающих на территории природных очагов [38].

Учитывая зарубежный опыт, представляет интерес идея создания и в России региональных центров по борьбе с инфекционными заболеваниями на базе существующих научно-исследовательских центров и институтов данного профиля. Под руководством Минздрава России эти региональные центры могли бы выполнять программы, ориентированные на выявление и ликвидацию природных или террористических вспышек инфекционных заболеваний в своем регионе. Территориальное разграничение зон действий таких центров должно в первую очередь предусматривать экономическую и геополитическую значимость региона для национальной безопасности России. В дальнейшем российские региональные центры могли бы войти в международную систему биологической безопасности [9].

Успешное противодействие биологическому и химическому терроризму невозможно без объединения усилий различных ведомств, например, Минобороны и Минздрава России, РАМН, РАН, РАСХН. Накопленный этими ведомствами опыт может послужить основой для создания национальной системы противодействия террористическим актам. Заслуживает внимания Система мониторинга особо опасных малоизученных, экзотических, в том числе зооантропонозных заразных болезней животных, разработанная в Минсельхозе России [39].

Несомненным условием обеспечения биологической безопасности России является достаточное и стабильное государственное финансирование фундаментальных и прикладных биомедицинских исследований, направленных на разработку диагностических и лечебно-профилактических средств нового поколения [40]. На VIII съезде эпидемиологов, микробиологов и паразитологов, проходившем в Москве в марте 2002 г., была подчеркнута необходимость кардинального расширения научно-исследовательских и опытно-конструкторских работ в следующих направлениях:

• новые ускоренные методы и средства индикации возбудителей инфекционных заболеваний, создаваемые на основе перспективных разработок в области биотехнологии и нанотехнологий;

• вакцины нового поколения, живые рекомби-нантные вакцины на базе вирусных векторов, разрабатываемые с использованием методов генной инженерии, живых поливалентных противовирусных вакцин, ДНК-вакцин;

• новые химические субстанции и рецептура новых дезинфицирующих препаратов [25].

Следует также продолжить поиск, испытания и организацию производства более эффективных препаратов для лечения инфекционных заболеваний. Дальнейшее изучение молекулярного разнообразия и молекулярной изменчивости инфекционных агентов позволит не только проводить быструю идентификацию вызвавших вспышку разновидностей инфекционных агентов, но и прогнозировать возникновение новых патогенов на основе естественной их эволюции или путем скрытых работ биотеррористов по направленному искусственному изменению их свойств.

В заключение считаем необходимым еще раз подчеркнуть, что способность государства противодействовать угрозе биотерроризма - одному из факторов риска появления и распространения инфекционных заболеваний - определяется состоянием и подготовленностью системы здравоохранения к обнаружению, локализации и ликвидации вспышек инфекций независимо от происхождения вызвавших их патогенов; уровнем проводимых фундаментальных и прикладных исследований, направленных как на молекулярно-эпидемиологическое изучение патогенов, так и на создание средств диагностики, профилактики и лечения, требуемых для предотвращения вспышек заболеваний или их ликвидации. И безусловно, успешной борьбе с биотерроризмом будет способствовать вхождение России в зарождающуюся международную систему биологической безопасности.

Выражаем признательность Т.Ю. Иванькиной и М.И. Кисуриной за помощь в подготовке материала и оформлении настоящей статьи.

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(Сетевые гиперссылки не проверялись и приведены в их исходном виде - ***V.V.***)

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Fred Charatan

Marcia Angell: **The Truth About the Drug Companies: How they deceive us and what to do about it. Review**

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Dr. Marcia Angell, a member of Harvard Medical School's Department of Social Medicine, has written a painstakingly researched book on the wiles and ways of what has come to be called "big pharma." It is a clear exposé of the American drug industry and is written in the impassioned but impeccable prose we expect from a former editor of the New England Journal of Medicine.

Angell says that $200bn (£110bn; €165bn) is spent annually on prescription drugs in the United States. With the cost rising 12% a year, it is the fastest growing part of America's swollen health bill. In 2002 the average price of the 50 commonest drugs used by elderly people was nearly $1500 for a year's supply. At, say, six prescriptions – not an uncommon number among elderly Americans – that's $9000 a year for one person's drugs. What are the remedies for this unaffordable financial burden? Choose between food, fuel, or drugs? Take half doses? Take a trip to Canada to buy cheaper drugs? Or ignore your doctor's prescriptions altogether?

To deal with this dilemma the US Congress passed the Medicare Reform Bill at the end of 2003, with a drug benefit to begin in 2006 – but this is already inadequate, as it's been overtaken by sharply rising costs.

Angell says that public resentment and resistance to these consumer rip offs has been growing. Big pharma's response has led not to drug discounts but to public relations ploys justifying bloated prices, mainly involving the three marketing mantras: research, innovation, and free enterprise in the interests of shareholders. She points out that the United States is the world's major profit centre for drugs. Big pharma relocates here from other countries "to feed on the unparalleled research output of American universities and the [taxpayer funded] National Institutes of Health."

For two decades the drug industry was the most profitable sector; even in 2003 it came third, behind crude oil and banking. But now, Angell says, it is facing "a tidal wave of government investigations and civil and criminal lawsuits."

She writes, "The litany of charges includes illegally overcharging Medicaid and Medicare, paying kickbacks to doctors, engaging in anticompetitive practices, colluding with generic companies to keep generic drugs off the market, illegally promoting drugs for unapproved uses, engaging in misleading direct-to-consumer advertising, and, of course, covering up evidence. Some of the settlements have been huge."

The book's 13 chapters examine the drug industry's exaggerated claims of producing new drugs and its barrage of media marketing disguised as consumer education. Actually, big pharma's main business is in producing what are called "me too" drugs: merely variations of old drugs created to prolong patent rights and to grab market share.

Angell remembers the philosopher Immanuel Kant: "Physicians think they do a lot for a patient when they give his disease a name." And she writes, "As the whole world knows, there is now a condition recently christened ‘erectile dysfunction,’ and a drug, Viagra [sildenafil], and two me-toos, Levitra and Cialis, to treat it. Advertisements for these drugs feature not decrepit old men but young athletes. The implication is obvious. Any episode of impotence, no matter how rare and how mild, is ‘erectile dysfunction,’ there is a pill for it, and if this macho quarterback is not too embarrassed to ask for it, you don’t have to be either."

Less profitable drugs – those against malaria and tuberculosis, for example – receive much less attention. The Bush administration, friendly to big pharma, "has refused to allow any of the promised $15bn in federal funds allotted for HIV/AIDS treatment in the Third World to be spent on generic drugs."

Among the many wiles exposed are big pharma’s use of contract research organisations to exert undue influence over clinical research and its insidious seduction of doctors. In 2001 drug companies gave doctors nearly $11bn worth of "free samples." This was in addition to the "food, flattery, and friendship" provided by drug company representatives to doctors (BMJ 2003;326:1189).

The final chapter, "How to Save the Pharmaceutical Industry – And Get Our Money’s Worth," gives seven essential reforms, chief of which is for the Food and Drug Administration to compare new drugs not with placebos but with old drugs, to see whether there are any additional benefits.

Angell’s goal is access to good drugs at reasonable prices, which requires public pressure to spur the government to action against big pharma’s powerful and ubiquitous lobbyists (more numerous than the members of Congress) and its political campaign contributions. She has performed an important public service in focusing on the drug companies and their disingenuousness. The reform of big pharma starts with a public outcry against the abuses she has shown. And here doctors should stand by their patients, not their purses.

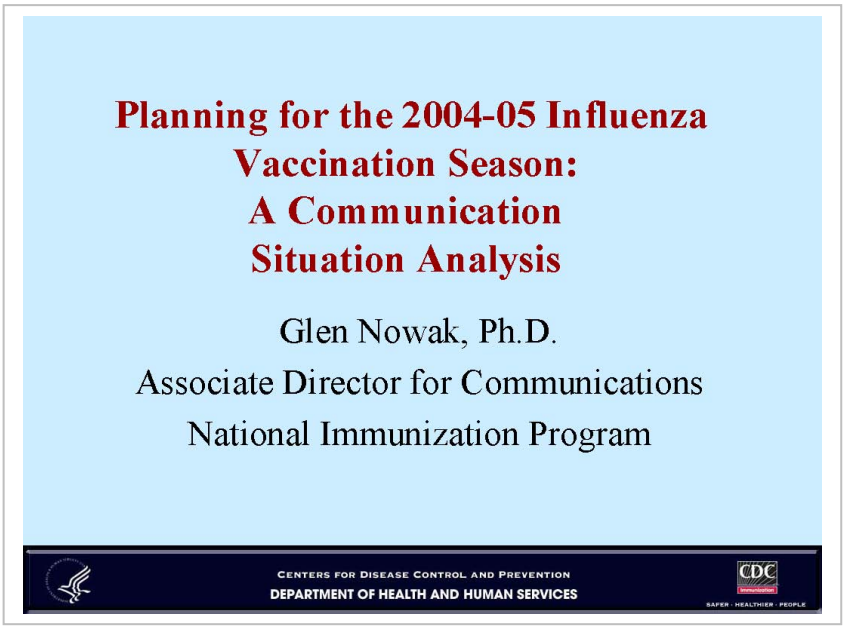
Children's Health Defense

Glen Nowak

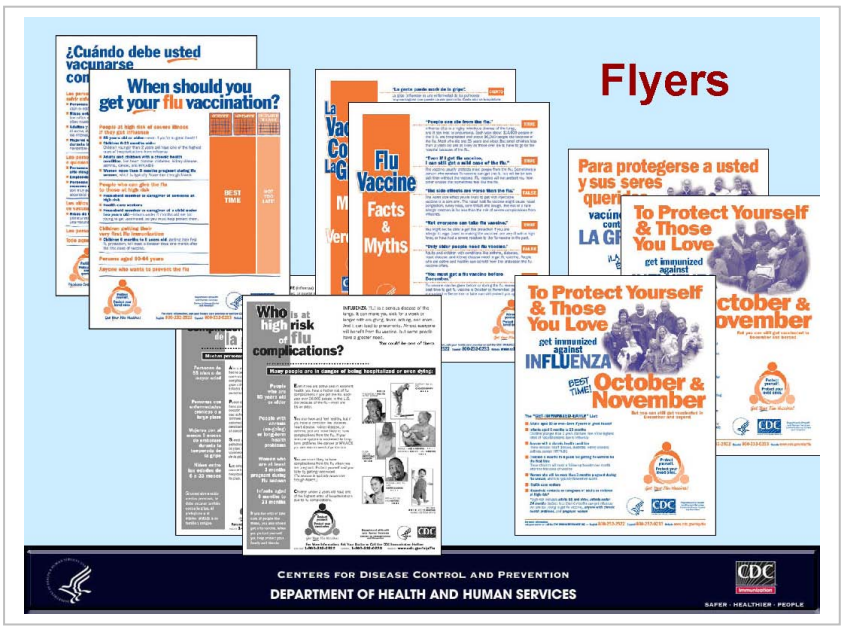
Planning for the 2004-05 Influenza Vaccination Season

National Influenza Vaccine Summit, November 2004
https://childrenshealthdefense.org/wp-content/uploads/2004_flu_nowak.pdf
https://childrenshealthdefense.org/child-health-topics/flu/planning-for-the-2004-05-influenza-vaccination-season-a-communication-situation-analysis/

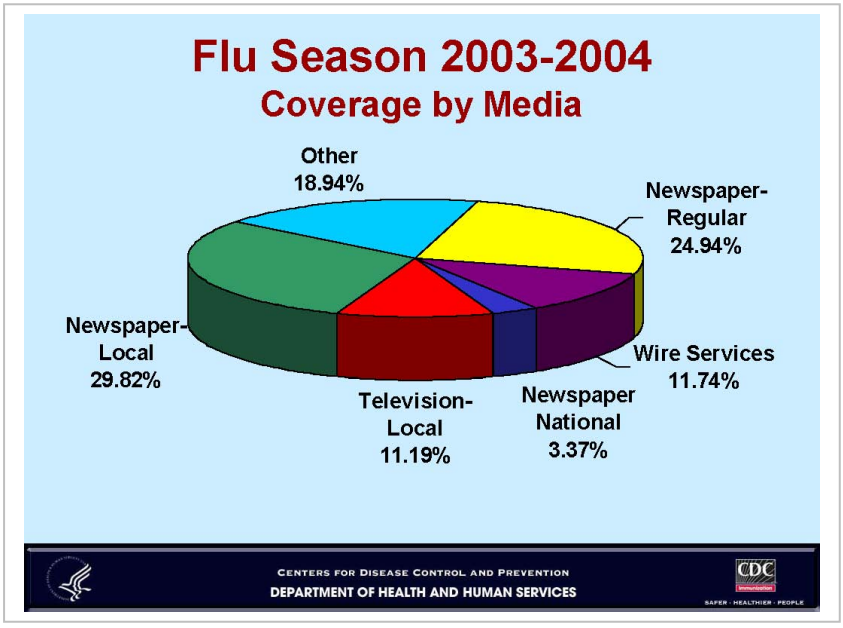
Dr. Nowak's presentation's purpose was *to increase the number of people receiving the annual flu vaccine*. It included a seven-step "Recipe" that Fosters Influenza Vaccine Interest, and includes "Step 3" which suggests medical experts and public health authorities publicly (e.g., via media) state concern and alarm (and predict dire outcomes)–and urge influenza vaccination.


Planning for the 2004-05 Influenza Vaccination Season: A Communication Situation Analysis
Glen Nowak, Ph.D.
Associate Director for Communications
National Immunization Program
Centers for Disease Control and Prevention
Department of Health and Human Services

Posters for the Public
Póngale un alto a
You can stop INFLUENZA before it knocks you flat
Get vaccinated.
Protect your Kids from Influenza
2 ways you can protect them
TOP 3 REASONS to get your flu vaccine
1 Prevents Influenza-related death.
2 Prevents severe illness.
3 Protects other people.
Centers for Disease Control and Prevention
Department of Health and Human Services


Flyers
¿Cuándo debe usted vacunarse
When should you get your flu vaccination?
Flu Vaccine Facts & Myths
Para protegerse a usted y sus seres
To Protect Yourself & Those You Love
get immunized against
INFLUENZA
October & November
Who is at high risk of flu complications?
CENTERS FOR DISEASE CONTROL AND PREVENTION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Provider Materials
Are you ready?
Influenza season is here
Get an influenza vaccination
Vaccinate your patients
Protect your community
INFLUENZA AND PNEUMOCOCCAL DISEASE
IMMUNIZE NOW
Minimize staff time. Maximize patient care.
CENTERS FOR DISEASE CONTROL AND PREVENTION
DEPARTMENT OF HEALTH AND HUMAN SERVICES


Flu Season 2003-2004
Coverage by Media
Other 18.94%
Newspaper-Regular 24.94%
Newspaper-Local 29.82%
Wire Services 11.74%
Television-Local 11.19%
Newspaper National 3.37%
CENTERS FOR DISEASE CONTROL AND PREVENTION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

=> etc.

VaccineInfo.net

Dr. Sherri Tenpenny

Polio "Non-Outbreak" Among the Amish

The National Vaccine Information Center, 2 December 2005
https://www.vaccineinfo.net/news/Polionoutbreak_Amish.shtml

On October 14, the major media outlets shrieked a report of "*the first outbreak of polio in the United States in 26 years*," occurring in an Amish community in central Minnesota. =>
[David Brown. Polio Outbreak Occurs Among Amish Families In Minnesota. – Wasington Post, 14 October 2005]
https://www.washingtonpost.com/archive/politics/2005/10/14/polio-outbreak-occurs-among-amish-families-in-minnesota/0fe0558f-dc8d-4052-8c1e-dce03759d9c1/

The specter of hundreds of children in braces and iron lung machines lining the halls of hospitals immediately danced through the air, and directly into the minds of parents who have chosen to not vaccinate their children.

More than a month later, phone calls and emails from concerned parents continue to pour in. The fears surrounding this "outbreak" need to be put to rest.

First of all, there wasn't an "outbreak of polio." There was only the discovery of an inactivated polio virus in the stool of four children. The first confirmation was in a 7-month old Amish infant, presumably hospitalized, with severe immune deficiency. The "find" prompted screening of other children in the community; four children were confirmed positive. None experienced any type of paralysis.

Part of the panic can be blamed on inaccurate reporting. The virus that was identified was not "wild polio." It was a virus that is found only in the oral polio vaccine (OPV). Oral vaccine-strain viruses are inactivated with formaldehyde and are generally considered by the CDC "too weak" to cause disease. Even though the OPV is still used extensively in Third World countries, it has not been used in the United States since 2000. How did children in an isolated Amish community, with no exposure to foreigners, become exposed to vaccine-strain polio virus? That remains a mystery.

The unasked question is why was finding this strain front-page news? My suspicion is that it was because it was an Amish child; a large number of the Amish choose to not vaccinate their children. A confirmation would serve a dual purpose: to make an "example" of the Amish and scare parents into believing polio still being "in circulation," when in fact, it is not.

A review of polio is important to alleviating the fears about the disease. Keep in mind that the last case of "wild type" polio virus in U.S was in 1979; the last case the Western Hemisphere was in the Peru, in 1991.

Polioviruses are transient inhabitants of the gastrointestinal tract. Up to 95% of all polio infections are completely asymptomatic. Approximately 5% of polio infections consist of a minor, nonspecific illness consisting of an upper respiratory tract infection (sore throat and fever) and gastrointestinal disturbances (nausea, vomiting, abdominal pain, and diarrhea). This influenza-like illness, clinically indistinguishable from the myriad of other viral illnesses, is characterized by complete recovery in less than a week with resultant life time immunity.

Less than 1% of all polio infections result in paralysis. Most importantly, the vast majority of individuals who contract paralytic poliomyelitis recover with complete-or near complete-return of muscle function. Any weakness that is still present 12 months after onset of paralysis is usually considered permanent.[1]

The take home message from the "Amish outbreak" is this:

1. Polio is not a synonym for paralysis.
2. The presence of vaccine-strain polio identified in the stool of 4 asymptomatic children is not a "polio outbreak."
3. There have been no wild polio viruses identified in the Western hemisphere since 1991.
4. The WHO certified the Western hemisphere "polio free" in 1994.

For parents who choose not to vaccinate, assessing the risk of contracting polio, based on the facts of this so-called outbreak and the truth about the disease, needs to be put in perspective. Here are some things to think about:

In 1997 alone, 112 children died from falls.

In 1999, in Georgia alone, 53 children died in drowning accidents; 4 drowned at home in a bathtub.[2]

Would you stop bathing your children or prohibit swimming and playing due to these small risks?

What is the real risk of contracting polio? Certainly, it is zero from this Amish "outbreak." The entire vaccine industry is based on fear. Learning the facts about polio will dissipate personal fears and so will putting the risks in perspective.

References:

1. To read this for yourself: CDC: The Pink Book, pub. 2005, Chapter 8, page 90
2. 1999 Report on child welfare and safety.

Leavitt to Grant Waivers for Bird Flu Vaccine Makers

Fox News, Associated Press, 13 February 2006
https://www.foxnews.com/story/leavitt-to-grant-waivers-for-bird-flu-vaccine-makers

Washington – The government won't wait for bird flu to hit U.S. shores before granting liability protections to vaccine manufacturers and others that make products needed to battle a pandemic.

Health and Human Services Secretary Mike Leavitt said Monday that the administration soon would enter into contracts for bird flu vaccine, rapid tests to detect the virus, and technology that would make available vaccine go farther.

"At some point in that process, we'll need to deal with the issue of liability," he told reporters.

In December, Congress gave Leavitt the authority to grant liability waivers if a public health emergency exists.

Under the waivers, people injured by a vaccine against bird flu would have to prove willful misconduct to bring a claim for damages. Critics have said that such a high threshold would make it almost impossible for people injured by a drug to file a lawsuit.

Leavitt said it's possible that vaccine manufacturers would want the extra protections before conducting clinical trials.

"If you're a vaccine manufacturer, you're likely not going to want to move to that step unless you've got adequate liability protection." he said.

Bird flu has killed at least 88 people in Asia and Turkey since 2003, according to the World Health Organization. An additional two deaths from bird flu have been confirmed in Indonesia. Birds carrying the virus have also been detected in Italy, Greece and Nigeria.

Leavitt said there's no reason to think that H5N1 virus will stop its migration.

"At some point in time, there will be a wild bird that will be discovered (with the virus) in the United States," he said. "That in itself won't be an emergency. That is something we should expect."

AAPS
Summer 2006
Volume 11 Number 2

David M. Ayoub, F. Edward Yazbak

Influenza Vaccination During Pregnancy:
A Critical Assessment of the Recommendations of the Advisory Committee on Immunization Practices (ACIP)

JAAPS, Summer 2006, 11(2): 41-47
https://www.jpands.org/jpands1102.htm // https://www.jpands.org/vol11no2/ayoub.pdf

Abstract

Influenza vaccination during all trimesters of pregnancy is now universally recommended in the United States. We critically reviewed the influenza vaccination policy of the CDC's Advisory Committee on Immunization Practice (ACIP) and the citations that were used to support their recommendations.

The ACIP's citations and the current literature indicate that influenza infection is rarely a threat to a normal pregnancy. There is no convincing evidence of the effectiveness of influenza vaccination during this critical period. No studies have adequately assessed the risk of influenza vaccination during pregnancy, and animal safety testing is lacking. Thimerosal, a mercury-based preservative present in most inactivated formulations of the vaccine, has been implicated in human neurodevelopment disorders, including autism, and a broad range of animal and experimental reproductive toxicities including teratogenicity, mutagenicity, and fetal death. Thimerosal is classified as a human teratogen.

The ACIP policy recommendation of routinely administering influenza vaccine during pregnancy is ill-advised and unsupported by current scientific literature, and it should be withdrawn. Use of thimerosal during pregnancy should be contraindicated.

...

- InfluenzaVaccine
- Influenza in Pregnancy
- Is Influenza Vaccination During Pregnancy Effective?

- The CDC's Influenza Statistics ... => The CDC and news media frequently proclaim that there are about 36,000 influenza-associated deaths annually. Review of the mortality data from the CDC's National Vital Statistics System (NVSS) reveals these estimates are grossly exaggerated.

- Is InfluenzaVaccination Safe During Pregnancy?
- Thimerosal, a Preservative with Risks
- Neurotoxicity ofMercury
- Fetal and Reproductive Toxicity of Mercury

Conclusions

The ACIP's recommendation of influenza vaccination during pregnancy is not supported by citations in its own policy paper or in current medical literature. Considering the potential risks of maternal and fetal mercury exposure, the administration of thimerosal during pregnancy is both unjustified and unwise. Pregnancy should continue to be a time when doctors are highly protective of their patients with regard to any fetal exposure. Without adequate safety testing, a risk-benefit analysis of influenza vaccination during pregnancy is not possible, and therefore the ACIP's present recommendation should be withdrawn.

The Progressive

Matthew Rothschild

Exclusive!

The FBI Deputizes Business

The Progressive, 7 February 2008
https://web.archive.org/web/20080214145659/http:/www.progressive.org/mag_rothschild0308

Today, more than 23,000 representatives of private industry are working quietly with the FBI and the Department of Homeland Security. The members of this rapidly growing group, called InfraGard, receive secret warnings of terrorist threats before the public does – and, at least on one occasion, before elected officials. In return, they provide information to the government, which alarms the ACLU. But there may be more to it than that. One business executive, who showed me his InfraGard card, told me they have permission to "shoot to kill" in the event of martial law.

InfraGard is "a child of the FBI," says Michael Hershman, the chairman of the advisory board of the InfraGard National Members Alliance and CEO of the Fairfax Group, an international consulting firm.

InfraGard started in Cleveland back in 1996, when the private sector there cooperated with the FBI to investigate cyber threats.

"Then the FBI cloned it," says Phyllis Schneck, chairman of the board of directors of the InfraGard National Members Alliance, and the prime mover behind the growth of InfraGard over the last several years.

InfraGard itself is still an FBI operation, with FBI agents in each state overseeing the local InfraGard chapters. (There are now eighty-six of them.) The alliance is a nonprofit organization of private sector InfraGard members.

"We are the owners, operators, and experts of our critical infrastructure, from the CEO of a large company in agriculture or high finance to the guy who turns the valve at the water utility," says Schneck, who by day is the vice president of research integration at Secure Computing.

"At its most basic level, InfraGard is a partnership between the Federal Bureau of Investigation and the private sector," the InfraGard website states. "InfraGard chapters are geographically linked with FBI Field Office territories."

In November 2001, InfraGard had around 1,700 members. As of late January, InfraGard had 23,682 members, according to its website, www.infragard.net, which adds that "350 of our nation's Fortune 500 have a representative in InfraGard."

To join, each person must be sponsored by "an existing InfraGard member, chapter, or partner organization." The FBI then vets the applicant. On the application form, prospective members are asked which aspect of the critical infrastructure their organization deals with. These include: agriculture, banking and finance, the chemical industry, defense, energy, food, information and telecommunications, law enforcement, public health, and transportation.

read further
https://web.archive.org/web/20080214145659/http:/www.progressive.org/mag_rothschild0308

WHALE
THEY FEAR THOSE WITH KNOWLEDGE AND CONTROL THOSE WITHOUT IT

Thomas Fitton, Christopher J. Farrell, Tegan N. Millspaw

Examining the FDA's HPV Vaccine Records

A Judicial Watch Special Report, 30 June 2008
http://www.whale.to/vaccine/JWReportFDAhpvVaccineRecords.pdf

Detailing the Approval Process, Side-Effects, Safety Concerns and Marketing Practices of a Large-Scale Public Health Experiment

Introduction

This Judicial Watch Special Report is an analysis of records obtained from the Food and Drug Administration (FDA) concerning a recent vaccine called Gardasil. Gardasil helps protect against four types of human papillomavirus (HPV). The vaccine was approved in May 2006 and was created and marketed by Merck & Company Incorporated.

The records include Merck's patent and drug information submitted to the FDA, transcripts and briefing material from approval meetings, and reports documenting health, safety, and efficacy test results, as well as Vaccine Adverse Event Reporting System (VAERS) documents detailing 8,864 cases of adverse effects experienced by people after receiving the Gardasil vaccine. VAERS reports show that at least eighteen people have died after receiving Gardasil.[1] Many health officials believe that adverse reactions to medications are widely underreported, therefore the actual number of adverse events occurring after vaccination with Gardasil is likely to be higher.

Judicial Watch obtained these records under the provisions of the Freedom of Information Act (FOIA), 5 U.S.C. § 552. The request, asking for documents concerning Gardasil, was originally submitted to the FDA on May 9, 2007. The FDA produced documents on May 15, 2007; September 13, 2007; February 27, 2008, and June 10, 2008.

Judicial Watch uncovered thousands of pages of material pertaining to Gardasil, which is designed to prevent cervical cancer. The controversial vaccine was fast-tracked for approval by the FDA despite concerns about Gardasil's safety and long-term effects. The vaccine is still in the testing stages (final report due September 30, 2009), but it is already being administered to thousands of young girls and women.[2] Mandatory vaccination has been opposed by the American College of Pediatrics and The New England Journal of Medicine. Legislators in 41 states and Washington, DC have introduced legislation to require, fund or educate the public about the HPV vaccine and 17 states have enacted legislation. Michigan, Texas and Virginia took steps toward mandatory vaccination for sixth grade girls; however, all three states have postponed that required mandate.[3]

Judicial Watch is concerned by the facts detailed in the FDA's adverse event reporting associated with Gardasil. Merck has waged an aggressive lobbying campaign with state governments to mandate this HPV vaccine for young girls. Given all the questions about Gardasil, the best public health policy would be to reevaluate its safety and to prohibit its distribution to minors. In the least, governments should rethink any efforts to mandate or promote this vaccine for children.

Executive Summary

In May 2007, Judicial Watch submitted a request to the FDA under the Freedom of Information Act for all records concerning Merck's new anti-HPV vaccine, Gardasil.

After Judicial Watch filed a lawsuit in October 2007 to compel record production, the FDA finally released four sets of documents, the last in June 2008. These records detail the development and expedited approval of Gardasil. The documents include patent and licensing memoranda, test reports for the vaccine, and the final briefing document on Gardasil submitted to the FDA in April 2006, one month before the vaccine was approved. The FDA also produced 8,864 VAERS reports. Judicial Watch uncovered a transcript of Merck's May 18, 2006, meeting with the Vaccines and Related Biological Products Advisory Committee (VRBPAC), at which the vaccine received a unanimous vote of approval.

Analysis of the records shows:

• Gardasil is a prophylactic, preventative vaccine and will not treat pre-existing HPV infection. It is not a cancer vaccine or cure.

• Gardasil is marketed as a vaccine that prevents cancer, but it " . . . has not been evaluated for the potential to cause carcinogenicity or genotoxicity."

• Gardasil is not 100% effective against all HPVs. It is designed to protect against only four strains of HPV, even though there are over thirty strains including at least fifteen that can cause cancer.

• While Gardasil is the most expensive vaccine ever to be recommended by the FDA, its long-term effectiveness is unknown and could be as brief as only two to three years.

• During testing, an aluminum-containing placebo was used. Aluminum can cause permanent cell damage and is a reactive placebo, unlike most standard saline placebos. This means that tests of Gardasil may not have given an accurate picture of safety levels.

• Although some states are considering making it mandatory for young girls to get the Gardasil vaccine, it has only been tested with one other vaccine commonly given to children. There are ten commonly administered adolescent vaccines.

• Gardasil is still in the testing stages, and will not be fully evaluated for safety until September 2009. VAERS reports show that as many as eighteen people have died after receiving Gardasil.

...

Conclusions

Gardasil is such a new drug that it is impossible to say at this point how beneficial it may be. Most scientists, including Dr. Diane Harper, agree that booster shots will be needed, and guess that the original vaccine will be effective for at least five years. It is important to emphasize that regardless of how effective Gardasil is, it does not protect against all HPV strains and it will never eliminate the need for regular testing and Pap screening.

Gardasil's safety for the general public is a serious concern. While no drug is ever completely risk-free, a careful analysis must be made as to whether the benefits are worth the costs. HPV, though potentially devastating, is quite often completely harmless.

Most HPV infections, even ones caused by high-risk strains, go away on their own and never develop into cancer. Even when they do, in most cases it takes years for cancer to occur and it is easily preventable as long as the HPV infection is detected early.

Even without Gardasil, cervical cancer deaths have decreased drastically in the past several decades. The American Cancer Society estimates that deaths from cervical cancer declined 74% between 1955 and 1992, and that the rate continues to decrease by about 4% each year. Also, most cases occur in women in their forties.[57] With these statistics in mind, one might ask whether Gardasil vaccination is absolutely necessary, especially for children. At this point in time, we do not know if it will prevent cancer, or whether it will have unforeseen consequences. The American public must ask themselves if Gardasil is really worth the risk. Fast-tracking drugs and vaccines before their safety has been fully evaluated is unethical and dangerous, and until more tests have been completed on Gardasil no vaccination mandates should be established.

• Gardasil has not been tested thoroughly enough to know whether it will be safe or effective in the long term.

• Even if it shown that the Gardasil vaccine is effective, it is still unknown how long the vaccine lasts or if there will be a need for booster shots.

• Regardless of its potential to help prevent HPV and cancer, Gardasil should never be administered without a prescreening for HPV since it has the potential to make existing cases worsen.

• It is important that people remember that this vaccine will not eliminate the need for regular Pap screening. No vaccine is 100% effective, and Gardasil is designed to protect against only four strands of HPV.

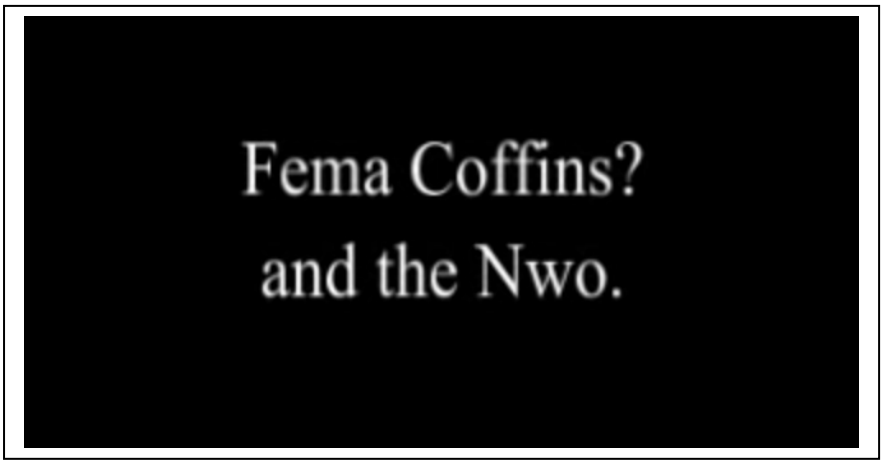
• While Gardasil may be an important medical advance, it is unwise to compromise the health and safety of the American public, especially children, by mandating or marketing it before sufficient tests are concluded.

Alex Jones

Warehouse with plastic coffins

Alex Jones Show - FEMA Concentration Camps, Coffins (Part 1). – 9 February 2009
https://www.youtube.com/watch?v=6dLisrsB_SQ

Fema Coffins! Proof of Fema Camp Plans! - 31 May 2009
https://www.youtube.com/watch?v=1FnZLx8J4oM



Fema Camp Coffins Investigated. - 11 Sept 2008
https://www.youtube.com/watch?v=m3zSDdm-SHI

Ilya Sandra Perlingieri

The Worldwide Environmental Crisis Gone Missing: The Precautionary Principle

Global Research, 11 February 2009
https://web.archive.org/web/20100509204257/http://globalresearch.ca/index.php?context=va&aid=12268

"We believe there is compelling evidence that damage to humans and the worldwide environment, is of such magnitude and seriousness that new principles for conducting human activities are necessary." Wingspread Conference Center. January 1998.

It is a given that our environment is in grave trouble. Although the window is now small, we still have the luxury to discuss it, and even continue to change our wasteful behavior. Not so, for the great majority of poor people around our planet who have to deal day-to-day with bare survival. The causes are many but primarily include human-created environmental devastation, at least 60 illegal Clandestine Weather Modification programs (including dispersal of highly toxic aerosol Chemtrails that poison every breath we take), massive destruction of habitats, unsustainable uses of fuels, logging, mining, and overfishing, to name some of the major ones. These are all done with gargantuan technologies that leaves behind unmitigated devastation.

...

When they treat their patients, doctors take an oath first "**to do no harm**." As with humans, so it must also be with our fragile environment. This is the basis of the Precautionary Principle: first, do no harm.

Dr. Peter Montague, Executive Director of Environmental Research Foundation and Editor of "Rachel's Democracy and Health News," noted in a 2006 speech, there are three elements in taking a precautionary approach (2):

1. When we have reasonable suspicion of harm
2. When there is scientific uncertainty
3. We then have a duty to take action to prevent harm

Unfortunately, after publishing almost 1,000 issues of "Rachel's News" (since 1986), the outstanding Environmental Research Foundation [ERF] will close on Feb. 26. This is an enormous loss for so many of us who have often read "Rachel's" environmental news (first in print and later on-line) that was not reported elsewhere. ERF's website (www.rachel.org) has become a vital beacon for the latest news about the Precautionary Principle as well as for its outstanding reporting on a wide array of environmental issues with its high standard of excellence. There will be an archive; but the important up-to-date contributions will be greatly missed.

...

Many of our most formidable technological advances come at a very heavy price for our Collective Soul: genetically modified crops that poison the soil, contaminate the food that is grown in it, and grievously harm the farmers; extracting, at great human cost, the last of fossil fuels and precious metals, such as copper or gold --"peeling away the skin of the Earth!" as one Indonesian islander recently put it (4); and, over many decades, the marketing of unsafe pharmaceuticals without long-term testing, resulting in one serious medical crisis after another (while the companies took in windfall profits, their customers were often critically ill with drugs, then belatedly taken off the market). None of this massive harm speaks of any ethical concern. It bespeaks only of the corporate short-term bottom line: profit...

=> see link https://web.archive.org/web/20100509204257/http://globalresearch.ca/index.php?context=va&aid=12268

MEDPAGETODAY®

Kristina Fiore

Special Report: Few Gaps in Analgesic Practice after Reuben Retractions

MedPage Today, 3 April 2009
http://www.medpagetoday.com/Surgery/Anesthesiology/13592

Little Falls, N.J., April 3 - With some of their specialty's most prominent, cutting-edge studies now exposed as fakes, anesthesiologists and pain management specialists are asking themselves: what do we know for sure?

The answer from academics, journal editors, and practicing physicians is: we still know a whole lot. But there are some hypotheses that will certainly need to be retested.

At the top of the list, the effects of NSAIDs and COX-2 inhibitors on bone fusion will have to be re-evaluated, along with the role of multimodal analgesic regimens in preventing chronic pain.

The impetus for this reworking is an internal audit by Baystate Medical Center in Springfield, Mass., into the work of Scott Reuben, M.D., until recently one the nation's most respected authorities on anesthesia and pain medicine.

In March, Dr. Reuben was accused of fabricating data in 21 studies over the last 15 years.

Now, some researchers say additional retractions may be in the cards. In fact, a PubMed search yielded more than 70 studies by Dr. Reuben, who is on indefinite leave from his position at Baystate and no longer holds a professorship at Tufts University in Medford, Mass.

Despite the need for some new, incontrovertible data, there isn't much in current clinical practice based solely on Dr. Reuben's work on multimodal anesthesia and other cutting-edge projects, researchers say.

"The big ramification isn't 'What pieces of information are we suddenly missing?' because I don't think there are huge gaps," said James P. Rathmell, M.D., of director of the Center for Pain Medicine at Massachusetts General Hospital. "Multimodal anesthesia works. It's not a panacea, but even [Dr. Reuben's] data didn't show it to be one."

What Works

The multimodal approach to analgesia involves using more than just opioids to control pain. NSAIDs and COX-2 inhibitors have been common, effective additions to analgesic regimens in the perioperative period of orthopedic and spinal surgeries. There were others besides Dr. Reuben who demonstrated the effectiveness of these combinations.

"We know that if you try multiple approaches to pain control rather than just one approach, you're more likely to have good pain control and reduce overall side effects," said Steven Shafer, M.D., of Columbia University and editor of Anesthesia & Analgesia, a journal that published some of Dr. Reuben's work. "That's not really in doubt."

James C. Eisenach, M.D., of Wake Forest University and editor of Anesthesiology, which also published some of the retracted studies, noted that Dr. Reuben also investigated whether antiepileptic and antidepressant agents could be used in multimodal approaches.

Dr. Reuben's positive findings were corroborated by other work, so Dr. Eisenach said he doubts that the practice of using these agents such as pregabalin (Lyrica) and gabapentin (Neurontin), "is going to change as a result of retracting those articles."

However, Dr. Eisenach said the role of COX-2 inhibitors, specifically in the postoperative period of orthopedic surgery, "remains controversial with Scott's studies taken out."

Invalidated Hypotheses

One major question that has arisen with the wake of the scandal is whether COX-2 inhibitors slow bone healing.

One of Dr. Reuben's studies found that COX-2 inhibitors "had no apparent effect on the rate of nonunion at the time of the one-year follow-up."

Many animal studies, however, have found the opposite effect, so Dr. Rathmell said most orthopedic surgeons were already skeptical about using COX-2 and other anti-inflammatories, particularly in spinal surgeries.

"Scott had a small amount of data and it wasn't very convincing," Dr. Rathmell said. "It wasn't prospective randomized studies. The first work was done retrospectively and the latter work prospectively but without randomization. So we were worried about it anyway."

The role of COX-2 inhibitors in chronic pain years after surgery is also called into question.

"Scott suggested that Celebrex, given around the time of surgery for a few days helped reduce the incidence of chronic pain a year later, but that work was retracted," Dr. Eisenach said. "So we'll have to repeat the research to know if that's true or not."

He noted that since the work only entailed a study, he doubts "most clinicians in regular practice picked up on that and started using it."

Another area that needs to be re-evaluated is the "preemptive" effect of NSAIDs and COX-2 inhibitors, according to Paul F. White, M.D., Ph.D., of University of Texas Southwestern Medical Center.

In an editorial to be published online in Anesthesia & Analgesia, Dr. White noted that Dr. Reuben and his colleagues consistently reported that NSAIDs produce a preemptive effect when given before surgical incision, rather than afterwards.

Those effects include a longer duration of analgesia during surgery, less need for the use of opioids, and lower pain scores.

However, several reviews have disagreed with those findings, said Dr. White, who believes that more retractions will occur in the future.

Overall, few anesthesiologists are worried that practice will change dramatically.

"I really don't think [the retractions] will change what doctors do normally," Dr. Eisenach said. "That's not to say the work was inconsequential, but others have validated [much of the data]."

"I think it is a tragedy, and there will be some holes," Dr. Rathmell said, "but they're not enormous holes and it really isn't going to change what we do every day."

Getting Back on Track

Journal editors have already taken action to fill the vacuum left by Dr. Reuben's retracted work. Anesthesiology's Dr. Eisenach published an editorial with a call for "submission of studies reexamining the questions that seemed to be answered by Reuben."

Anesthesia & Analgesia will publish Dr. White's editorial in May, and Dr. Shafer anticipates that the journals will end up working together to determine how best to handle the potential scope of the fraud.

"For fraud this massive, we have to consider the possibility that everything has been falsified," Dr. Shafer said. "I'm hoping to work with other journals to identify those papers for which nobody can vouch for the data. If nobody can vouch for their integrity, then I think we have to consider additional retractions."

Dr. Shafer said there would be no reason to retract studies that cite Dr. Reuben's work, and he also added that he believes the co-authors on the retracted studies are also victims in the scandal.

Dr. Rathmell says the biggest victims may be participants in clinical trials.

"As researchers, we're just worried that our own patients we're enrolling in trials will have some kind of suspicion about the way we do things," he said. "The most important ramification [of the entire situation] is its effects on the public in terms of their confidence in what we do -- that's the real catastrophe here."

CNN Live TV

CNN Swine Flu Virus False Flag Pandemic

YouTube, 27 April 2009.
https://www.youtube.com/watch?v=7bnrzOBcIE0

Михаил Супотницкий

Пандемия «испанки» 1918-1920 гг. в контексте других гриппозных пандемий и «птичьего гриппа»

Supotnitskiy.ru, 29 апреля 2009
https://www.supotnitskiy.ru/stat/stat51.htm#zametki

Пандемия птичьего гриппа может унести от 5 до 150 млн. жизней на планете. Но случится это только в том случае, если в результате мутации вирус птичьего гриппа H5N1 сможет легко передаваться от человека к человеку.

Д. Набарро – координатор ООН по борьбе с птичьим гриппом, 2005

Содержание

Ведение

Завершившаяся шумная и дорогостоящая кампания борьбы с «птичьим гриппом», который должен был перейти в «испанку, да так почему-то и не перешел, требует подведения некоторых итогов. В этой статье сделана попытка объяснить феномен «испанки» в контексте других пандемий гриппа и исследованы научные предпосылки возможности ее возвращения в связи с эпизоотиями гриппа среди птиц.

1. Грипп до «испанки»

Первые исторически зафиксированные эпидемии гриппа. Гриппозные эпидемии XVII столетия. Гриппозные эпидемии и пандемии XVIII столетия. Гриппозные эпидемии и пандемии XI X столетия. Грипп в начале XX столетия.

...

2. Пандемия гриппа 1918 – 1920-х гг. («испанка»)

Первая волна пандемии. Вторая волна пандемии. Третья волна пандемии. Австралия и Новая Зеландия. Великобритания. Германия. Россия. США. Сопоставление «испанки» с пандемией гриппа 1889–1892 гг. Клиническая картина «испанского» гриппа. Патологоанатомические изменения при «испанском гриппе». Лечение. Исследование структуры отдельных генов вируса, вызвавшего пандемию «испанки». Эпидемические катастрофы 1918–1922 гг.

...

3. Попытка объяснения феномена «испанки»

Объяснение клиники «испанки». «Альтернативный хозяин».

...

4. Проверим себя — грипп после «испанки»

Грипп между пандемиями. Пандемия Азиатского гриппа. Пандемия Гонконгского гриппа (1968-1970 гг.). Пандемия Русского гриппа (1977 — 1978 гг.). Грипп между пандемиями.

...

5. Мог ли «птичий грипп» «унести от 5 до 150 млн. жизней на планете»?

Эпизоотии гриппа среди птиц. Пределы эволюции вирусов, вызывающих грипп птиц. Случайные паразиты человека.

... =>

Теперь сделаем некоторые обобщения по разделу.

При всей опасности вируса гриппа птиц для птицехозяйств, не было никаких научных оснований утверждать, что он, образовав рекомбинант (реассортант) с вирусом гриппа человека, вызовет «испанку», которая унесет «от 5 до 150 млн. жизней на планете».

В *основе информационной кампании* по «борьбе с птичьим гриппом» *лежало сокрытие, подлог и агрессивное искажение информации*.

Ни один крупный российский эпидемиолог (даже в ранге академика РАМН) *не выступил против профанации* проблемы гриппа в 2004-2006 гг., что является очень тревожным индикатором состояния научной этики в России вообще, и самой эпидемиологии, в частности.

Заключение

Данная статья не является констатацией события «задним числом», т. е. после прекращения пандемии птичьего гриппа 2004-2006 гг. В своих более ранних публикациях я уже указывал на тупиковость используемого Taubenberger с соавт. подхода к пониманию феномена «испанки» и на невозможность перехода «птичьего гриппа» в «испанку» (Супотницкий М.В., 2001; 2005). Феномен «испанки» во время пандемии гриппа 1918-1920-х гг. нуждается в исследовании с совершенно иной стороны, чем это имело место до последнего времени. Объектами такого исследования должны стать:

- геном людей, у которых гриппозная инфекция развивалась с геморрагическим синдром, симптомами нарушения гемодинамики и быстрым развитием осложнений со стороны легких;
- «альтернативный хозяин», на существовании которого настаивают Taubenberger с соавт., но его поиски целесообразно продолжить среди простейших водоемов и почвы.

Необходимость этих исследований вызвана периодическим повторением пандемий подобного типа, о чем свидетельствуют исторические источники. Ранними косвенными признаками возвращения пандемии «испанки» можно считать следующие:

- учащение регистрации случаев смертельных исходов при гриппе у детей, когда на первый план у погибших выступают нарушения гемодинамики и геморрагические явления. На вскрытии в легких либо не обнаруживаются пневмонические очаги, либо они носят характер мелкоочаговой геморрагической пневмонии с массивными геморрагиями в других внутренних органах. Особенную настороженность должны вызывать такие вспышки среди изолированных популяций людей, в которых преобладают родственники;
- устойчивую тенденцию к вытеснению штаммом одного подтипа вируса, вирусов гриппа других подтипов;
- рост числа регистрируемых случаев гриппа, протекающих «с выраженной интоксикацией» и осложнений гриппа среди людей в возрасте до 30 лет на фоне сообщений о неэффективности применения противовоспалительных и противовирусных препаратов.

Для самих же ученых крайне важным является *не допускать превращения науки в «третью древнейшую профессию»*.

Scie chimiche: il genocidio silenzioso
(articolo della Dottoressa Perlingieri)

TankerEnemy Blogg, 1 Maggio 2009
http://www.tankerenemy.com/2009/05/scie-chimiche-il-genocidio-silenzioso.html

Greg Szymanski ha recentemente rilanciato un articolo della Dottoressa Perlingieri intitolato "L'ultimo assalto agli Stati Uniti". Il testo della Perlingieri globalmente non aggiunge informazioni nuove, ma si segnala per la denuncia esplicita del problema "scie tossiche" e per il riferimento ad una sintomatologia riconducibile al Morgellons tra gli animali domestici e selvatici. E' un tema che approfondiremo appena possibile.

Le scie chimiche stanno uccidendo silenziosamente e lentamente un numero non quantificabile di persone, secondo credibili ricercatori.

Raramente passa un giorno in cui i cieli non siano solcati di linee bianche prodotte dai tankers chimici.

Dopo che le chemtrails sono state create, permangono nel cielo formando dense ed innaturali nuvole. Molte persone pensano che queste scie siano dovute a fenomeni di condensazione del vapore acqueo e non collegano le bianche strisce di primo mattino con le coperture del pomeriggio.

Pubblico un articolo della dottoressa Ilya Sandra Perlingieri intitolato "L'ultimo assalto agli Stati Uniti", inviato al sito Arctic Beacon e che illustra il problema "scie chimiche".

Negli ultimi due giorni è stato sferrato un drammatico attacco chimico in gran parte della Nuova Inghilterra ed anche sulla costa occidentale.

Venerdì mattina, 17 aprile 2009, ore 06:00, il cielo era di un vibrante profondo rossastro, tratteggiato di un nero sintetico. Da metà mattinata la copertura nuvolosa è diventata del tutto artificiale con *chemtrails* che sono associate al morbo di Morgellons ed ai filamenti polimerici di questa malattia.

Più tardi, nella mattina, si contavano più di otto aerei nel cielo che compivano, contemporaneamente, il loro sporco lavoro, disegnando miglia e miglia di linee parallele.

Come potrebbe qualcuno pensare che ciò sia normale?

Con quest'ultima offensiva tossica, ora l'aria ha l'odore di sostanze chimiche. Non esiste nulla più di simile all'aria pura. Da metà pomeriggio, il cielo era completamente coperto da una patina bianco-grigiastra che è durata sino a sabato.

Esistono molte testimonianze di malattie respiratorie difficili da curare (rinite, tosse, bronchite, polmonite). I bambini e le persone anziane sembrano quelli colpiti maggiormente. Spesso sono necessarie settimane e settimane per guarire da queste malattie (a volte due mesi). Ciò che i medici diagnosticano come rinite o bronchite è costituito in realtà da forme non usuali che non esistevano prima del 2000. I farmaci sembrano non essere efficaci, mentre le medicine alternative giovano un po' di più. Le malattie dell'apparato respiratorio sono oggi la terza causa di morte.

Tutti i mammiferi sono colpiti: perciò anche gli animali. I gatti ed i cani manifestano derma infiammato e pruriginoso. Sintomi simili si notano anche negli animali degli allevamenti (mucche, pecore, maiali e capre). Nella mia tenuta ed in quella dei miei vicini, gli scoiattoli, i ricci e gli occasionali procioni sono sempre intenti a grattarsi.

Sembra che la situazione per i mammiferi peggiori quando si crea una copertura uniforme di veleni chimici.

Quest'anno non si notano zanzare o altri insetti.

Nel 2003 Clifford Carnicom, in una sua indagine, intervistò alcuni insiders i quali affermarono che il Pentagono e le industrie farmaceutiche sono coinvolte nelle irrorazioni clandestine. [1]

Il nostro sistema immunitario è sotto attacco ogni giorno e sta collassando a causa di questa cronica attività di avvelenamento decisa dai governi. Gli elementi chimico-biologici usati (bario, alluminio, batteri e virus) compromettono le capacità di autoguarigione del nostro organismo. Stiamo respirando ogni giorno questi veleni. Quali conseguenze sono stati causate, diffondendo ogni giorno alluminio che danneggia il cervello? [2]

In questo periodo vengono pubblicati articoli dell'attuale illegale amministrazione Obama che intende sviluppare la geoingegneria. Con bugie ed inganni che si affastellano per abbindolare le masse, affermano di voler "combattere il riscaldamento globale". Eppure la maggioranza degli scienziati oggi sta dichiarando che non esiste il riscaldamento globale, piuttosto il nostro pianeta sta subendo dei cambiamenti climatici dovuti alle operazioni clandestine di aerosol. Ciò non bisogna dire: che i singoli cittadini non hanno provocato danni significativi alla biosfera, mentre o sfruttamento indiscriminato delle risorse naturali continua ad un ritmo sfrenato, ma di ciò sono responsabili soprattutto le multinazionali che continuano ad accumulare profitti: a queste società non interessa la massiccia distruzione degli ecosistemi. Noi comuni cittadini rimaniamo sull'apice di una ragnatela avvelenata ed in procinto di cadere.

La terra sta mostrando segni di raffreddamento e sono stati pubblicati numerosi studi scientifici che lo confermano. L'ultimo rapporto dell'I.P.C.C. è stato un fallimento e non ha incluso alcuni importanti fenomeni, come l'attività solare. [3]

Quanti cambiamenti climatici sono invece stati provocati, negli ultimi dieci anni, da più di sessanta differenti programmi di modificazione meteorologica clandestini. Sono programmi militari, privati e "pubblici", ossia si usa il denaro dei contribuenti per avvelenarli. Nessuno di questi programmi è stato mai preceduto da una discussione pubblica.

In un volo recente attraverso gli Stati uniti, tra lo stato dello Iowa ed il Grand Canyon, ho contato dieci aerei che stavano rilasciando scie grigio-nerastre. Un aereo volava perpendicolare al nostro corridoio e sotto di noi: e vi si leggeva la parola "United". Proprio così! Almeno un velivolo che

rilasciava questi aerosol apparteneva alla *United Airlines*. Qualcun altro ricercatore ha notizie di scie nere? Quali veleni contengono?

Milioni di persone conoscono l'estrema minaccia costituita dalle scie chimiche. Molti comuni cittadini hanno analizzato il suolo, l'acqua e la neve e trovato pericolose concentrazioni di veleni. Sino a quando saremo cavie di questi quotidiani assalti mortali? Quando ci sveglieremo e porremo fine a questa criminale attività?

Noi ci troviamo di fronte ad un collasso non solo della nostra economia, ma soprattutto della nostra salute. Inoltre, poiché ogni argomento di scottante attualità è inserito in compartimenti stagni, invece di abbracciarlo con uno sguardo interdisciplinare e di considerarne tutti gli addentellati, non ci accorgiamo dell'avvelenamento quotidiano, fino a quando non capiamo quanto è fragile la nostra salute. Stiamo sperimentando il metodo di Ponzi degli "Illuminati". La loro è la ricetta per il disastro.

Ogni funzionario e banchiere corrotto, che ci sta portando verso la catastrofe, deve essere accusato e ritenuto responsabile. Sono gli autori di crisi ininterrotte che hanno deliberatamente creato.

Dobbiamo fare *tabula rasa*.

[1] Clifford Carnicom. "A Meeting Between Investigative Research and Well-Place Military Source." July 2003: www.carnicom.com

[2] Kaye H. Kilburn, M.D. "Chemical Brain Injury." Oct. 2001: http://safe2use.net/ca-ipm/01-10-20.htm

[3] "Scientists abandon global warming "lie" 650 to dissent at U.N. climate change conference." Dec. 13, 2008: www.globalresearch.ca/PrintArticle.php?articleId=11383

Leggi qui l'articolo rilanciato da Greg Szymanski sul sito Arctic Beacon.

THE TIMES

John Harlow

Billionaire club in bid to curb overpopulation: America's richest people meet to discuss ways of tackling a 'disastrous' environmental, social and industrial threat

The Sunday Times, Los Angeles, 24 May 2009, 1.00am BST,
https://www.thetimes.com/world/us-world/article/billionaire-club-in-bid-to-curb-overpopulation-d2fl22qhl02?region=global
https://web.archive.org/web/20250315042349/https://www.thetimes.com/world/us-world/article/billionaire-club-in-bid-to-curb-overpopulation-d2fl22qhl02?region=global

Some of America's leading billionaires have met secretly to consider how their wealth could be used to slow the growth of the world's population and speed up improvements in health and education.

The philanthropists who attended a summit convened on the initiative of Bill Gates, the Microsoft co-founder, discussed joining forces to overcome political and religious obstacles to change.

Described as the Good Club by one insider it included David Rockefeller Jr, the patriarch of America's wealthiest dynasty, Warren Buffett and George Soros, the financiers, Michael Bloomberg, the mayor of New York, and the media moguls Ted Turner and Oprah Winfrey.

These members, along with Gates, have given away more than £45 billion since 1996 to causes ranging from health programmes in developing countries to ghetto schools nearer to home.

They gathered at the home of Sir Paul Nurse, a British Nobel prize biochemist and president of the private Rockefeller University, in Manhattan on May 5. The informal afternoon session was so discreet that some of the billionaires' aides were told they were at "security briefings".

Stacy Palmer, editor of the Chronicle of Philanthropy, said the summit was unprecedented. "We only learnt about it afterwards, by accident. Normally these people are happy to talk good causes, but this is different - maybe because they don't want to be seen as a global cabal," he said.

Some details were emerging this weekend, however. The billionaires were each given 15 minutes to present their favourite cause. Over dinner they discussed how they might settle on an "umbrella cause" that could harness their interests.

The issues debated included reforming the supervision of overseas aid spending to setting up rural schools and water systems in developing countries. Taking their cue from Gates they agreed that overpopulation was a priority.

This could result in a challenge to some Third World politicians who believe contraception and female education weaken traditional values.

Gates, 53, who is giving away most of his fortune, argued that healthier families, freed from malaria and extreme poverty, would change their habits and have fewer children within half a generation.

At a conference in Long Beach, California, last February, he had made similar points. "Official projections say the world's population will peak at 9.3 billion [up from 6.6 billion today] but with charitable initiatives, such as better reproductive healthcare, we think we can cap that at 8.3 billion," Gates said then.

Patricia Stonesifer, former chief executive of the Bill and Melinda Gates Foundation, which gives more than £2 billion a year to good causes, attended the Rockefeller summit. She said the billionaires met to "discuss how to increase giving" and they intended to "continue the dialogue" over the next few months.

Another guest said there was "nothing as crude as a vote" but a consensus emerged that they would back a strategy in which population growth would be tackled as a potentially disastrous environmental, social and industrial threat.

"This is something so nightmarish that everyone in this group agreed it needs big-brain answers," said the guest. "They need to be independent of government agencies, which are unable to head off the disaster we all see looming."

Why all the secrecy? "They wanted to speak rich to rich without worrying anything they said would end up in the newspapers, painting them as an alternative world government," he said.

Paul Joseph Watson

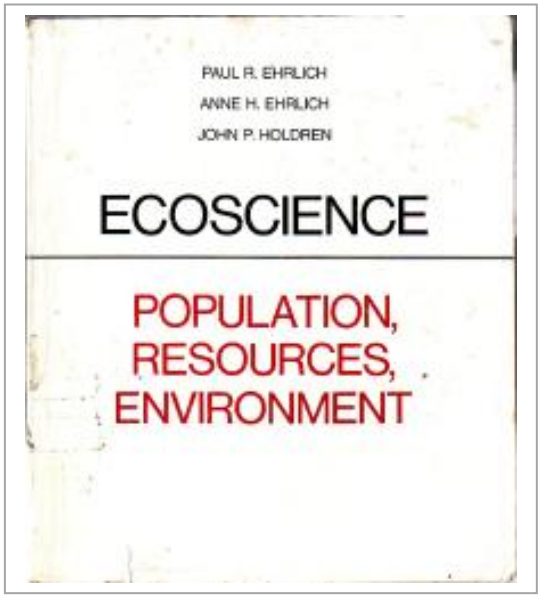
Obama Science Advisor Called For "Planetary Regime" To Enforce Totalitarian Population Control Measures

Prison Planet, 11 July 2009

https://web.archive.org/web/20090918204751/http://www.prisonplanet.com/obama-science-advisor-called-for-planetary-regime-to-enforce-totalitarian-population-control-measures.html

In 1977 book, John Holdren advocated forced abortions, mass sterilization through food and water supply and mandatory bodily implants to prevent pregnancies.

President Obama's top science and technology advisor John P. Holdren co-authored a 1977 book in which he advocated the formation of a "planetary regime" that would use a "global police force" to enforce totalitarian measures of population control, including forced abortions, mass sterilization programs conducted via the food and water supply, as well as mandatory bodily implants that would prevent couples from having children.



The concepts outlined in Holdren's 1977 book *Ecoscience*, which he co-authored with close colleagues Paul Ehrlich and Anne Ehrlich, were so shocking that a February 2009 Front Page Magazine story on the subject was largely dismissed as being outlandish because people couldn't bring themselves to believe that it could be true.

It was only when another Internet blog obtained the book and posted screenshots that the awful truth about what Holdren had actually committed to paper actually began to sink in.

This issue is more prescient than ever because Holdren and his colleagues are now at the forefront of efforts to combat "climate change" through similarly insane programs focused around geoengineering

the planet. As we reported in April, Holdren recently advocated "Large-scale geo-engineering projects designed to cool the Earth," such as "shooting pollution particles into the upper atmosphere to reflect the sun's rays," which many have pointed out is already occurring via chemtrails.

Ecoscience discusses a number of ways in which the global population could be reduced to combat what the authors see as mankind's greatest threat – overpopulation. In each case, the proposals are couched in sober academic rhetoric, but the horrifying foundation of what Holdren and his co-authors are advocating is clear. These proposals include;

> - Forcibly and unknowingly sterilizing the entire population by adding infertility drugs to the nation's water and food supply.
>
> - Legalizing "compulsory abortions," ie forced abortions carried out against the will of the pregnant women, as is common place in Communist China where women who have already had one child and refuse to abort the second are kidnapped off the street by the authorities before a procedure is carried out to forcibly abort the baby.
>
> - Babies who are born out of wedlock or to teenage mothers to be forcibly taken away from their mother by the government and put up for adoption. Another proposed measure would force single mothers to demonstrate to the government that they can care for the child, effectively introducing licensing to have children.
>
> - Implementing a system of "involuntary birth control," where both men and women would be mandated to have an infertility device implanted into their body at puberty and only have it removed temporarily if they received permission from the government to have a baby.
>
> - Permanently sterilizing people who the authorities deem have already had too many children or who have contributed to "general social deterioration".
>
> - Formally passing a law that criminalizes having more than two children, similar to the one child policy in Communist China.
>
> - This would all be overseen by a transnational and centralized "planetary regime" that would utilize a "global police force" to enforce the measures outlined above. The "planetary regime" would also have the power to determine population levels for every country in the world.

The quotes from the book are included below. We also include comments by the author of the blog who provided the screenshots of the relevant passages. Screenshots of the relevant pages and the quotes in their full context are provided at the end of the excerpts. The quotes from the book appear as text indents and in bold. The quotes from the author of the blog are italicized.

Page 837: Compulsory abortions would be legal

> "Indeed, it has been concluded that compulsory population-control laws, even including laws requiring compulsory abortion, could be sustained under the existing Constitution if the population crisis became sufficiently severe to endanger the society."

As noted in the FrontPage article cited above, Holdren "hides behind the passive voice" in this passage, by saying "it has been concluded." Really? By whom? By the authors of the book, that's whom. What Holdren's really saying here is, "I have determined that there's nothing unconstitutional about laws which would force women to abort their babies." And as we will see later, although Holdren bemoans the fact that most people think there's no need for such laws, he and his co-authors believe that the population crisis is so severe that the time has indeed come for "compulsory population-control laws." In fact, they spend the entire book arguing that "the population crisis" has already become "sufficiently severe to endanger the society."

Page 786: Single mothers should have their babies taken away by the government; or they could be forced to have abortions

> "One way to carry out this disapproval might be to insist that all illegitimate babies be put up for adoption – especially those born to minors, who generally are not capable of caring properly for a child alone. If a single mother really wished to keep her baby, she might be obliged to go through adoption proceedings and demonstrate her ability to support and care for it. Adoption proceedings probably should remain more difficult for single people than for married couples, in recognition of the relative difficulty of raising children alone. It would even be possible to require pregnant single women to marry or have abortions, perhaps as an alternative to placement for adoption, depending on the society."

Holdren and his co-authors once again speculate about unbelievably draconian solutions to what they feel is an overpopulation crisis. But what's especially disturbing is not that Holdren has merely made these proposals – wrenching babies from their mothers' arms and giving them away; compelling single mothers to prove in court that they would be good parents; and forcing women to have abortions, whether they wanted to or not – but that he does so in such a dispassionate, bureaucratic way. Don't be fooled by the innocuous and "level-headed" tone he takes: the proposals are nightmarish, however euphemistically they are expressed.

Holdren seems to have no grasp of the emotional bond between mother and child, and the soul-crushing trauma many women have felt throughout history when their babies were taken away from them involuntarily.

This kind of clinical, almost robotic discussion of laws that would affect millions of people at the most personal possible level is deeply unsettling, and the kind of attitude that gives scientists a bad name. I'm reminded of the phrase "banality of evil."

Not that it matters, but I myself am "pro-choice" – i.e. I think that abortion should not be illegal. But that doesn't mean I'm pro-abortion – I don't particularly like abortions, but I do believe women should be allowed the choice to have them. But John Holdren here proposes to take away that choice – to force women to have abortions. One doesn't need to be a "pro-life" activist to see the horror of this proposal – people on all sides of the political spectrum should be outraged. My objection to forced abortion is not so much to protect the embryo, but rather to protect the mother from undergoing a medical procedure against her will. And not just any medical procedure, but one which she herself (regardless of my views) may find particularly immoral or traumatic.

There's a bumper sticker that's popular in liberal areas which says: "Against abortion? Then don't have one." Well, John Holdren wants to MAKE you have one, whether you're against it or not.

Page 787-8: Mass sterilization of humans though drugs in the water supply is OK as long as it doesn't harm livestock

> "Adding a sterilant to drinking water or staple foods is a suggestion that seems to horrify people more than most proposals for involuntary fertility control. Indeed, this would pose some very difficult political, legal, and social questions, to say nothing of the technical problems. No such sterilant exists today, nor does one appear to be under development. To be acceptable, such a substance would have to meet some rather stiff requirements: it must be uniformly effective, despite widely varying doses received by individuals, and despite varying degrees of fertility and sensitivity among individuals; it must be free of dangerous or unpleasant side effects; and it must have no effect on members of the opposite sex, children, old people, pets, or livestock."

OK, John, now you're really starting to scare me. Putting sterilants in the water supply? While you correctly surmise that this suggestion "seems to horrify people more than most proposals," you apparently are not among those people it horrifies. Because in your extensive list of problems with this possible scheme, there is no mention whatsoever of any ethical concerns or moral issues. In your view, the only impediment to involuntary mass sterilization of the population is that it ought to affect everyone equally and not have any unintended side effects or hurt animals. But hey, if we could sterilize all the humans safely without hurting the livestock, that'd be peachy! The fact that Holdren has no moral qualms about such a deeply invasive and unethical scheme (aside from the fact that it would be difficult to implement) is extremely unsettling and in a sane world all by itself would disqualify him from holding a position of power in the government.

Page 786-7: The government could control women's reproduction by either sterilizing them or implanting mandatory long-term birth control

> Involuntary fertility control
> "A program of sterilizing women after their second or third child, despite the relatively greater difficulty of the operation than vasectomy, might be easier to implement than trying to sterilize men.
> The development of a long-term sterilizing capsule that could be implanted under the skin and removed when pregnancy is desired opens additional possibilities for coercive fertility control. The capsule could be implanted at puberty and might be removable, with official permission, for a limited number of births."

Note well the phrase "with official permission" in the above quote. John Holdren envisions a society in which the government implants a long-term sterilization capsule in all girls as soon as they reach puberty, who then must apply for official permission to temporarily remove the capsule and be allowed to get pregnant at some later date. Alternately, he wants a society that sterilizes all women once they have two children. Do you want to live in such a society? Because I sure as hell don't.

Page 838: The kind of people who cause "social deterioration" can be compelled to not have children

> "If some individuals contribute to general social deterioration by overproducing children, and if the need is compelling, they can be required by law to exercise reproductive responsibility–just as they can be required to exercise responsibility in their resource-consumption patterns–providing they are not denied equal protection."

To me, this is in some ways the most horrifying sentence in the entire book – and it had a lot of competition. Because here Holdren reveals that moral judgments would be involved in determining who gets sterilized or is forced to abort their babies. Proper, decent people will be left alone – but those who "contribute to social deterioration" could be "forced to exercise reproductive responsibility" which could only mean one thing – compulsory abortion or involuntary sterilization. What other alternative would there be to "force" people to not have children? Will government monitors be stationed in irresponsible people's bedrooms to ensure they use condoms? Will we bring back the chastity belt? No – the only way to "force" people to not become or remain pregnant is to sterilize them or make them have abortions.

But what manner of insanity is this? "Social deterioration"? Is Holdren seriously suggesting that "some" people contribute to social deterioration more than others, and thus should be sterilized or forced to have abortions, to prevent them from propagating their kind? Isn't that eugenics, plain and simple? And isn't eugenics universally condemned as a grotesquely evil practice?

We've already been down this road before. In one of the most shameful episodes in the history of U.S. jurisprudence, the Supreme Court ruled in the infamous 1927 Buck v. Bell case that the State of Virginia had had the right to sterilize a woman named Carrie Buck against her will, based solely on the (spurious) criteria that she was "feeble-minded" and promiscuous, with Justice Oliver Wendell Holmes concluding, "Three generations of imbeciles are enough." Nowadays, of course, we look back on that ruling in horror, as eugenics as a concept has been forever discredited. In fact, the United Nations now regards forced sterilization as a crime against humanity.

The italicized phrase at the end ("providing they are not denied equal protection"), which Holdren seems to think gets him off the eugenics hook, refers to the 14th Amendment (as you will see in the more complete version of this passage quoted below), meaning that the eugenics program wouldn't be racially based or discriminatory – merely based on the whim and assessments of government bureaucrats deciding who and who is not an undesirable. If some civil servant in Holdren's America determines that you are "contributing to social deterioration" by being promiscuous or pregnant or both, will government agents break down your door and and haul you off kicking and screaming to the abortion clinic? In fact, the Supreme Court case Skinner v. Oklahoma already determined that the Equal Protection Clause of the 14th Amendment distinctly prohibits state-sanctioned sterilization being applied unequally to only certain types of people.

No no, you say, Holdren isn't claiming that some kind of people contribute to social deterioration more than others; rather, he's stating that anyone who overproduces children thereby contributes to social deterioration and needs to be stopped from having more. If so – how is that more palatable? It seems Holdren and his co-authors have not really thought this through, because what they are suggesting is a nightmarish totalitarian society. What does he envision: All women who commit the crime of having more than two children be dragged away by police to the government-run sterilization centers? Or – most disturbingly of all – perhaps Holdren has thought it through, and is perfectly OK with the kind of dystopian society he envisions in this book.

Sure, I could imagine a bunch of drunken guys sitting around shooting the breeze, expressing these kinds of forbidden thoughts; who among us hasn't looked in exasperation at a harried mother buying candy bars and soda for her immense brood of unruly children and thought: Lady, why don't you just get your tubes tied already? But it's a different matter when the Science Czar of the United States suggests the very same thing officially in print. It ceases being a harmless fantasy, and suddenly the possibility looms that it could become government policy. And then it's not so funny anymore.

Page 838: Nothing is wrong or illegal about the government dictating family size

> "In today's world, however, the number of children in a family is a matter of profound public concern. The law regulates other highly personal matters. For example, no one may lawfully have more than one spouse at a time. Why should the law not be able to prevent a person from having more than two children?"

Why should the law not be able to prevent a person from having more than two children? Why?

I'll tell you why, John. Because the the principle of habeas corpus upon which our nation rests automatically renders any compulsory abortion scheme to be unconstitutional, since it guarantees the freedom of each individual's body from detention or interference, until that person has been convicted of a crime. Or are you seriously suggesting that, should bureaucrats decide that the country is overpopulated, the mere act of pregnancy be made a crime?

I am no legal scholar, but it seems that John Holdren is even less of a legal scholar than I am. Many of the bizarre schemes suggested in Ecoscience rely on seriously flawed legal reasoning. The book is not so much about science, but instead is about reinterpreting the Constitution to allow totalitarian population-control measures.

Page 942-3: A "Planetary Regime" should control the global economy and dictate by force the number of children allowed to be born

> Toward a Planetary Regime
>
> "Perhaps those agencies, combined with UNEP and the United Nations population agencies, might eventually be developed into a Planetary Regime—sort of an international superagency for population, resources, and environment. Such a comprehensive Planetary Regime could control the development, administration, conservation, and distribution of all natural resources, renewable or nonrenewable, at least insofar as international implications exist. Thus the Regime could have the power to control pollution not only in the atmosphere and oceans, but also in such freshwater bodies as rivers and lakes that cross international boundaries or that discharge into the oceans. The Regime might also be a logical central agency for regulating all international trade, perhaps including assistance from DCs to LDCs, and including all food on the international market."
>
> "The Planetary Regime might be given responsibility for determining the optimum population for the world and for each region and for arbitrating various countries' shares within their regional limits. Control of population size might remain the responsibility of each government, but the Regime would have some power to enforce the agreed limits."

In case you were wondering exactly who would enforce these forced abortion and mass sterilization laws: Why, it'll be the "Planetary Regime"! Of course! I should have seen that one coming.

The rest of this passage speaks for itself. Once you add up all the things the Planetary Regime (which has a nice science-fiction ring to it, doesn't it?) will control, it becomes quite clear that it will have total power over the global economy, since according to Holdren this Planetary Regime will control "all natural resources, renewable or nonrenewable" (which basically means all goods)

as well as all food, and commerce on the oceans and any rivers "that discharge into the oceans" (i.e. 99% of all navigable rivers). What's left? Not much.

Page 917: We will need to surrender national sovereignty to an armed international police force

> "If this could be accomplished, security might be provided by an armed international organization, a global analogue of a police force. Many people have recognized this as a goal, but the way to reach it remains obscure in a world where factionalism seems, if anything, to be increasing. The first step necessarily involves partial surrender of sovereignty to an international organization."

The other shoe drops. So: We are expected to voluntarily surrender national sovereignty to an international organization (the "Planetary Regime," presumably), which will be armed and have the ability to act as a police force. And we saw in the previous quote exactly which rules this armed international police force will be enforcing: compulsory birth control, and all economic activity.

It would be laughable if Holdren weren't so deadly serious. Do you want this man to be in charge of science and technology in the United States? Because he already is in charge.

Page 749: Pro-family and pro-birth attitudes are caused by ethnic chauvinism

> "Another related issue that seems to encourage a pronatalist attitude in many people is the question of the differential reproduction of social or ethnic groups. Many people seem to be possessed by fear that their group may be outbred by other groups. White Americans and South Africans are worried there will be too many blacks, and vice versa. The Jews in Israel are disturbed by the high birth rates of Israeli Arabs, Protestants are worried about Catholics, and Ibos about Hausas. Obviously, if everyone tries to outbreed everyone else, the result will be catastrophe for all. This is another case of the "tragedy of the commons," wherein the "commons" is the planet Earth. Fortunately, it appears that, at least in the DCs, virtually all groups are exercising reproductive restraint."

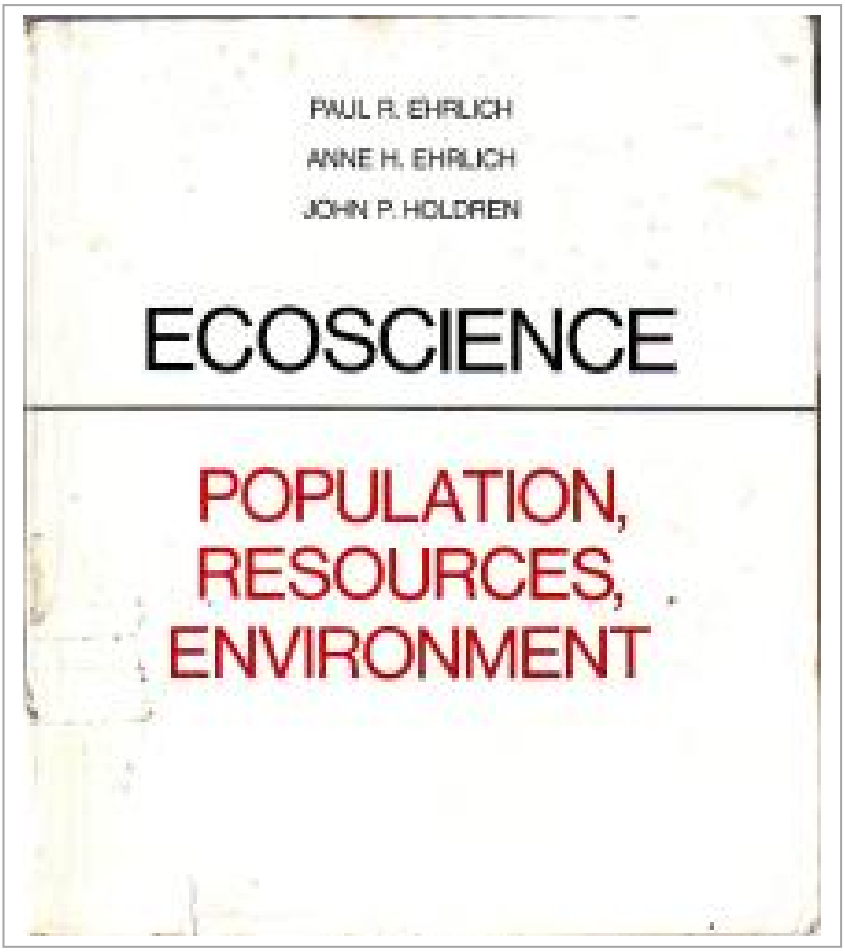
This passage is not particularly noteworthy except for the inclusion of the odd phrase "pronatalist attitude," which Holdren spends much of the book trying to undermine. And what exactly is a "pronatalist attitude"? Basically it means the urge to have children, and to like babies. If only we could suppress people's natural urge to want children and start families, we could solve all our problems!

What's disturbing to me is the incredibly patronizing and culturally imperialist attitude he displays here, basically acting like he has the right to tell every ethnic group in the world that they should allow themselves to go extinct or at least not increase their populations any more. How would we feel if Andaman Islanders showed up on the steps of the Capitol in Washington D.C. and announced that there were simply too many Americans, and we therefore are commanded to stop breeding immediately? One imagines that the attitude of every ethnic group in the world to John Holdren's proposal would be: Cram it, John. Stop telling us what to do.

Page 944: As of 1977, we are facing a global overpopulation catastrophe that must be resolved at all costs by the year 2000

> "Humanity cannot afford to muddle through the rest of the twentieth century; the risks are too great, and the stakes are too high. This may be the last opportunity to choose our own and our descendants' destiny. Failing to choose or making the wrong choices may lead to catastrophe. But it must never be forgotten that the right choices could lead to a much better world."

This is the final paragraph of the book, which I include here only to show how embarrassingly inaccurate his "scientific" projections were. In 1977, Holdren thought we were teetering on the brink of global catastrophe, and he proposed implementing fascistic rules and laws to stave off the impending disaster. Luckily, we ignored his warnings, yet the world managed to survive anyway without the need to punish ourselves with the oppressive society which Holdren proposed. Yes, there still is overpopulation, but the problems it causes are not as morally repugnant as the "solutions" which John Holdren wanted us to adopt.



Paul R. Ehrlich, Anne H. Ehrlich, John P. Holdren

Ecoscience: Population, Resources, Environment

San Francisco: W.H. Freeman and Company, 1977
https://archive.org/details/ecosciencepopula00ehrl/page/n3/mode/2up

Contewnts:

Chapter 1. Population, Resources, Environment: Dimensions of the Human Predicament - Section I. Natural Processes and Human Well-Being - Chapter 2. The Physical World - Chapter 3. Nutrient Cycles - Chapter 4. Populations and Ecosystems - Section II. Population and Renewable Resources - Chapter 5. The History and Future of the Human Population - Chapter 6. Land, Water, and Forests - Chapter 7. A Hungry World - Section III. Energy and Materials - Chapter 8. Energy - Chapter 9. Materials - Section IV. Understanding Environmental Disruption - Chapter 10. Direct Assaults on Well-Being - Chapter 11. Disruption of Ecological Systems - Section V. The Human Predicament: Finding a Way Out - Chapter 12. Humanity at the Crossroads - Chapter 13. Population Policies - Chapter 14. Changing American Institutions - Chapter 15. Rich Nations, Poor Nations, and International Conflict - Chapter 16. Summary - Appendix 2. World Demography - Appendix 2. Food and Nutrition - Appendix 3. Pesticides - Appendix 4. Reproduction and Birth Control

A comprehensive introduction to basic ecological principlees. Offers an expanded treatment of raw materials; a major section is devoted to energy problems; new coverage is given to geophysical and climatological aspects of the environment; and a provocative discussion of the possiblities of social, politcal, and economic change is also included.

VACTRUTH
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Dr. Andrew Moulden (Interview): What you were never told about vaccines

VacTruth, 21 July 2009, 7:48 AM
https://web.archive.org/web/20090804101942/http://vactruth.com/2009/07/21/dr-andrew-moulden-interview-what-you-were-never-told-about-vaccines/

Interview with Dr. Andrew Moulden
(*English Version* 07/21/09)

1) Dr. Moulden, can you tell us a bit about your background?

I am 44 years of age and have spent my entire adult life in academia, university, and clinical health science studies, practice, and research. My affinity for the brain and behavioral sciences stemmed from a genuine desire to find answers to many unanswered questions, questions such as – Why are we here? What makes us human? and What causes illnesses like schizophrenia, dementia, multiple sclerosis, learning disabilities, and many other often debilitating illnesses. My area of expertise is in neurobehavioral assessment of brain and behavioral disorders – www.BrainGuardMD.com

…

2) Dr. Moulden, we understand that you have made a revolutionary discovery. Can you tell us about it?

I would be happy to.

Through my extensive research and my work throughout the years, I have discovered that vaccinations are causing impaired blood flow (ischemia) to brain and body from clinically silent to death. These are strokes – across the board for all of us. I have reason to believe that all are being affected and all vaccinations ARE causing the overwhelming rise in autism, specific learning disabilities, attention deficit disorders, sudden infant death, gulf war syndrome, dementia, seizure disorders, some cancers it would appear, and much much more.

3) What led you away from the rigid and possibly blinkered views of most of the rest of the medical profession?

The brain and nervous system is wired in a very specific format. Functions are localized to specific areas. Having studied brain and behavior, neurosciences, clinical neuropsychology, child neurodevelopment, functional brain imaging, clinical neurology, clinical neuropsychiatry, clinical medicine, immunology, hematology, tests and measurement, and understanding the tools and assumptions and techniques of mainstream medicine, I fell in the unique position of having being able to see clinical medicine problems, from a multitude of simultaneous areas of expertise and scientific knowledge. Relative to the human brain, I understood "rules and laws" of brain function relative to brain damage and the mechanisms of medical physiology that can uniquely cause unique patterns of brain damage in ways that my clinical skills could detect, that mainstream neuroimaging cannot. The initial "aha" moment was in 2001.

4) What was it which caught your attention, what tipped you off and incited you to scratch the surface and investigate further?

=>See: https://web.archive.org/web/20090804101942/http://vactruth.com/2009/07/21/dr-andrew-moulden-interview-what-you-were-never-told-about-vaccines/

Mail Online

Dramatic moment man who 'threatened to blow up the White House' is tasered by police after eight-hour stand-off

Daily Mail, 14 August 2009, 17:42 BST,
https://www.dailymail.co.uk/news/article-1206515/Dramatic-moment-man-threatened-blow-White-House-Tasered-police-hour-stand-off.html

This is the moment a man making threats against the White House was finally seized from his car after an eight-hour stand-off.

The drama unfolded on Wednesday when the man, identified as Joseph Moshe, called a police dispatch number and threatened to blow up the White House, according to reports.

Officers then spotted his red Volkswagen Beetle at about 10am and pursued him through the west side of Los Angeles.

Moshe headed to the federal building parking area and drove around it once before a police SUV blocked him as he tried to return to the street. Authorities then surrounded his car with police cruisers and a large armored vehicle.

The federal building was locked down at noon and employees were told to stay inside.

The man then sat in the car smoking for hours before a robot broke a rear window of the car so officers could see inside and try to communicate. However Moshe did not respond, said a police spokesman.

A police robot manoeuvred next to the driver's door, and an armored vehicle parked in front of the vehicle so the man could not escape.

Police then fired tear gas into the suspect's vehicle in an attempt to force him to surrender.

But Moshe remained inside the car and briefly wound down the passenger window to let out the fumes.

He withstood four rounds of chemical agents before officers shot out the drivers' window with a bean bag gun.

Officers then used a Taser to restrain him before finally pulling him out of the car.

Detective Gus Villanueva said Moshe was booked on two previous unrelated misdemeanor warrants but did not provide details. Officials later said he was taken to a hospital for observation.

Asked how the man was able to withstand multiple rounds of tear gas, Villanueva said some people are able to resist the chemicals.

'I can't explain that, there's no way to explain that,' he said.

Who Is Joseph Moshe?

Godlike Productions, User ID: 574264, 16 August 2009

https://www.bibliotecapleyades.net/ciencia/ciencia_influenza35.htm
Sourse: http://www.godlikeproductions.com/forum1/message861009/pg1

"Joseph Moshe (Moshe is the man's middle name) is a bio-scientist. He works (worked?) for a unit within Mossad. He is an Israeli citizen.

The Secret Service was not the agency involved in the surveillance of Moshe at his home in California. This was done by the FBI, who had orders to detain him, or "bring him in."

Moshe did not send a threat to the White House. Rather, he communicated that he intended to go public with information he had regarding the flu vaccine that is being prepared by Baxter Labs, an Austrian company.

The information is this: The vaccine is being manufactured in Ukraine. It is not a vaccine at all, but rather an engineered genetically mutated bio-weapon meant to cause sickness and death. Moshe informed the White House he intended to go public with this information. When he became aware that the FBI was about to detain him, he packed some belongings in his car and set out for the Israeli consulate, located in close proximity to the federal building where the standoff took place. FBI pursuit kept him from reaching his destination.

Mounted on top of the large black vehicle was a microwave weapon which fried the electronics in Moshe's car as well as any communication devices he had which might have been used to contact the media or others who could help him.

Moshe did not suffer the same effects of the gas and pepper spray that others would have because he had built up an immunity to such weapons as a by-product of his Mossad training.

Moshe was not handcuffed because he was not placed under arrest. After leaving police or FBI custody, he returned to Israel, where he is at this time.

The information comes from one of my confidential sources. I have reason to believe it is accurate. If I receive more information, I will post it."

Sourse: The Strange Case of Joseph Moshe. – The Swine Flu Global Eugenics Program, 16 August 2009. https://www.bibliotecapleyades.net/ciencia/ciencia_influenza35.htm

THE FLU CASE

Joseph Moshe: (MOSSAD Microbiologist)
"Swine flu vaccine is bioweapon"

The Flu Case, 21 August 2009

https://web.archive.org/web/20091102052516/http://www.theflucase.com/index.php?option=com_content&view=article&id=700%3Amicrobiologist-alleges-baxter-qswine-fluq-vaccine-is-a-bioweapon&Itemid=64

Joseph Moshe (MOSSAD Microbiologist)

Today, the MSM are not talking about this case any more. <...>

Professor Moshe had called into a live radio show by Dr. A. True Ott, (explanation of Joseph Moshe's call at 06:00) broadcast on Republic Broadcasting claiming to be a microbiologist who wanted to supply evidence to a States Attorney regarding tainted H1N1 Swine flu vaccines being produced by Baxter BioPharma Solutions. He said that Baxter's Ukrainian lab was in fact producing a bioweapon disguised as a vaccine.

He claimed that the vaccine contained an adjuvant (additive) designed to weaken the immune system, and replicated RNA from the virus responsible for the 1918 pandemic Spanish flu, causing global sickness and mass death. <...>

Does this sound like an insane conspiracy theory? Sure it does. Due to the scarcity and anonimity of the sources we would dismiss it as exactly that, if it weren't for some uncomfortable facts: Baxter Pharmaceutical has been caught, red-handed, in spreading a live, genetically engineered H5N1 Bird flu vaccine as a lethal biological weapon all over the world, destined to be used for human vaccinations. This happened just a few months ago. And only luck prevented a global catastrophe of epic proportions.

Baxter International Inc. had mixed live, genetically engineered avian flue viruses in vaccine material shipped to 18 countries. Only by sheer luck, a Czech laboratory decided to test the vaccine on a dozen ferrets, which all died in days. The World Health Organization was notified and catastrophe was averted. This was clearly a deliberate act on Baxter's part, because they adhere to BS3, bio-safety level three. Baxter admitted a "mistake". Such monumental screwups are totally impossible at that level. Many safety systems would have needed to be sabotaged, many key personell would have needed to be bribed. It simply can't be done without direction from the inside. They did not send out the wrong vial – they produced dozens of gallons of biological-weapon agent (genetically engineered live H5N1 / Bird flu virus), then sent it out as a "vaccine".

Baxter knew full well that their vaccine was lethal, because the year before they had tested it on a few hundred homeless Polish people – dozens died as a result. [See: Next page]

Complaints
https://web.archive.org/web/20090920120328/http://www.unfictional.com/pdf/baxter-lawsuit.pdf
Criminal Charges concerning Bioterrorism Acts and Mass Murder
https://web.archive.org/web/20090827193626/http://www.unfictional.com/pdf/baxter-genocide-bioweapons.pdf

Zeiten Schrift

Bevölkerungsreduktion: Lauert in der Spritze der Tod?

Zeiten Schrift, 2010, Quartal 1, N 65
https://www.zeitenschrift.com/heft/zeitenschrift-65

Seuchen können in kurzer Zeit mehr Menschen dahinraffen als Krieg und Hunger. Was, wenn man sich dies zunutze machen würde? Werden Impfungen benutzt, um die Menschheit zu dezimieren?

...

Vorahnungen oder Insiderwissen?

Blenden wir einige Wochen weiter zurück in ein mehrere tausend Kilometer entferntes Aufnahmestudio des amerikanischen Radiosenders Republic Broadcasting. Am 11. August 2009 hatte Radiomoderator Dr. True Ott einen höchst merkwürdigen Telefonanruf mitten in seine Live-Sendung erhalten. Darin klärte ein gewisser Joseph Moshe die erstaunten Radiohörer darüber auf, daß er ein Mikrobiologe sei und hochbrisante Beweise besitze, die er einem Staatsanwalt übergeben wolle. Es gehe um einen verunreinigten H1N1-Schweinegrippeimpfstoff, den das amerikanische Pharmaunternehmen Baxter in der Ukraine herstelle. Dabei handle es sich in Tat und Wahrheit um eine als Impfung getarnte biologische Waffe. Zu diesem Zweck, so Moshe weiter, habe man der Impfung ein Adjuvans (Zusatzstoff) beigemischt, der das Immunsystem schwächen solle und RNA-Bestandteile jenes Virus enthalte, das 1918 die Spanische Grippe mit Millionen von Toten verursachte. Der Anrufer kündigte an, daß es in der Ukraine in naher Zukunft zum Ausbruch einer Seuche kommen werde.

Die tatsächliche Identität dieses in Kalifornien lebenden Joseph Moshe ist bis heute nicht zweifelsfrei geklärt. Manche behaupten, es handle sich dabei um den israelischen Professor Moshe bar-Joseph, was jedoch mehr als fragwürdig ist. Ganz sicher wurde der ominöse Mann jedoch am Abend des 13. August 2009 vom FBI vor laufenden Fernsehkameras verhaftet.

Nach seiner Ankündigung, das Weiße Haus informieren und sämtliche Fakten der Öffentlichkeit zugänglich machen zu wollen, flüchtete Moshe nämlich mit einem roten VW Beetle quer durch Los Angeles in Richtung des israelischen Konsulats. Dieses erreichte er aber nicht, weil die Bundespolizei und ein Bombenräumungskommando mit gepanzerten Wagen sein Auto einkeilten. Mikrowellenwaffen setzten die Elektronik des VWs und Moshes Handy lahm, anschließend nebelten die Polizisten ihn mit Tränengas ein, ein ferngesteuerter Roboter zerschlug das Autofenster, man versprühte mehrere Dosen Pfefferspray, versetzte Moshe mit einem Taser Elektroschocks und zerrte den Mann schließlich unsanft ins Freie – alles zu sehen auf dem Internetportal Youtube (Stichwort „Westwood Standoff").

Was anschließend mit Joseph Moshe geschah, ist nicht bekannt. Manche spekulieren, er sei in ein Flugzeug gesetzt und nach Israel ausgeflogen worden. Als offizielle Begründung für die Verhaftung bemühten die Behörden einmal mehr die Angst vor dem Terrorismus: Joseph Moshe sei ein Verrückter, der gedroht habe, ein Bombenattentat auf das Weiße Haus zu verüben.

Baxters Beinahe-Katastrophe

Für die von Moshe vorgebrachten Anschuldigungen gegen Baxter gibt es keine offiziellen Beweise. Doch es ist nicht das erste Mal, daß der US-Pharmariese in das Kreuzfeuer der Kritik gerät. So sollen seinen Blutkonserven in der Vergangenheit Aidsviren beigemischt worden sein. Auch das läßt sich nicht beweisen ... [=> See: the main part – *Zeiten Schrift,* 2010, Quartal 1, N 65].

All videos and sites have been deleted

https://web.archive.org/web/20200326091359/http://www.infowars.com/scientist-tells-swedish-tv-who-pandemic-criteria-lowered-to-benefit-big-pharma/

Office of Public Affairs
U.S. Department of Justice

Justice Department Announces Largest Health Care Fraud Settlement in Its History

Pfizer to Pay $2.3 Billion for Fraudulent Marketing

Department of Justice, 2 September 2009
https://www.justice.gov/opa/pr/justice-department-announces-largest-health-care-fraud-settlement-its-history

Washington – American pharmaceutical giant Pfizer Inc. and its subsidiary Pharmacia & Upjohn Company Inc. (hereinafter together "Pfizer") have agreed to pay $2.3 billion, the largest health care fraud settlement in the history of the Department of Justice, to resolve criminal and civil liability arising from the illegal promotion of certain pharmaceutical products, the Justice Department announced today.

Pharmacia & Upjohn Company has agreed to plead guilty to a felony violation of the Food, Drug and Cosmetic Act for misbranding Bextra with the intent to defraud or mislead. Bextra is an anti-inflammatory drug that Pfizer pulled from the market in 2005. Under the provisions of the Food, Drug and Cosmetic Act, a company must specify the intended uses of a product in its new drug application to FDA. Once approved, the drug may not be marketed or promoted for so-called "off-label" uses – i.e., any use not specified in an application and approved by FDA. Pfizer promoted the sale of Bextra for several uses and dosages that the FDA specifically declined to approve due to safety concerns. The company will pay a criminal fine of $1.195 billion, the largest criminal fine ever imposed in the United States for any matter. Pharmacia & Upjohn will also forfeit $105 million, for a total criminal resolution of $1.3 billion.

In addition, Pfizer has agreed to pay $1 billion to resolve allegations under the civil False Claims Act that the company illegally promoted four drugs – Bextra; Geodon, an anti-psychotic drug; Zyvox, an antibiotic; and Lyrica, an anti-epileptic drug – and caused false claims to be submitted to government health care programs for uses that were not medically accepted indications and therefore not covered by those programs. The civil settlement also resolves allegations that Pfizer paid kickbacks to health care providers to induce them to prescribe these, as well as other, drugs. The federal share of the civil settlement is $668,514,830 and the state Medicaid share of the civil settlement is $331,485,170. This is the largest civil fraud settlement in history against a pharmaceutical company.

As part of the settlement, Pfizer also has agreed to enter into an expansive corporate integrity agreement with the Office of Inspector General of the Department of Health and Human Services. That agreement provides for procedures and reviews to be put in place to avoid and promptly detect conduct similar to that which gave rise to this matter.

Whistleblower lawsuits filed under the qui tam provisions of the False Claims Act that are pending in the District of Massachusetts, the Eastern District of Pennsylvania and the Eastern District of Kentucky triggered this investigation. As a part of today's resolution, six whistleblowers will receive payments totaling more than $102 million from the federal share of the civil recovery.

The U.S. Attorney's offices for the District of Massachusetts, the Eastern District of Pennsylvania, and the Eastern District of Kentucky, and the Civil Division of the Department of Justice handled these cases. The U.S. Attorney's Office for the District of Massachusetts led the criminal investigation of Bextra. The investigation was conducted by the Office of Inspector General for the Department of Health and Human Services (HHS), the FBI, the Defense Criminal Investigative Service (DCIS), the Office of Criminal Investigations for the Food and Drug Administration (FDA), etc. ... => see

abc NEWS

Pfizer fined $2.3 billion for illegal marketing in off-label drug case

ABC News, 3 September 2009, 10:15 AM
https://abcnews.go.com/Business/pfizer-fined-23-billion-illegal-marketing-off-label/story?id=8477617

In the largest health care fraud settlement in history, pharmaceutical giant Pfizer must pay $2.3 billion to resolve criminal and civil allegations that the company illegally promoted uses of four of its drugs, including the painkiller Bextra, the U.S. Department of Justice announced Wednesday.

Besides Bextra, the drugs were Geodon, an antipsychotic; Zyvox, an antibiotic; and Lyrica, an anti-epileptic drug. Once the Food and Drug Administration approves drugs, doctors can prescribe them off-label for any use, but makers can't market them for anything other than approved uses.

Pfizer subsidiary Pharmacia & Upjohn pleaded guilty to a felony violation for promoting off-label uses of Bextra, such as for pain relief after knee replacement surgery. At the FDA's request, Pfizer pulled Bextra off the market in April 2005 because its risks, including a rare, sometimes fatal, skin reaction, outweighed its benefits. It had been approved only for treating rheumatoid arthritis, osteoarthritis and menstrual pain.

Pfizer also has agreed to pay $1 billion in civil damages and penalties to compensate federal health-care programs for false claims submitted as a result of its marketing Bextra and the other four drugs for off-label use or at unapproved dosages.

In an interview Wednesday with USA TODAY, former Pfizer sales representative John Kopchinski said he was told to distribute 20-milligram samples to rheumatologists and orthopedists, even though the FDA had approved only 10-milligram doses for arthritis. The 20-milligram doses were approved only for menstrual pain, yet Kopchinski says he never called on gynecologists or other doctors who would treat that complaint.

In 2003, Kopchinski, 45, a West Point graduate, filed the first whistle-blower lawsuit, leading to the Justice Department investigation. Kopchinski says he was inspired by David Franklin, who filed a whistle-blower lawsuit against Pfizer for promoting Neurontin — at the time approved only to control seizures — for unapproved uses such as treating bipolar disorder.

rense.com

A. True Ott

'Immuno-Sterilization' in Humans: A 2009 Vaccination Odyssey

Jeff Rense, 25 September 2009
https://rense.com/general87/immu.htm

According to the Los Angeles Sunday Times newspaper dated May 24, 2009, a meeting of some of the world's richest billionaires took place in Manhattan on May 5, 2009. (See addendum #1). These "elite" reached a uniform consensus during this meeting - that OVERPOPULATION is the single greatest threat facing Planet Earth.

Mr. George Soros, international banker and agent of the Rothschild family, was also in attendance, and actually led much of the discussion, it was reported. For a biography and curriculum vitae of this warped individual and his vision for mass sterilization/depopulation of the planet, see Addendum #2.

The elite's agenda of mass depopulation is no longer covert. It is no longer the realm of "National Secret Memorandums" (see NSSM-200 authored by Henry Kissinger and Zbignew Brezinsky back in 1974) It is today public knowledge. It is indeed their top "agenda" item for immediate implementation this year - 2009.

I would submit that these billionaires are men and women of action. When they come to a joint consensus, a detailed plan is quickly and decisively put into action - especially if they perceive that their "plan" is literally going to "save the planet". There should be little doubt that they would have a brilliant plan of action that they are most definitely implementing as you are reading this. These individuals did not get to be billionaires by being stupid, or by merely discussing ideas and concepts over dinner. They, of course, would also know how to keep their depopulation activities camouflaged and hidden from public scrutiny. After all, they reason that only THEY know what is best for the planet.

Let's look at the elite's depopulation plan from a standpoint of logic and common sense. Of course they realize that only a very small fraction of the world's population (especially in the Western 1st World nations) would eagerly and willingly step forward and volunteer that their lineage and bloodlines would be severed by means of a permanent sterilization "vaccination". It is obvious, therefore, that such a "sterilization vaccine" would need to be disguised as something else, a truly global false-flag program fueled by their controlled media propaganda and fear-mongering. I would submit that a worldwide faux "influenza pandemic" would be an absolutely perfect cover.

Prior to the year 1998, the available depopulation tools that could be utilized by such "global elitists" were fairly limited; diseases, famine, wars and even natural disasters could each be developed and actually implemented by a designed plan. These depopulation tools are rather messy, however, and often hard to completely control. However, thanks to the work of Dr. Richard A. Fayrer -Hosken at the University of Georgia, a new and completely effective depopulation tool is now available - indeed, a simple little VACCINE SHOT can today cause permanent sterility. (See Addendum 3 attached for the international patent of this "immunosterilization vaccine".)

Fayrer-Hosken's invention has been successfully tested and found to be effective on all mammals, including the African elephant, although the potential long-term side effects are still being compiled. What exactly is the active ingredients of this sterilization vaccine? Primarily the sterilization vaccine contains antigens from PORCINE (pig) glyco-proteins (viruses are a form of glyco-proteins) bonded with a powerful oil-in-water "adjuvant" called squalene. (See addendum 3).

Is it just a coincidence that Novartis' master patent for the "swine flu" vaccine utilizes swine (porcine) glycol-proteins bonded with a powerful oil-in-water "adjuvant" called squalene?

Is it just a coincidence that Novartis' "swine flu" vaccine product information circular, section 8.1, includes this warning paragraph: "Animal reproduction studies have not been conducted with this – [vaccine]. It is also not known whether the vaccine can cause fetal harm when administered to a pregnant woman, or can Affect Reproduction Capacity." (Emphasis added.)

It would also seem highly logical that a sterilization vaccine disguised as a pandemic influenza vaccine would require a complete blanket shield against liability lawsuits and litigation as well - for such claims would undoubtedly number in the hundreds of millions. (Oops, sorry the vaccine made you sterile Mrs. Jones - we had absolutely no idea, you see!) Of course, such blanket immunity from lawsuits is exactly what has been given to the "swine flu" vaccine manufacturers and promoters by our corrupt federal government.

It is clear that the "swine flu" pandemic is no more serious than the common cold - but it is also increasingly clear that the VACCINE is the real danger. If the squalene adjuvant cripples and even kills the victim in addition to making him/her permanently stable, then I am confident that is perfectly ok with George Soros and his breed. Make no mistake, however, the entire agenda behind this pandemic vaccine hype is very likely the covert "immunosterilization" of the human herd!

- True Ott, PhD, ND

Addendum #1
John Harlow
Billionaire Club Meets to Curb Population Growth. The Sunday Times, Los Angeles, 24 May 2009, 1:05 a.m.
https://www.thetimes.co.uk/article/billionaire-club-in-bid-to-curb-overpopulation-d2fl22qhl02
https://web.archive.org/web/20170331035405/https://www.thetimes.co.uk/article/billionaire-club-in-bid-to-curb-overpopulation-d2fl22qhl02

America's richest people meet to discuss ways of tackling a 'disastrous' environmental, social and industrial threat
Some of America's leading billionaires have met secretly to consider how their wealth could be used to slow the growth of the world's population and speed up improvements in health and education.
The philanthropists who attended a summit convened on the initiative of Bill Gates, the Microsoft co-founder, discussed joining forces to overcome political and religious obstacles to change.

Described as the Good Club by one insider it included:
http://www.bibliotecapleyades.net/esp_sociopol_rockefeller.htm
David Rockefeller Jr, the patriarch of America's wealthiest dynasty
Warren Buffett and http://www.bibliotecapleyades.net/esp_sociopol_rothschild.htm
"George_Soros_and_The_Rothschild"George Soros, the financiers
Michael Bloomberg, the mayor of New York
http://www.bibliotecapleyades.net/esp_sociopol_mediacontrol.htm
media moguls Ted Turner and Oprah Winfrey

These members, along with Gates, have given away more than £45 billion since 1996 to causes ranging from health programs in developing countries to ghetto schools nearer to home.

They gathered at the home of Sir Paul Nurse, a British Nobel prize biochemist and president of the private Rockefeller University, in Manhattan on May 5. The informal afternoon session was so discreet that some of the billionaires' aides were told they were at "security briefings".

Richard Gale and Gary Null

Vaccines' Dark Inferno: What is not on insert labels?

Progressive Radio Network // OEN, 28/29 September 2009
https://www.opednews.com/Diary/Vaccines-Dark-Inferno-Wh-by-Richard-Gale-090929-440.htm

The vast majority of scientists, physicians, nurses, and public health educators trust that the ingredients in a vaccine have been individually and synergistically proven safe and effective. The public believes that these vaccines, aside from their specified virus(es), are sterile solutions, free from undesirable contaminants not listed on the manufacturers' package inserts. When the pediatrician injects a vaccine into the muscle of a child, the parents' unquestioning faith is that this is the case. In other words, we want to believe that vaccines have been generated under perfect conditions for the safety of children and ourselves.

Our investigation shows that most people do not know what is actually in a vaccine: the active ingredients listed on product labels, the inert ingredients, and, most important, the hidden ingredients. Even more remote is taking the time to actually study the subject matter, review the scientific literature, and discover the truth for oneself. To our amazement, that truth was easy to find. But it is a truth that will scare the hell out of you.

Imagine sitting down to eat veal parmigiana, and a video is placed on your table and used as a living reality recipe instead of the actual meal. This video displays every step in the calf's life, from its birth to the parmigiana on your plate. You witness how the little creature was starved of its natural nutrients, kept in a tiny stall, grossly malnourished and deformed, filled with antibiotics, diseased and suffering complete privation until finally slaughtered, cooked, and served on your plate. Would your appetite be the same? Would you still desire the parmigiana?

Conveniently, we rarely ask, where does our food come from? How and where was it grown? What was sprayed on it prior to our consumption? Thus we are going to re-record something that even most top health educators and opinion leaders on vaccines are unaware of: what goes into the making of vaccines, and what is hidden from you that should give you pause? Afterward, ask yourself: do you want vaccines in your body?

For the most in-depth, honest, scholarly, and objective examination of the methods by which vaccines and their hidden ingredients are prepared, we turn to award-winning British investigative medical journalist Janine Roberts, who paints an entirely different picture of the darker inferno in vaccines that does not appear on product labels. This is the same Janine Roberts who brought to the world's attention blood diamonds, genocide in the Congo, and the destruction of aboriginal cultures by the Australian government.

Roberts's account of conversations between high-level members from the World Health Organization (WHO), federal health agencies, and expert vaccine scientists who determine whether a certain vaccine will be approved, is horrid. Her investigations are based on official meeting documents and her attendance at emergency vaccine meetings, and confirm that our world's vaccine and health experts agree that there is no solution in sight to resolve the potential threats posed by these hidden ingredients.[1]

The story begins with the vaccine industrial complex's attempt to reduce manufacturing costs by seeking government approval to use cancerous cell lines in the development of vaccines. The industry's rationale is that cancerous cells are "immortal." Current vaccine methodology relies on animal cells, such as fertilized hen embryos and monkey kidneys, that die quickly in culture. Using cancerous cell lines is also much cheaper than relying on the purchase of animals, especially monkeys, that need to be sacrificed for vaccine substrates.

Roberts records two separate meetings – a meeting of the Vaccine and Related Biological Products Advisory Committee on November 9, 1998, and a subsequent gathering of the Evolving Scientific and Regulatory Perspective Workshop less than a year later. The conversations were conducted at a scientific level between top officials and expert scientists from the FDA, Center for Biologics Evaluation and Research (CBER), the National Institute of Allergies and Infectious Diseases (NIAID), the WHO, and others, each providing evidence and/or confirmation that all vaccines are dangerously contaminated.

Conversations focused primarily on the influenza, MMR, and yellow fever vaccines, which rely on fertilized chicken eggs for their culturing viruses. Fertilized chicken eggs, while ideally suited for culturing certain viruses for vaccines, such as the influenza and MMR vaccines, are also living incubators for large numbers of known and unknown viruses in the animal kingdom. While these do not transmit from their animal host to humans naturally, they nevertheless are sequential genetic codes that, when injected into the human body, have the potential for any number of unpredictable adverse effects by interfering or merging with the codes of human cells.

Vaccine research is at best a primitive science, because it involves injecting into the bloodstream foreign substances, chemical and genetic, that would not otherwise naturally enter the body. When we bring into the equation the enormous amount of known and unknown genetic material and foreign proteins that vaccines introduce into the body, and then consider the rapid increase in epidemics raging through the American population – adult diabetes in children, large numbers of various inflammatory and immune deficiency diseases, asthma and new allergies, severe gastrointestinal disorders (e.g., leaky gut syndrome and Crohn's disease), chronic fatigue syndrome, and many different neurological disorders (e.g., autism, ADD and ADHD, Parkinson's, Alzheimer's) – we must step back and reconsider their causes. We should avoid the kind of faith that the vaccine industrial complex has in its determinist, reductionist perspective of genetic materialism to find these answers without taking into account the bombardment of toxic chemicals such as vaccine adjuvants and preservatives, extraneous genetic material, pathogenic organisms, and foreign genetic fragments that assault our bodies from shortly after birth into old age.

For some time, it was known that the enzyme reverse transcriptase (RT) was present in final vaccine solutions. RT has been used to this day as an indicator that there is a presence of a retrovirus. During the meeting's proceedings, the WHO decided to withhold public announcement of such genetic contamination, in this case concerning the MMR vaccine; not to remove it from the market; and, in the meantime, continue safety studies at various laboratories.

Roberts reports that Dr. Arifa Khan from the FDA confirmed:

The RT activity in the vaccine was associated with retrovirus particles from two separate viral strains: Avian Leuokosis Virus (ALV) and Equine Arteritis Virus (EAV). The former was especially disturbing because ALV is a leukemia cancer, and Dr. Khan stated: "There was a theoretical possibility that the virus [ALV] could … infect the [human] cell." In summary, this means the ALV genetic code could integrate with human DNA, hence causing some kind of cancer.

The FDA's reassurance that the ALV RT activity was safe is based on laboratory observations that there was no viral–human DNA merger activity for "a full 48 hours." This kind of assurance is almost nonsensical and flies in the face of scientific reasoning, since cancers can take years to develop!

As a side note, RT activity is one of the stalwarts of the HIV/AIDS hypothesis. An article, "Influenza & Nursing Home Deaths" published by Canada's Vaccine Risk Awareness Network,

reports that some studies, and even some vaccine package inserts, "indicate that vaccinations increase HIV viral replication".[2] This means that all vaccines stimulate a strong suppressive effect on the immune system. Under stress conditions, viruses turn hyperactive and increase their ability to replicate.

The other risk stated by the FDA official was the possibility of the ALV sequence's merging with the measles virus, hence creating a completely new, mutant, and dangerous virus. (This could also apply equally to the H1N1 swine flu and any other flu vaccines). As an aside, the world-renowned British geneticist Dr. Mae-Wan Ho from the Institute of Science in Society wrote: "Vaccines themselves can be dangerous, especially live, attenuated viral vaccines or the new recombinant nucleic acid vaccines, they have the potential to generate virulent viruses by recombination and the recombinant nucleic acids could cause autoimmune disease".[3]

During the meeting, Dr. Andrew Lewis, then head of the DNA Virus Laboratory in the Division of Viral Products, confirmed: "All the egg-based vaccines are contaminated. … These fertilized chicken eggs are susceptible to a wide variety of viruses." The participants also realized that only a very small fraction of these small contaminants have been identified and there are likely hundreds more to be discovered.

Roberts found a 2001 CDC report showing that RT investigative studies for both the ALV and EAV retroviruses were conducted in 100 patients receiving the MMR vaccine. They found undesirable "RT activity in all measles vaccine lots from different manufacturers tested." Their conclusion is that "this occurrence is not sporadic and that vaccine recipients may be universally exposed to these [chicken] retroviral particles." In a separate National Institutes of Health transcript of a meeting, Dr. Conroy of the World Health Organization stated that EAV viruses are found in all fertilized chicken eggs. There appears to be little change in the scientific protocol for making the influenza, MMR, and yellow fever vaccines. The current release of intramuscular H1N1 vaccines for the global market relies on the use of fertilized chicken embryos. This includes each of the approved vaccines by CSL, Medimmune, Novartis, and Sanofi-Pasteur, as well as GlaxoSmithKline's, if and when it is approved in the US.

A later meeting of the FDA's Scientific and Regulatory Perspective Workshop, without the press, was convened on September 7, 1999, in Washington, DC, and attended by "representatives from all the largest public health institutions in the West." The following are summaries of key points and statements raised during this meeting as recorded in Janine Roberts's invaluable book Fear of the Invisible.

It was reconfirmed that vaccines are "widely contaminated by viral and DNA genetic code fragments, many viruses and proteins." There was expressed concern that these may also contain prions (tiny proteins responsible for incurable diseases and neurological disorders in both humans and animals) and oncogenes (a gene that turns normal cells into cancerous ones). One attendee, Dr. Goldberg, stated, "There are countless thousands of undiscovered viruses, proteins and similar particles. We have only identified a very small part of the microbial world – and we can only test for those we have identified. Thus the vaccine cultures could contain many unknown particles."

Dr. Andrew Lewis of the FDA said that a brand-new monkey-human mutant virus was created during the course of developing an adenovirus vaccine with adenvovirus-SV40 hybrid viruses. Dr. Lewis also worried that "foreign cellular DNA" common in childhood vaccines could include "viral oncogenes" capable of causing cancer.

The scientists presented a question to themselves as to whether an attenuated vaccine strain could revert into a variant virus capable of replicating so fast that it would cause AIDS. They agreed that they were unable to answer this question.

On the question of whether mutation events could occur in children after vaccination, the answer was: "Recombination among a variety of viruses [contaminant viruses] and cells co-infected in tissue culture is not uncommon." What this basically means is that because it is "not uncommon"

for genetic codes of both contaminant viruses and living cells to recombine and create mutations in laboratory cultures, this can certainly occur in a child's body after vaccination.

Dr. Hana Golding, chief of CBER's Laboratory of Retrovirus Research, raised the fear that although DNA fragment contaminants in vaccines may be thought dead, they could remain active and dangerous. This meant that the codes of these contaminants could combine in vaccines and create new mutant strains of pathogens.

Dr. Leonard Hayflick, a virologist at both Stanford and the University of California, San Francisco, raised a concern that the common primary culture used for making vaccines with animals and bird embryos has created a situation where it is "apparent that these cells contained many unwanted viruses, some of which were lethal to humans." This was especially worrisome of those vaccines, such as polio, which still rely on monkey kidney cells that have contributed to widespread death and illness.

One of the UK's leading vaccine experts, Dr. Phil Minor from the National Institute of Biological Standards and Control, noted that some cases of polio vaccine are polluted with more monkey virus, SV40, than actual poliovirus. Although the uninitiated who are not informed about closed-door vaccine science have been led to assume that SV40 was no longer in polio vaccines at the time of this meeting, the conversations confirmed that it was still in use. This is another example of conspiracy at high levels among the vaccine industrial complex and government health officials to withhold information that directly affects the citzens' well-being.

Dr. Rebecca Sheets, from the CBER's laboratory responsible for monitoring vaccine safety, stated that the national health organi-zations had no control over how vaccines were made. In short, they could make recommenda-tions, but the vaccine industrial complex was free to act as it chooses.

It is impossible to remove DNA contaminants from vaccines. Although weight limits for contaminating DNA were set by the FDA as far back as 1986, vaccine makers have never been able to reach that goal. The CDC decided to limit its weight recommendation to cancerous cell lines and then increase the other DNA contamination allowance 100-fold. However, these limits are only "recommendations," and therefore the FDA cannot enforce them. Vaccine manufacturers are still free to choose whether to take scientific measures to reduce contaminants.

Remember, this contamination limit (10 nanograms) only applies to a single vaccine. Children today are inoculated with many vaccines before entering school, each with unique DNA and viral contaminants due to the specific cell substrates used for a given vaccine. This toxic genetic soup is what then flows through a vaccinated person's body.

One government health official stated: "I chaired the committee that licensed the chickenpox vaccine, and it [residual DNA] was actually an issue that we considered at that time. We looked among recipients of the vaccine for evidence of an autoimmune response associated with the DNA included in that vaccine. … Actually, we didn't look, we asked the company to look and they did not find one." Well, of course, only such assurances can be convincing if in fact the company conducted the study, for which there was no compulsory reason to. Clearly, what the official is saying is that health authorities may not possess any documents that such a study actually exists.

Can vaccine DNA contamination cause cancer or autoimmune disease? A meeting participant responded: "When you consider that almost every one of these vaccines is injected right into the tissue … I think you couldn't do much more to get the DNA expressed [to get contaminating DNA taken up by human cells] than to inject it into a muscle in the way it's being done."

Again, CBER's Dr. Sheets: "I think that the vast majority of licensed vaccines, US licensed vaccines, have not been tested for residual DNA."

A more frightening question was raised as to whether there has been any presence of foamy virus. Foamy virus (HFV in human form and its more widespread parent SFV from monkeys), although not infectious, is a deadly carcinogen. To the participants' knowledge, no laboratory has ever searched for it in vaccine preparations.

The meeting confirmed that a particular cell, "which under many conditions is neoplastic [tumor causing]," has been licensed for the production of both injectible and oral polio vaccines in the US, Thailand, Belgium, and France. Therefore, these vaccines carry the high risk of containing cancer-causing oncogenes.

To appreciate the magnitude of the contamination problem in vaccine products, it is important to understand that vaccine filtration needs to allow the targeted virus's passage to remain for vaccine use. Other particles and pathogens smaller than the virus – DNA and RNA fragments from other organisms (and pathogens) in the manufacturing process, cellular substrates, and viral proteins – will remain in the vaccine.

What the content of these meetings tells us is best expressed by what leading attendee Dr. Minor stated: "So even today then you have to bear in mind that a large amount of vaccine that's made is made on really quite crude materials, from an adventitious agent point of view. It's not a trivial usage. In fact, when considering what vaccines are actually made on these days, they are quite primitive in some respects."

Janine Roberts summarizes her investigations succinctly:

In other words, the vaccines we give our children are liquids filled with a host of unknown particles, most of which came from the cells of non-humans: from chickens, monkeys and even from cancer cells. Truly we do not know what we are doing or what are the long-term consequences. All that is known for sure is that vaccines are a very cheap form of public medicine often provided by governments to assure the public that they really do care for the safety of our children.

The conclusion that can be drawn from these meetings is that vaccines are virtually genetic experiments, capable of causing mass cellular destruction, being injected into the world's population, especially children. There remain so many un-answered questions about vaccine science. This includes the forthcoming swine flu vaccines that will include the contaminants mentioned above, if we take any of these meeting attendees' words to heart.

If we are to express any awe and wonder, it should be towards the body's natural immune system and its ability to defend itself from the onslaught of vaccine brews. It is not vaccination that is a miracle of science, as the vaccine industrial complex, government health authorities, and their congregations of believers are too eager to proclaim. The real miracle is the body's ability to protect itself, in most cases, from the invasion of vaccines. Yet even this statement is now turning suspect, given the dramatic rise in multiple illnesses and inflammatory conditions across the age spectrum.

In any living system, whether it be a natural habitat in the wild, the planet's climate system to support life, or the body's immune system, a tipping point is eventually reached. Today, with the majority of the public still buying into the false promises of vaccinations' efficacy and safety, the vaccine industrial complex remains an extraordinarily lucrative business. More and more vaccines are now being developed for a wide variety of diseases and infections – Chlamydia, herpes simplex type 2, West Nile virus, Epstein-Barr virus, and others – that will only add to the overload of those already recommended, especially to children, who are officially recommended to receive 36 separate vaccinations by the time they reach 18 months of age. As these new genetic poisons are added to the national health agencies' recommended vaccination schedule, a tipping point may be reached that will result in a more serious pandemic – a pandemic of Vaccine Disease, manifesting in myriad illnesses dependent upon each vaccinated person's genetic predisposition and the robustness of the immune system – than any epidemic threat posed by wild infectious pathogens, including the H1N1 swine flu, that could unfold in our so-called developed, hygienic society.

Notes

1. The following quotes and events were taken from Roberts J. Fear of the Invisible: How Scared Should We Be of Viruses and Vaccines, HIV and AIDS? Bristol, UK: Impact Investigative Media Productions; 2009; and Roberts J, interview, Gary Null Show; Progressive Radio Network and WNYE-New York. August 19, 2009.

2. Influenza & nursing home deaths [web page]. Vaccine Risk Awareness Network. www.vran.org.

3. Ho M-W, Cummins J. The vaccines are far more deadly than the swine flu [web page]. Global Research. August 21, 2009.

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Stephen Lendman

Ineffectiveness and Dangers of Flu Shots

The People Voice, 5 October 2009
http://www.thepeoplesvoice.org/TPV3/Voices.php/2009/10/05/ineffectiveness-and-dangers-of-flu-shots

Believing what governments say can be hazardous to your health. It's even truer from corporate-sponsored studies on the benefits of their products. Thus, be very leery about the new CSL Ltd. one on the effectiveness of taking one Swine Flu dose. More to the point, any Swine Flu shot as, in single or multiple doses, they're all extremely toxic, dangerous, and must be avoided to protect human health from the pathogenic onslaught vaccines are designed to unleash.

CSL is "Australia's leading biopharmaceutical company (and) the only commercial manufacturer of influenza vaccines in the Southern Hemisphere." It's currently producing "a pandemic influenza vaccine called Panvax H1N1 which uses the proven technology that has enabled us to provide Australia with seasonal flu vaccines over the last 40 years."

The New England Journal of Medicine published "the welcome news," claiming to show one shot produced the same immune response protection as annual flu vaccines. More on their ineffectiveness and hidden dangers below.

The National Institute of Allergy and Infectious Diseases (part of the US National Institutes of Health) also claims its early trials and studies confirm one dose provides protection eight to ten days after inoculation. Again beware - their advice endangers your health, especially about Swine Flu and the vaccines designed for it. They advise everyone take them voluntarily. Later, Health and Human Services (HHS) Secretary Kathleen Sebelius may mandate them if enough people don't comply, and individual states may follow suit.

Separating Facts from Government and Industry Disinformation

According to the Centers for Disease Control (CDC), annual flu shots are advised for "all children from 6 months through 18 years of age," everyone over 50, pregnant women, and individuals with "long-term health problems" like heart, lung, kidney or liver disease, HIV/AIDS, other immune system diseases or persons with weakened immune systems, asthma, diabetes, anemia, certain muscle or nerve disorders, residents of nursing homes or chronic care facilities, and certain others.

Warning about "seasonal epidemics," the World Health Organization's (WHO) advice is much the same, adding that "Seasonal influenza spreads easily and can sweep through schools, nursing homes or businesses and towns....The most effective way to prevent the disease or severe outcomes from the illness is vaccination."

The WHO claims "Among healthy adults, influenza vaccine can prevent 70% to 90% of influenza-specific illness. Among the elderly, the vaccine reduces severe illnesses and complications by up to 60%, and deaths by 80%."

Information below shows WHO claims are false and misleading. So are the CDC's and NIH's and doubly so for the new Swine Flu vaccines.

All Vaccines Are Ineffective and Unsafe

Gary Null is a leading health and nutrition expert, author, documentary filmmaker, founder of the Progressive Radio Network, and syndicated host of the longest running health program in America, Natural Living with Gary Null.

On September 18, 2009, he interviewed Dr. Viera Scheibner, "arguably one of the world's most respected scientists and scholars on vaccine medical data....Her investigations uncover how the vaccine industrial complex (and complicit government regulatory bodies produce) pseudo-science that is fraught with inconsistencies, poorly designed studies, erroneous interpretations, and conclusions that are patently false" - by design, not chance.

She calls vaccinations "an illness industry," causing a "pandemic (of) degenerative diseases (and) behavioral problems."

From her research and writings on vaccine science and history, she said:

"Ever since the turn of the (last) century, medical journals published dozens and dozens of articles demonstrating that injecting vaccines (can) cause anaphylaxis, meaning harmful, inappropriate immunological responses, which is also called sensitization. (This) increase(s) susceptibility to the disease which the vaccine is supposed to prevent, and to a host of related and other unrelated infections."

"We see it in vaccinated children within days, within two or three weeks. (Most of them) develop runny noses, ear infections, pneumonitis, (and) bronchiolitis. It is only a matter of degrees, which indicates immuno-suppression, (not immunity). It indicates the opposite. So I never use the word immunization because that is false advertising. It implies that vaccines immunize, which they don't. The correct term is either vaccination or sensitization."

In addition, "Vaccines (can) damage internal organs, particularly the pancreas," so everyone vaccinated, including for seasonal flu, is vulnerable to contracting severe "autoimmune diseases like diabetes," Addison's Disease, Arthritis, Asthma, Guillian-Barre Syndrome, Hepatitis, Lou Gehrig's Disease, Lupus, Multiple Sclerosis, Osteoporosis, Polio, and dozens of others.

Some can kill. Others produce a lifetime of disability and pain because autoimmune disease happens when the "body attacks itself," or more accurately "is attacked" by an unhealthy lifestyle, stress, and various harmful ingestible substances; that is, toxins in drugs, food, air, water, and other liquids. According to immunologist, Dr. Jesse Stoff, human health is compromised four ways:

- by poor nutrition;
- man-made environmental toxins;
- disease-causing organisms and their toxins; and
- immune system trauma from factors like x-ray radiation and stress.

Other factors include a lack of sleep and exercise, smoking, heavy alcohol consumption, and various excesses that throw the body out of balance, making it susceptible to a host of debilitating illnesses.

Known Toxins in Seasonal Flu and Other Vaccines

Millions voluntarily take annual flu shots not knowing their harmful ingredients. With variations by producer, they contain numerous stabilizers, neutralizers, carrying agents, and preservatives, including:

- 25 micrograms of mercury (thimerosal), a known neurotoxin; one microgram is considered toxic; according to the NIH, "mercury and all of its compounds are toxic, exposure to excessive levels can permanently damage or fatally injure the brain and kidneys;" even "exposures to very small amounts" can also cause "allergic reactions, neurological damage and death;" it's also linked to autism;
- aluminum hydroxide and phosphate, known to be linked to some neurodegenerative diseases, including Alzheimer's disease; the Office of Occupational Safety and Health Administration (OSHA) reports x-ray evidence of pulmonary fibrosis among workers studied; it also reports that patients undergoing long-term kidney dialysis develop speech disorders, dementia, or convulsions;
- formaldehyde, a known carcinogen according to the National Cancer Institute; it's also linked to upper respiratory tract problems and effects on lymphatic and hematopoietic systems (relating to human blood cells);
- gelatin, polysorbate 80 and resin - ingredients causing severe allergic reactions;
- ammonium sulfate, a suspected gastrointestinal, liver, and respiratory toxicant and neurotoxicant;
- sorbitol, a suspected gastrointestinal and liver toxicant;
- phenoxyethanol (antifreeze), a suspected developmental and reproductive toxicant;
- beta-propiolactone, a known carcinogen and suspected gastrointestinal, liver, respiratory, skin and sense organ
- gentamycin, an antibiotic;
- triton X100, a strong detergent;
- animal tissues and fluids, including potentially contaminated horse blood, rabbit brain, dog kidney, monkey kidney, chick embryo, chicken egg, duck egg, pig blood, and porcine (pig) protein/tissue;
- calf and fetal bovine serum;
- macerated cancer cells;
- diploid cells from aborted fetal tissue; and/or other ingredients varying by producer.... etc.

PreventDISEASE.com
Aiming Towards Better Health

Are Populations Being Primed for Nano-Microchips Inside Vaccines?

Prevent Disease, 5 October 2009
https://web.archive.org/web/20091227205102/http://preventdisease.com/news/09/100509_injectable_nano_microchips.shtml

It's almost surreal, like something out of a sci-fi flick, but nano-microchips invisible to the naked eye are a reality that are already being hosted in wide-range of applications. The question is, how long will it take governments and big pharma to immerse nano-microchips inside of vaccines to tag and surveil global populations?

Nanotechnology deals with structures smaller than one micrometer (less than 1/30th the width of a human hair), and involves developing materials or devices within that size. To put the size of a nanometer in perspective, it is 100,000 times smaller than the width of a human hair.

More than ten years ago, simple low-cost techniques improved the design and manufacture of nano-microchips. That unlocked a multitude of methodologies for their manufacture in a wide-range of applications including optical, biological, and electronic devices.

The joint use of nanoelectronics, photolithography, and new biomaterials, have enabled the required manufacturing technology towards nanorobots for common medical applications, such as surgical instrumentation, diagnosis and drug delivery.

Japan's Hitachi says it has developed the world's smallest and thinnest microchip, that can be embedded in paper to track down parcels or prove the authenticity of a document. The integrated circuit (IC) chip is as minute as a speck of dust.

Nanoelectrodes implanted in the brain are increasingly being used to manage neurological disorders. Mohammad Reza Abidian, a post-doctoral researcher at the U-M Department of Biomedical Engineering said that polymers in nanotubes "are biocompatible and have both electronic and ionic conductivity." He further stated "therefore, these materials are good candidates for biomedical applications such as neural interfaces, biosensors and drug delivery systems."

Depending on the objectives of such studies, research could theoretically pave the way for smart recording electrodes that can deliver drugs to positively or negatively affect the immune response.

Through nanotechnology, researchers have also been able to create artificial pores able to transmit nanoscale materials through membranes.

A UC biomedical engineering study appearing in the journal Nature Nanotechnology, Sept. 27, 2009, successfully inserted the modified core of a nanomotor, a microscopic biological machine, into a lipid membrane. The resulting channel enabled them to move both single- and double-stranded DNA through the membrane.

Professor Peixuan Guo who led the study said past work with biological channels has been focused on channels large enough to move only single-stranded genetic material.

"Since the genomic DNA of human, animals, plants, fungus and bacteria are double stranded, the development of single pore system that can sequence double-stranded DNA is very important," he says.

Such engineered channels could have applications in nano-sensing, DNA sequencing, drug loading, including innovative techniques to implement DNA packaging mechanisms of viral nanomotors and vaccine delivery.

"The idea that a DNA molecule travels through the nanopore, advancing nucleotide by nucleotide, could lead to the development of a single pore DNA sequencing apparatus, an area of strong national interest," Guo said.

Scientists working at Queen Mary, University of London, have developed micrometer-sized capsules to safely deliver drugs inside living cells. These "micro shuttles" could hypothetically be loaded with a specific microchip controlling the dose of medication to be opened remotely, releasing their contents. Besides monitoring the dosage, the same microchip could be used to surveil the patient in conjunction with various tracking systems.

Scientists in the United Kingdom have recently reported advances towards overcoming key challenges in nanotechnology. They demonstrated how nanoparticles could move quickly in a desired direction without help from outside forces. Their achievement has broad implications, the scientists say, raising the possibility of coaxing cells to move and grow in specific directions.

Doug Dorst, a microbiologist and vaccine critic in South Wales, says these advances have an immense appeal to vaccine makers. "Biotech companies and their researchers have quickly moved most funding initiatives towards nanotechnology to increase the potency of their vaccines," he said. If microorganisms inside of vaccines can be coaxed into targeting or invading specific cells, they could achieve their goal at an accelerated rate over conventional vaccines. "Depending on which side of the vaccine debate you're on, whether pro or con, nanobots inside vaccine preparations could advance their effectiveness exponentially by either dramatically improving or destroying immunity depending on their design," he added.

Dorst claims that present day nanobot technology could just as easily be used to advance biological weapons as they can to advance human health. "For every fear that biotech propaganda proliferates about deadly diseases and how vaccines prevent them, it is one more lie to incrementally convince the masses that vaccines are effective."

The worry for Dorst is that one day vaccines "will do what they've always been intended for...control of the global populace."

Nanoemulsion platforms are already capable of developing vaccines from very diverse materials. Mixtures of soybean oil, alcohol, water and detergents can be emulsified into ultra-small particles smaller than 400 nanometers wide (about 1/200th the width of a human hair). These could be combined with any number of nano-microchips with all or part of disease-causing microbes to trigger the body's immune system.

In 2007 researchers at the Ecole Polytechnique Fédérale de Lausanne (EPFL) announced in an article in the journal, Nature Biotechnology, that they had developed a "nanoparticle that can deliver vaccines more effectively, with fewer side effects, and at a fraction of the cost of current vaccine technologies." The article went on to describe the effects of their breakthrough: "At a mere 25 nanometers, these particles are so tiny that once injected, they flow through the skin's extracellular matrix, making a beeline to the lymph nodes. Within minutes, they've reached a concentration of DCs thousands of times greater than in the skin."

Russia has recently announced a new manufacturing plant that will strictly produce nano-vaccines. Project plans include development of two vaccines for human flu and bird flu and three biopharmaceuticals for boosting the immune system and increasing the efficiency of antibacterial and antiviral drugs, among other initiatives.

The human body is very resistant to nanoparticles that attempt to invade human cells. Scientists are intensely investigating methods to disrupt human enzymes that may degrade nanoparticles. Experts at the University of Liverpool found a way around this obstacle that could mean more efficient, topical drugs in the future, which could act a whole lot faster than the ones currently in use.

All these nanotechnological advances raise many issues and concerns about the toxicity and environmental impact of nanomaterials, and their potential effects on medicine, global economics, as well as speculation about government surveillance. These concerns have led to a debate among advocacy groups and governments on whether special regulation of nanotechnology is warranted.

The Environmental Protection Agency issued a news release last week saying that it had "today outlined a new research strategy to better understand how manufactured nanomaterials may harm human health and the environment." Interesting as that strategy document is, it was hardly hot off the presses.

Indeed, many companies advertise their use of such billionth-of-a-meter-scale constituents as a measure of a product's state-of-the-art status, implying that ultra-small ingredients are an inherently good thing. They aren't. Nor does size necessarily make these materials worse than others. At this point it's just maddeningly unpredictable what nano things will do.

Proponents of nanotechnology are very critical of regulatory measures that may impeed its progression. Many of these critics have staunchly dismissed concerns as being fear-hyped conspiracy theories based on science fiction.

In the popular video game series Metal Gear Solid, many characters and soldiers in general, have "nano-machines" in their bloodstream, and are used to block pain, allow members of fire teams/patrols to share sensory information, heal bodily damage, as well as manipulating viruses central to video game's plot line.

Through the use of special effects and computer-generated imagery, several blockbusters starring Keanu Reeves including The Matrix Trilogy and The Day the Earth Stood Still, have dramatized how nanobots could effectively take control of their organic and inorganic targets.

Star Trek episodes and their theatrical releases such as Star Trek: First Contact have also depicted how nanoprobes (nanites) could infect an individual's bloodstream through a pair of tubules.

Regardless of the recurring themes of nanobots in video games, sci-fi shows and movies, nanotechnology is a reality, and nano-microchips are well on their way to being utilized in ways which may be detrimental to human health and freedom on a global scale.

The development of nano-microchips are a major thrust of governments and pharmaceutical industries who want the ultimate power and leverage over global populations for more profit and more control.

In December 2000, Former Chief Medical Officer of Finland, Rauni-Leena Luukanen-Kilde, MD stated that it is technically possible for every newborn to be injected with a microchip, which could then function to identify the person for the rest of his or her life. Such plans are secretly being discussed in the U.S. without any public airing of the privacy issues involved.

Today's microchips operate by means of low-frequency radio waves that target them. With the help of satellites, the implanted person can be tracked anywhere on the globe. Such a technique was among a number tested in the Iraq war, according to Dr. Carl Sanders, who invented the intelligence-manned interface (IMI) biotic, which is injected into people. (Earlier during the Vietnam War, soldiers were injected with the Rambo chip, designed to increase adrenaline flow into the bloodstream.) The 20-billion-bit/second supercomputers at the U.S. National Security Agency (NSA) could now "see and hear" what soldiers experience in the battlefield with a remote monitoring system (RMS).

When a 5-micromillimeter microchip (the diameter of a strand of hair is 50 micromillimeters) is placed into optical nerve of the eye, it draws neuroimpulses from the brain that embody the experiences, smells, sights, and voice of the implanted person. Once transferred and stored in a computer, these neuroimpulses can be projected back to the person’s brain via the microchip to be reexperienced. Using a RMS, a land-based computer operator can send electromagnetic messages (encoded as signals) to the nervous system, affecting the target's performance. With RMS, healthy persons can be induced to see hallucinations and to hear voices in their heads.

Every thought, reaction, hearing, and visual observation causes a certain neurological potential, spikes, and patterns in the brain and its electromagnetic fields, which can now be decoded into thoughts, pictures, and voices. Electromagnetic stimulation can therefore change a person's brainwaves and affect muscular activity, causing painful muscular cramps experienced as torture.

The NSA's electronic surveillance system can simultaneously follow and handle millions of people. Each of us has a unique bioelectrical resonance frequency in the brain, just as we have unique fingerprints. With electromagnetic frequency (EMF) brain stimulation fully coded, pulsating electromagnetic signals can be sent to the brain, causing the desired voice and visual effects to be experienced by the target. This is a form of electronic warfare. U.S. astronauts were implanted before they were sent into space so their thoughts could be followed and all their emotions could be registered 24 hours a day.

The mass media has not reported that an implanted person's privacy vanishes for the rest of his or her life. S/he can be manipulated in many ways. Using different frequencies, the secret controller of this equipment can even change a person's emotional life. S/he can be made aggressive or lethargic. Sexuality can be artificially influenced. Thought signals and subconscious thinking can be read, dreams affected and even induced, all without the knowledge or consent of the implanted person.

This secret technology has been used by military forces in certain NATO countries since the 1980s without civilian and academic populations having heard anything about it. Thus, little information about such invasive mind-control systems is available in professional and academic journals.

The NSA's Signals Intelligence group can remotely monitor information from human brains by decoding the evoked potentials (3.50HZ, 5 milliwatt) emitted by the brain. Prisoner experimentees in both Gothenburg, Sweden and Vienna, Austria have been found to have evident brain lesions. Diminished blood circulation and lack of oxygen in the right temporal frontal lobes result where brain implants are usually operative. A Finnish experimentee experienced brain atrophy and intermittent attacks of unconsciousness due to lack of oxygen.

Targeting people's brain functions with electromagnetic fields and beams (from helicopters and airplanes, satellites, from parked vans, neighboring houses, telephone poles, electrical appliances, mobile phones, TV, radio, etc.) is part of the radiation problem that should be addressed by democratically elected governments. However, there is currently no interest by any national government to seriously address this issue.

The timeline for integrating nano-microchips inside of vaccines is speculative. It could be just a few years, months or perhaps it is here and we already unaware of their integration within pharmaceuticals. Regardless, due to the many military and political advantages, their implementation is inevitable.

However fraudulent, it was an imperative for world powers and pharmaceutical cartels to promote the effectiveness of vaccinations and enact national pandemic preparedness policies which mandate vaccinations.

In 2005 the World Health Organization (WHO) developed international health regulations that would bind all 194 member countries to pandemic emergency guidelines which could enforce such a mandate. Without these procedures of public health (and propagandized vaccine campaigns) in place, there would be little or no voluntary cooperation from the public to roll up their sleeves and accept the inoculations. Public participation is an essential tool that will soon allow big pharma to inject the most effective surveillence tool ever designed into billions of people.

Although nanotechnology manufacturing is currently available on a global scale, before biotech companies are able to initiate mass production and testing of nano-microchips inside of vaccines, they will likely sell the idea to the public. Through various "health enhancement scenarios" they will encourage participation and publicly announce regulatory approval from the same policies and regulatory agencies they helped create.

By mid-summer of 2009, the WHO and the Center of Disease Control (CDC) effectively hyped a false flu pandemic and convinced the world to submit to H1N1 vaccines. Additional doses of propaganda and possibly a biological event, may equally convince populations to knowingly accept microchips inside of vaccines under the guise of a "greater good" for humanity.

When our brain functions are already connected to supercomputers by means of radio implants and microchips, it will be too late for protest. This threat can be defeated only by educating the public, using available literature on biotelemetry, nanorobotics and information exchanged at international congresses.

The time to act is now!

FINANCIAL TIMES

William Easterly

Human rights are the wrong basis for healthcare

Financial Times, 13 October 2009
https://www.ft.com/content/89bbbda2-b763-11de-9812-00144feab49a

The agonising US healthcare debate has taken on a new moral tone. President Barack Obama recently held a conference call with religious leaders in which he called healthcare "a core ethical and moral obligation". Even Sarah Palin felt obliged to concede: "Each of us knows that we have an obligation to care for the old, the young and the sick."

This moral turn echoes an international debate about the "right to health". Yet the global campaign to equalise access to healthcare has had a surprising result: it has made global healthcare more unequal.

The notion of a "right to health" has its origins in the United Nations' Universal Declaration of Human Rights in 1948. But in the decades that followed, foreign aid's most successful efforts in health – such as the World Health Organisation and Unicef campaigns on vaccines and antibiotics – were based on a more limited goal: obtaining the largest possible health benefits for the poor from finite foreign aid budgets.

The moral argument made a big comeback in the new millennium. One of its most eloquent advocates is Dr Paul Farmer, who earned fame with heroic efforts to give people access even to complex medical treatment amid extreme poverty in Haiti and Rwanda, saying that healthcare was "a fundamental human right, which should be available free". The WHO shifted from pragmatic improvement of health outcomes towards "the universal realisation of the right to health". Even Amnesty International, advocate of traditional human rights such as freedom from torture, added a new section to its human rights report in 2009 on the "right to health".

So what is the problem? It is impossible for everyone immediately to attain the "highest attainable standard" of health (as the health rights declaration puts it). So which "rights to health" are realised is a political battle. Political reality is that such a "right" is a trump card to get more resources – and it is rarely the poor who play it most effectively.

The biggest victory of the "right to health" movement has been the provision of aid-financed antiretroviral treatment for African Aids patients, who include the upper and middle classes. Aids treatment got funding from, among many others, the Bush and Obama administrations, the Clinton Foundation, the Gates Foundation and the UN Millennium Development Goals campaign. The WHO 2004 report that emphasised the "right to health" did so on behalf of only one specific effort – Aids treatment.

Saving lives in this way is a great cause – except to the extent that it takes resources away from other diseases. Alas, many observers fear that is exactly what it did.

An evaluation by the World Bank in 2009 faulted the bank for allowing Aids treatment to drive out many other programmes. Global deaths due to either tuberculosis or malaria stood at 2m in 2008,

around the same as those from Aids. Yet Aids accounted for 57 per cent of World Bank projects on communicable diseases from 1997 to 2006, compared with 3 per cent for malaria and 2 per cent for TB. Other big killers of the poor – such as pneumonia, measles and diarrhoeal diseases, which together accounted for more than 5m deaths in 2008 – received even less attention.

Rights advocacy also favours some aspects of health relative to others. Those who are HIV-positive advocate effectively for their right to treatment, while those who will get Aids in the future cannot organise a lobby for a "right to prevention". The results can be seen in the 2009 report of the President's Emergency Plan for Aids Relief (Pepfar), one of the largest foreign aid programmes in American history. Only 22 per cent of its budget goes towards prevention, compared with 48 per cent towards treatment.

The lesson is that, while we can never be certain, the "right to health" may have cost more lives than it saved. The pragmatic approach – directing public resources to where they have the most health benefits for a given cost – historically achieved far more than the moral approach.

In the US and other rich countries, a "right to health" is a claim on funds that has no natural limit, since any of us could get healthier with more care. We should learn from the international experience that this "right" skews public resources towards the most politically effective advocates, who will seldom be the neediest.

THE FLU CASE

Jane Burgermeister

Are we being ruled by Satanists?

The Flu Case, 13 October 2009 19:41
https://web.archive.org/web/20091017030104/http://www.theflucase.com/index.php?option=com_content&view=article&id=1021:are-we-being-ruled-by-satanists-&catid=1:latest-news&Itemid=64&lang=en

I was listening to Infowars yesterday and Alex Jones talking to David Icke about Frederic Mitterrand, the French Culture Minister, and his admission, in his own autobiography that he raped young boys.

In spite of this hideous crime, Mitterand was selected to be the Culture Minister by the French Prime Minister Nicolas Sarkozy with an especial recommendation from his wife Carla Bruni.

Both have rallied to the defence of Frederic Mitterrand after he came under attack for standing up for Roman Polanski who was recently arrested in Switzerland for raping a drugged 13-year-old girl.

Mitterand is the nephew of former French Prime Minister Francois Mitterand who admitted he was a Satanist.

According to David Icke and Alex Jones, this paedophile rapist and their apologists in Paris is just the tip of the iceberg. Reports of bestial torture of women by the members of the Rothschild family in one of their cheateaus in France have emerged, ahd the Rockefellers, who founded the UN, and pushed through senate bill 666 to fund the development of bioweapons by pharma companies, helped install a St Lucy's (Lucifer's) chapel within the UN headquarters.

In addition, Marc Dutroux, the Belgian padeophile, testified at his trial that he supplied children for rape, ritual torture and murder to the highest social circles.

Evil has appeared to humanity in many shapes and sizes throughout history, personified as a populist, a blood-thirsty empire builder, a eugenicist, an insane monarch or a totalitarian dictator, or embodied in a political system such as Nazism, Facism, Communism, or as a metaphysical or demonic force that enters into our world from another dimension.

Although our society – shaped by people like Frederic Mitterrand -- has increasinly marginalised and trivialised evil, claiming it does not exist, is only a projection or a concept that some people employ in order to threaten and oppress others, our culture testifies to the widespread belief in the existence of evil.

Fairytales, myths, plays, films etc, video games are full of representations of the destructive force of evil on people’s lives.

While all the world's religions praise virtue, goodness and life, they also all without exception condemn cruelty, selfishness and destructiveness.

The ancient Greek philosophers Plato and Aristoteles held the view that virtue was not just a duty or the burden of conforming to rules imposed on us from outside but the path to true happiness. A part of virtuous life included fulfilling our own unique talents and life purpose. That's why the

ancient Greeks thought there could be no "standard" virtuous life: our talents are too different; our life purposes are too varied. We are all happy and virtuous in our own way.

Incidentally, the ancient Greeks also condemned peadophila, distinguishing clearly between emotional bonds of love between adults and children (agape) and physical bonds (eros). Contrary to the popular belief, the ancient Greeks were strongly opposed to any physical contact between adults and children, recognising the damage this does to children as well as to the adults and only encouraged emotional bonds between adults and children if these furthered children's talents and their development.

The Russian novelist Fyodor Doestoevsky also explored how the evil people do to others eventually destroys their capacity for happiness and even their own psyches by creating feelings of fear, depression and shame.

To escape the anguish of interior darkness, many people do not look at themselves in the mirror, make atonement to their victims and correct their actions. Instead, they tell themselves all kinds of lies and justifications and then seek new highs and new adrenaline rushes just like Frederic Mitterand raping young children for the „excitement" it gives him.

It is unacceptable in my view that we are being governed by a group of people, who are supporting each other in secret networks such as the freemason network – some of the highest-grade freemasons are invited to the Bilderberg conferences every year – and who practice and defend the bestial rape of children, and who, in addition, promote a toxic „swine flu" jab for pregnant women and children knowing full well that this poisonous jab will lead to the death of many of those women and children.

The ancient Greeks believed that virtue does not consist in saying "Amen, Amen" to every crime, in never rocking the boat and in finding excuses for every psychopath. In their eyes, virtue involved an active effort to do what was good - and to fight what is evil.

It is time for us to draw the line and say "No" to child rapists and the pushers of toxins no matter how much money or power they have or how many justifications.

Educate-Yourself

Wanted

for bio-terrorism, crimes against humanity, genocide and conspiracy to commit **Mass Murder**

Barack Obama, Dr Margaret Chan, & Dr Thomas R. Frieden

– Educate-Yourself, 25 October 2009
https://web.archive.org/web/20091031061756/http://educate-yourself.org/vcd/bioterrorismwantedposter25oct09.shtml

Editor's Note:
This is an extremely important article. It states that former Secret Service agent turned bioweapons "expert" Marc S Griswold, was ordered by Indonesian-Imposter-Posing-as-US-President Barack Obama, to transport a vial of the bio-weaponized H1N1 germs (from the Army's Fort Detrick, MD lab) aboard Air Force One when Obama (along with Marc Griswold and Energy Secretary Steven Chu) made an unscheduled trip to Mexico on April 16, 2009 for a "working dinner" with officials of the Mexican government. Upon Griswold's return to Texas on April 18, 2009, he (and later his family) began to experience the nation's first symptoms of "Swine flu" 'pandemic' ... Ken Adachi

De Facto US president Barack Hussein Obama, World Health Organization Head Dr. Margaret Chan and Centers for Disease Control and Prevention Director Dr. Thomas R. Frieden are all guilty of conspiring to commit and committing the following high crimes: bio-terrorism, crimes against humanity, genocide and conspiracy to commit mass murder.

Bioterrorism is terrorism by intentional release or dissemination of biological agents (bacteria, viruses, or toxins); these may be in a naturally-occurring or in a human-modified form.

According to the US-based Centers for Disease Control and Prevention (CDC): A bioterrorism attack is the deliberate release of viruses, bacteria, or other germs (agents) used to cause illness or death in people, animals, or plants. These agents are typically found in nature, but it is possible that they could be changed to increase their ability to cause disease, make them resistant to current medicines, or to increase their ability to be spread into the environment.

In 1975 the U.S. ratified both the 1925 Geneva Protocol and the 1972 Biological Weapons Convention (BWC) – international treaties outlawing biological warfare. Recent U.S. biodefense programs, however, have raised concerns that it may be pursuing research that is outlawed by the BWC. In recent years the U.S. stance on biological warfare and the use of biological agents has differed from historical interpretations of the BWC. For example, it is said that the U.S. now maintains that the Article I of the BWC (which explicitly bans bio-weapons), does not apply to "non-lethal" biological agents. Previous interpretation was stated to be in line with a definition laid out in Public Law 101-298, the Biological Weapons Anti-Terrorism Act of 1989. That law defined a biological agent as:

.."any micro-organism, virus, infectious substance, or biological product that may be engineered as a result of biotechnology, or any naturally occurring or bioengineered component of any such microorganism, virus, infectious substance, or biological product, capable of causing death, disease, or other biological malfunction in a human, an animal, a plant, or another living organism; deterioration of food, water, equipment, supplies, or material of any kind..."

According to the Federation of American Scientists, U.S. work on non-lethal agents exceeds limitations in the BWC. When the U.S. BW program ended in 1969 it had developed seven mass-produced, battle-ready biological weapons in the form of agents that cause: anthrax, tularemia, brucellosis, Q-fever, VEE, and botulism. In addition Staphylococcal Enterotoxin B was produced as an incapacitating agent.

In addition to the agents that were ready to be used the U.S. program conducted research into the weaponization of more than 20 other agents. They included: smallpox, EEE and WEE, AHF, Hantavirus, BHF, Lassa fever, glanders, melioidosis, plague, yellow fever, psittacosis, typhus, dengue fever, Rift Valley fever (RVF), CHIKV, late blight of potato, rinderpest, Newcastle disease, bird flu, and the toxin ricin.

Under the Bush administration the U.S. Army replaced its Military Institute of Infectious Diseases at Fort Detrick, Md., "with a new laboratory that would be a component of a biodefense campus operated by several agencies." The

Army told the Associate Press that the laboratory is intended to continue research that is only meant for *defense* against biological threats.

But University of Illinois **international law professor Francis Boyle** charged the Fort Detrick work would include "acquiring, growing, modifying, storing, packaging and dispersing classical, emerging and genetically engineered pathogens." Those activities, as well as planned study of the properties of pathogens when weaponized, "are unmistakable hallmarks of an **offensive weapons program**."

Boyle made his comments to Fort Detrick as part of its environmental impact assessment of the new facility. Boyle pointed out in his letter that he authored the 1989 U.S. law enacted by Congress that criminalized BWC violations.

The Fort Detrick expansion is but one phase of a multi-billion biotech buildup going forward in 11 agencies sparked by the Oct., 2001, anthrax attacks on Congress that claimed five lives and sickened 17.

The attacks, and ensuing panic, led to passage of the **BioShield Act of 2004**. Evidence stated that the attacks were not perpetrated by any foreign government or terrorist band but originated at Fort Detrick, the huge, supposedly super-safe biotechnology research center. After an intensive FBI investigation, one person was charged with the crime but never went to trial because the Anthrax suspect at Fort Detrick commited suicide.

Referring to the work undertaken at Fort Detrick, **Mark Wheelis**, Senior Lecturer in the Section of Microbiology of the University of California, Davis, told the Global Security Newswire (GNS) as far back as June 30, 2004,

"This is absolutely without any question what one would do to develop an offensive biological weapons capability."

"We're going to develop new pathogens for various purposes. We're going to develop new ways of packaging them, new ways of disseminating them. We're going to harden them to environmental degradation. We'll be prepared to go offensive at the drop of a hat if we so desire," ... he told the Global Security Newswire.

Alan Pearson, director of the chemical and bioweapons control program at the Center for Arms Control and Nonproliferation Studies in Washington, told the Baltimore Sun government scientists must tread carefully lest they wind up "in essence creating new threats that we're going to have to defend ourselves against."

Richard Novick, a New York University microbiology professor has stated, "I cannot envision any imaginable justification for changing the antigenicity of anthrax as a defensive measure." (That is, to create a new strain for which there is no known cure. - The WHO has declared that the H1N1 virus is a new strain for which there is no known cure.)

Milton Leitenberg, a University of Maryland arms control advocate, told The Washington Post last July 30th, "If we saw others doing this kind of research (Fort Detrick), we would view it as an infringement of the bioweapons treaty. You can't go around the world yelling about Iranian and North Korean programs, about which we know very little, when we've got all this going on."

One alarming example of such Federally-funded research reported in the October, 2003, issue of "New Scientist," is the creation of "an extremely deadly form of mousepox, a relative of the smallpox virus, through genetic engineering." The publication warned such research "brings closer the prospect of pox viruses that cause only mild infections in humans being turned into diseases lethal even to people who have been vaccinated."

Edward Hammond, director of The Sunshine Project of Austin, Tex., a non-profit working for transparency in biological research, said the recreation of the deadly 1918 "Spanish flu" germ that killed an estimated 40-million world-wide, means "the possibility of man-made disaster, either accidental or deliberate, has risen for the entire world." The H1N1 virus has been repeatedly compared to the 1918 Spanish flu. That would mean that the H1N1 virus outbreak is the man-made disaster that Edward Hammond warned of.

Richard H. Ebright, a Rutgers University chemist who tracks arms control issues, told The Baltimore Sun the government's tenfold expansion of Biosafety Level-4 laboratories, such as those at Fort Detrick, raises the risk of accidents or the diversion of dangerous organisms. "If a worker in one of these facilities removes a single viral particle or a single cell, which cannot be detected or prevented, that single particle or cell can form the basis of an outbreak," he said. On April 23, 2009 CNN published a story concerning missing vials of a potentially dangerous virus that prompted an Army investigation into the disappearance from a biological weapons research lab in Maryland. The Army's Criminal Investigation Command agents were sent to Fort Detrick in Frederick, Maryland, to investigate the disappearance of the vials. The vials contained samples of Venezuelan Equine Encephalitis, a virus that sickens horses and can be spread to humans by mosquitoes (a vaccine uses a syringe that functions like a mosquito in that it draws blood). In 97 percent of cases, humans with the virus suffer flu-like symptoms, but it can be deadly in about 1 out of 100 cases, according to Caree Vander Linden, a spokeswoman for the Army's Medical Research Institute of Infectious Diseases.

The expansion at Fort Detrick flows from a paper penned by President Bush. His Homeland Security Presidential Directive, HSPD-10, written April 28, 2004, states,

"A*mong our many initiatives we are continuing to develop more forward-looking analyses, to include Red Teaming efforts, to understand new scientific trends that may be exploited by our adversaries* to develop biological weapons a*nd to help position intelligence collectors ahead of the problem."*

Boyle said the Bush paper is "a smoking gun" fired at the BWC. "Red Teaming means that we actually have people out there on a Red Team plotting, planning, scheming and conspiring how to use biowarfare."

On April 16, 2009 Barack Hussein Obama did wilfully and intentionally release a biological agent, the swine flu virus. The day after the nation wide Tax Day Tea Party Revolt (Disgruntled American taxpayers fed up with higher taxes and government spending convened in protest at hundreds of locations in all 50 states), Barack Obama made a previously unscheduled trip to Mexico whereby he ordered biological weapons expert **Marc S Griswold** to transport the A-H1N1 virus from the US biological weapons (HIV, Ebola, Anthrax, GWS, Avian influenza, West Nile Virus, H1N1 influenza) research lab at Fort Detrick Maryland aboard Air Force One to Mexico. A few days later, after Obama arrived in Mexico, the first case of the swine flu was reported in Mexico.

Marc S Griswold, 'Swine Flu victim' Numeror Uno

Biological weapons expert **Marc S Griswold**, who travelled to Mexico with President Obama on April 16, 2009 is the first documented and confirmed A-H1N1 swine flu infection case. The agent is patient zero. Patient zero infected several members of his family in Anne Arundel County, prompting assurances from the White House that the president was safe.

Marc S. Griswold, a **former Secret Service agent** who was serving as the lead advance special agent for Energy Secretary Steven Chu on president Obama's April trip to Mexico, said in an interview that the minor cough he developed in Mexico grew into swine flu. Although he has recovered and is back to work, he and his family have watched in shock as his illness has sparked national security concerns, severely strained his relationship with his brother (Griswold probably infected his nephew) and put his family at the center of rumors and panic in his Severna Park neighborhood. Griswold said in frustration on the front steps of his house. "We've been told we're not contagious. We're already past the seven-day mark for that."

At the White House, press secretary Robert Gibbs did not identify Griswold by name but said officials asked the infected agent whether he remembers coming within six feet of the president during the trip. The answer was no, Gibbs told reporters. Obama's doctor, David Martin, issued a letter to more than 100 White House staffers and reporters, alerting them that they had been exposed but expressing confidence that further infections were unlikely.

"The president, as I've said here many times, has not experienced any symptoms, and the doctors see no need to conduct any tests," Gibbs said.

Griswold stated that his symptoms started innocuously, with a minor cough that began soon after his trip to Mexico as part of the president's entourage.

Obama and Chu, accompanied by Griswold, were part of a "working dinner" in Mexico on April 16. Griswold returned from Mexico on April 18, officials said, on United Flight 822 to Dulles International Airport. When he got home, he chalked up the cough to Mexico's pollution and thought nothing of it the night after his return when he brought a present from Mexico to his brother's house and stayed for dinner.

Griswold's wife, Alison, a registered nurse, was the first to notice something wrong in the family. When she checked on her 7-year-old son at school April 21, something about him seemed off. He said he felt fine and he looked all right, Alison Griswold said. But the school nurse said he had a low fever, so Alison took him home and kept him there for two days until he recovered.

Then she started getting sick: a cough, a high fever and chills. That Friday, Griswold and his wife went to a doctor, who wasn't overly concerned. On Sunday, they saw another doctor, who gave them a flu test that came back negative. On Tuesday, on advice from health officials, the couple and their youngest child got the more thorough nasal swab test.

The results came in Wednesday morning: positive for Type A influenza, probably the swine flu. As reports of their test results reached the White House, officials immediately began piecing together Griswold's brief connection to Obama. Aides began calling people who had traveled with the president and informed the president.

The White House press office began preparing to make a dramatic reversal. For days, Gibbs had insisted there had been no real danger of infection during Obama's Mexico visit. Gibbs shot down repeated questions about health concerns, saying Obama "has not exhibited any symptoms; neither has anybody traveling with him."

Biological weapons expert Marc S Griswold spreads the H1N1 virus globally

How did the H1N1 virus spread?

Marc S. Griswold returned from Mexico on April 18, officials said, on United Flight 822 to Dulles International Airport. Washington Dulles International Airport is a public airport located 25 miles (40 km) west of the central business district of Washington, D.C., in Dulles, Virginia. Dulles is served by nearly a dozen U.S.-flagged carriers and nearly two dozen international carriers. Airlines serving Dulles provide non-stop service to over 80 domestic destinations and to over 40 international destinations. On a typical day, Dulles sees 1,000 to 1,200 flight operations.

When word got out that Agent Marc S. Griswold was infected with the H1N1 virus the government was only concerned about the health of president Obama. No one sought to contact everyone on the same flight as Griswold. If you have a confirmed case of an influenza outbreak the immediate response is for the government to immediately track down everyone who came in contact with Patient Zero and initiate a quarantine. No one, not even Obama, bothered to spring into to action to prevent the spread of the H1N1 virus that the WHO has declared a pandemic. Obama, the WHO and the CDC failed to do their job to protect the people from this influenza outbreak. It is as if they wanted it to happen. Instead of quarantining Griswold, his family, and everyone who came in contact with Griswold on United Airlines Flight 822 they allowed the H1N1 influenza virus to spread. Dulles international airport was the hub for the H1N1 virus to spread globally.

Obama has a responsibility to the people. As president he failed as miserably as George W Bush's handling of Hurricane Katrina. Obama's complete inaction shows complacency. Inaction could also imply conspiracy. Perhaps the rumours are true. Did Obama order a biological attack against Mexico and his own country? What was Obama's motive to unleash a biological weapons grade influenza strain? What was the means? What opportunity did he have? Motive could be the Tax Day Tea Party which millions of ordinary US citizens participated in as a nation wide protest against Obama's government policies and out of control spending that occurred on April 15, 2009 - the day before Obama landed in Mexico.

Not even in office 100 days the people were angrily protesting and petitioning Obama and his government for change. Did Obama fear they would ask for his resignation? Did he react out of anger because the US people no longer saw him as their saviour and out of anger ordered the H1N1 virus released? He surely had the means. Fort Detrick where this new viral infection was created is just outside Washington DC. He did have Air Force One at his disposal as a means to transport the virus from Fort Detrick to Mexico. Air Force one is considered US soil no matter where it lands and as such no country can board it or inspect it. He did have an excuse to go to Mexico right away. Mexico had a very violent and deadly drug war going on until the first case of H1N1 virus was reported in Mexico. Before the H1N1 virus outbreak the news was reporting daily about the battle between the Mexican government and the drug lords. Bodies were being discovered by US border guards on a daily bases. That has all but stop as a result of the H1N1 flu.

On Saturday October 23, 2009 Obama declared a national state of emergency as a result of the sharp rise in the number of people who have now become infected with the A-H1N1 or swine flu virus. Obama, the WHO and the CDC have declared that millions of American are now infected with the virus. That is what is known as a half-truth. Yes millions are infected but the truth is how they became infected. The millions of Americans who are now infected were not infected naturally. Millions were infected by the Obama ordered nation wide vaccination program. The vaccination program is a bio-terrorism attack against the American people and the World population. Only a handful of American were infected with the A-H1N1 virus naturally - from another infected person.

Millions became infected only after they got the vaccine or nasal spray. Both the vaccine and the nasal spray are the bio-terrorism dissemination tool that the bio-terrorists Barack Hussein Obama, Dr. Margaret Chan and Dr. Thomas R. Frieden used to commit their crimes of bioterrorism, crimes against humanity, genocide and conspiracy to commit mass murder.

Under orders from Barack Hussein Obama, Dr. Margaret Chan and Dr. Thomas R. Frieden vaccine makers have manufactured biological weapons grade vaccines and begun shipping:

- Live Attenuated Influenza Vaccine (LAIV) nasal spray for H1N1 flu, and
- 15 microgram pre-filled syringes for use in children age 4 and older
- Multidose vials for persons 6 months of age and older ...

The CDC isolated and genetically altered (engineered) the H1N1 flu virus so that it can be used to make hundreds of millions of doses of the bio-terrorism agent. The new genetically engineered (novel) A-H1N1 virus now contains a lethal combination of bacteria, viruses, and toxins.

Some 11 million doses of the CDC genetically engineered H1N1 virus have been shipped to all 50 states as of October 21, 2009 to deliberately cause the illness or death of millions of American people. Children and pregnant women are Obama's, the WHO and the CDC main target. They are at higher risk of complications. Children and pregnant women have under developed or compromised immune systems so they are unable to combat the biological weapon called the swine flu or A-H1N1 virus. The vaccine is a cocktail of bacteria, viruses, and toxins which will make every child and pregnant women who gets vaccinated very sick and/or die. The next largest group of people who are being targeted by the bio-terrorists Obama, Dr. Margaret Chan and Dr. Thomas R. Frieden are the elderly. They too are easily infected as their immune system have greatly degraded because of their age. The third group being targeted are the chronically ill. All will die if they are infected with the live A-H1N1 virus and other toxins that make up the Obama biological weapon called the Swine Flu Vaccine. The chronically ill cannot fight off both their existing illness or disease and the highly concentrated dosage of the swine flu virus that is in every vaccine.

Obama, Dr. Margaret Chan and Dr. Thomas R. Frieden are all guilty of bioterrorism, crimes against humanity, genocide and conspiracy to commit mass murder. Their crimes are most heinous than all the combined crimes of every terrorist attack that has ever occured, both in the US and elsewhere in the World. Their crimes are greater than those that occured on September 11, 2001 because their crimes will murder millions whereas 9/11 took only 2993 people, including the hijackers. Their crimes are more heinous than Saddam Hussein's killing of 148 Iraqi Shi'a Muslims in 1982 using chemical weapons provided by the US government. Their crimes are greater than what Churchill did to Europe. Joseph Stalin, Adolf Hitler and Barack Obama all came to power at a time of extreme instability in their countries. All took advantage of the chaos going on in their countries to seize power and garner political support for their totalitarian causes.

Obama, Dr. Margaret Chan and Dr. Thomas R. Frieden crimes are crimes against humanity because they are targeting and killing millions of civilians - mainly women, children and the elderly. Crimes against humanity, as defined by the Rome Statute of the International Criminal Court Explanatory Memorandum, "are particularly odious offences in that they constitute a serious attack on human dignity or grave humiliation or a degradation of one or more human beings. The London Charter of the International Military Tribunal defined crimes against humanity as: "Murder, extermination, enslavement, deportation, and other inhumane acts committed against any civilian population, before or during the war, or persecutions on political, racial or religious grounds in execution of or in connection with any crime within the jurisdiction of the Tribunal, whether or not in violation of the domestic law of the country where perpetrated".

Obama, Dr. Margaret Chan and Dr. Thomas R. Frieden crimes are a deliberate and intentional killing of large numbers of civilians for political or other purposes. That is not tolerable under the international systems. And it should be prosecuted pursuant to the existing laws. . . . We're not re-writing any rules. We don't have to re-write any rules. We have to apply the existing rules. We have to make them accountable for their crimes and that is why every law enforcement agency in the World must seek them out (wanted) for bio-terrorism, crimes against humanity, genocide and conspiracy to commit mass murder.

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Dilla´s & Eva´s grenzwissenschaftl. & polit. Forum

Hans Jörg Müllenmeister

Nano-Partikel: Giftzwerge im Impfstoff

Dilla's & Eva's ...Forum, 27 October 2009
https://www.carookee.de/forum/Damals-Heute-Morgen/67/24880595-0-01105?print
http://www.goldseitenblog.com/muellenmeister/index.php/2009/11/27/nano-partikel-giftzwerge-im-impfstoff

Die Auswirkungen von Nano-Partikeln als Wirkverstärker im Schweinegrippe-Impfstoff sind bisher kaum bekannt. Ein Beispiel dafür, was uns allen bald blühen könnte, wenn wir im Großversuch zur Schlachtbank schreiten, geben die Indianer in Kanada.

Umgeben vom Nimbus des Wohlwollens, genoss die Nanotechnologie wie die Wohlfühlworte "Bio" oder "Wellness" lange Zeit volle Sympathie. Inzwischen scheint die Euphorie der 90er Jahre verflogen, als man noch die Nanos auf dem Altar der Wissenschaft als Zukunftstechnik beweihräucherte. Jetzt rückt erstmals die Kehrseite der Nanotechnologie ins Bewusstsein der Bevölkerung - durch Impfstoffe mit Wirkverstärkern, den sogenannte Adjuvantien im Nanobereich.

Was macht diese synthetischen Nano-Partikel so attraktiv? Diese Winzlinge - nano griechisch Zwerg - unter 100 Nanometer, dem Milliardste Teil eines Meters groß, nehmen völlig neue Materialeigenschaften an: Verbesserte und völlig neue Lösungen ergeben sich bei Werkstoffen, in der Informationstechnologie, Umwelttechnik und auch in der Medizin. Winzige Partikel sind dabei, die Medizin zu verändern. Laboruntersuchungen werden einfacher, Computer- und Magnetresonanz-tomographie besser und Arzneistoffe werden dorthin transportiert, wo sie ihre Wirkung entfalten sollen. Oh, du schöne neue Nanowelt!

Wie verhält es sich aber mit der Verträglichkeit der Nanoteilchen gegenüber Mensch und Umwelt? Wie regieren menschliche Zellen, wenn sie mit den Tausend mal kleineren Nanopartikeln in Kontakt geraten, sie von ihnen sogar durchdrungen werden. Bedenken Sie: makrokosmisch gesehen verhält sich ein Nanoteilchen in der Größe zu einem Tennisball ebenso wie dieser zur Erdkugel. In der mikrokosmischen Welt sind aber die meisten physikalischen Gesetzmäßigkeiten außer Kraft gesetzt, und quantenphysikalische Effekte dominieren. Die veränderten Eigenschaften erklären sich durch die deutlich vergrößerte Oberflächenenergie der Materialien: die Nanostruktur erlaubt deutlich mehr Oberflächenatome.

Erst jetzt spürt man toxikologische Risiken bei Nanomaterialien nach, die in Verdacht stehen, Schäden an Zellen und Nerven, vor allem im Hirn auszulösen. Noch sind dezidierte Aussagen wegen der Vielfalt der Nanomaterialien nicht möglich. Das ökologische Risikopotential kann sich selbst bei ein und dem selben Material durch unterschiedliche Größe oder Struktur im Nanobereich radikal ändern.

Längst sind Impfstoffe, also Vakzinen, für die Pharmaindustrie die heilbringenden Gelddruck-maschinen für bedrohte Unternehmensbilanzen. Erst recht, wenn diese mit Wirkverstärkern, also mit Adjuvantien versetzt sind. Dann nämlich bedarf es viel weniger an Impfstoff. Nicht nur in der umstrittenen Schweinegrippe-Spritze, auch im GSK-Impfstoff Cervarix gegen Gebärmutterhalskrebs sei ein verstärkender Zusatz enthalten. Da darf man Zweifel an der Integrität der Forscher haben. Sie sind den Pharmalöwen verpflichtet. Und es geht um viel Geld. Inzwischen sind in Europa drei Pandemie-Impfstoffe nach diesem "Zuschnitt" endgültig zugelassen, zwei davon enthalten Nanozusätze. Durch den Sog des Stoffwechsels verteilen sich geimpfte Nanopartikel im ganzen Körper, wandern durch Zellen, Gewebe, Organe und schädigen oder zerstören diese. Sie überwinden die Blut-Hirn-Schranke, landen im Hirn und verursachen dort Schäden und Zerstörung.

Nanopartikel im Impfstoff empfiehlt die US-gesteuerte und mit Vertretern der Pharmariesen infiltrierte Weltgesundheitsorganisation weltweit. Urkomisch: in den USA selbst genügt eine nanopatikelfreie Impfung! Das legt die Frage nahe: Wieso wird mit zweierlei Maß gemessen? Will die USA wieder als gestärkte Weltmacht aus der Pandemie hervorgehen? Peinlich: Inzwischen springt der smarte US-Präsident im Karree, denn er rief den Notstand aus. Unser Paul-Ehrlich-Institut PEI versucht als Sprechblase die Nanopartikel in den Pandemie-Impfstoffen als biologisch und harmlos zu verniedlichen. Müsste man da nicht die noble Institution umtaufen in das "Saulus-Lügen-Institut" SLI.

Eine Lüge erbt sich wie eine ewige Krankheit fort, denn unsere medizinisch wie immer gut unterrichtete Regierung leugnet frech die Nanopartikel in Impfstoffen. Die Wirkverstärker MF59 und AS03 in den Pandemie-Impfstoffen bestünden nicht als Nanoteilchen und seien unbedenklich. Werden die 27 mg Nanopartikel durch eine feine Hohlnadel in den Körper eingeschleust, können diese den Körper nicht mehr verlassen; der Wundkanal verschliesst sich gleich wieder und die implantierten Gifte können nicht herausfliessen oder herauseitern.

Damit ist der Lügen-Potpourri keineswegs zu Ende. Die dreiste Behauptung der biologischen Abbaubarkeit ist eine weitere vorsätzliche Lüge. Ziel ist es, die Akzeptanz der Bevölkerung zu bekommen, damit sich Millionen Menschen diese Nanopartikel verpassen lassen. Aber selbst eine biologisch abbaubare Substanz verhält sich im Gemisch mit anderen Komponenten anders. Technische Mehrkomponenten-Nanopartikel arbeiten sich unbehelligt entlang der Stoffwechselwege durch den ganzen Körper. Letztendlich landen sie im Hirn. Bedenken Sie: das Hirn hat nur 2% der Körpermasse, verbraucht indessen mindestens 20% der gesamten Energie, über die ein Mensch verfügt. Es wird also am intensivsten versorgt und zieht über den Sog des Stoffwechsels die meisten Stoffe an.

Und weiter geht's im Lügen-Potpourri der Regierung. Für die verwendeten Adjuvantien MF59 und AS03 gäbe es schon umfangreiche Daten zur Verträglichkeit, heißt es. Zum Sicherheitsrisiko dieser Nanopartikel gibt es aber keine öffentlichen Daten, und zwar von keiner Institution. Und keine Impfschadensforschung! (www.staatsbuerger-online.de).

Interessant zu wissen: Das US-Militär testet diese Wirkverstärker seit Jahren illegal an uninformierten und wohl auch ahnungslosen US-Soldaten, von denen Zehntausende verkrüppelt wurden und Tausende starben. Sie verpflichtete die Hersteller von Nanopartikel-Impfstoffen, die Wirkverstärker gesondert abzufüllen. Warum wohl?

Die deutsche Regierung verspricht den Herstellern bei auftretenden Schäden Straffreiheit und versucht, die ganze Verantwortung auf die impfenden Ärzte abzuschieben. Das allein ist schon unglaublich. Und was geschah jüngst in Kanada?

Es ist immer noch Gesetz in Kanada, dass sich Indianer keiner medizinischen Behandlung entziehen dürfen. Kein Wunder, dass in den Reservate die ersten Feldversuche stattfinden; da wird mit ungeprüften potentiell tödlichen Impfstoffen laboriert. Letzte Woche wurden viele Ureinwohner an der entlegenen Westküste im Dorf Ahousaht/ Kanada mit dem H1N1-Impfstoff geimpft. Bereits heute sind mehr als Hundert von ihnen krank, und die Krankheit breitet sich aus. Inzwischen wurden Leichensäcke von Manitoba aus geschickt (http://kochministry.wordpress.com/2009/09/23/schweinegrippe-kanada). Die Indianer sind unfreiwillige Testpersonen in Kanada. Ein Beispiel dafür, was uns allen bald blühen könnte, wenn wir zum Großversuch zur Schlachtbank schreiten. Diese technischen Waffen an der "Ausdünnung" der Ureinwohner wird jetzt auch gegen den "normalen" kanadischen Bürger eingesetzt.

Die tatsächliche Pandemie wird **nicht** durch das H1N1-Virus ausgelöst, sondern durch die Impfstoff-Hype. Diese wird mit Nachdruck von den Regierungen und den Pharma-Giganten wie Novartis und Glaxo Smith Kline durchgesetzt. Widerstand regt sich zwar in breiten Bevölkerungskreisen, aber er formiert sich nicht. Noch nicht.

Quelle: "Immer weigere ich mich, irgendetwas deswegen für wahr zu halten, weil Sachverständige es lehren, oder auch, weil alle es annehmen. Jede Erkenntnis muss ich mir selbst erarbeiten. Alles muß ich neu durchdenken, von Grund auf, ohne Vorurteile." Albert Einstein (1879-1955)

Dilla´s & Eva´s grenzwissenschaftl. & polit. Forum

Ханс-Йорг Мюлленмейстер

Наночастицы: Смертельно опасные карлики в вакцине

Перевод с немецкого Анны Чижовой
Под редакцией Александра Тарасова
http://saint-juste.narod.ru/nanochast.html

Мало кто сегодня знает, к чему ведет использование наночастиц в качестве усилителей действия вакцины против свиного гриппа. Примером того, что ждет всех нас, если мы в ходе этого крупномасштабного эксперимента послушно зашагаем на скотобойню, служат канадские индейцы.

Нанотехнологии, как и то, что именуют благозвучными словами «велнес»[I] или «био», долгое время вызывали практически всеобщий восторг. Сейчас, похоже, эйфория 90-х, когда на алтаре науки им курили фимиам как «технологиям будущего», улетучилась. Сегодня населению впервые открывается оборотная сторона сферы нанотехнологий – вакцины с усилителями действия, так называемыми адъювантами[II].

Что же делает эти синтетические наночастицы такими привлекательными? Эти карлики (нано —— по-гречески карлик), величиной меньше ста нанометров, то есть миллиардной части метра, обладают совершенно новыми физическими свойствами и делают возможными улучшенные или совершенно новые решения в сфере производства материалов, информационных технологий, защиты окружающей среды. Крохотные частицы меняют медицину: лабораторные исследования становятся проще, компьютерная и магнитно-резонансная томография точнее, а лекарственные вещества можно доставить точно к тем местам в организме, на которые они должны действовать. О дивный новый наномир!

Но насколько хорошо наночастицы переносятся организмом и окружающей средой? Как ведут себя человеческие клетки, когда с ними в контакт вступают в тысячи раз меньшие по размеру объекты, буквально пронизывая их насквозь? В макромасштабе наночастица соотносится по размеру с теннисным мячом так же, как последний с земным шаром. Но в микромире бóльшая часть физических законов перестает действовать, и начинают доминировать квантовые эффекты. Изменение свойств объясняется существенным увеличением поверхностной энергии веществ: наноструктура предполагает наличие гораздо большего числа поверхностных атомов.

Только сейчас начинается изучение токсикологического риска при использовании наноматериалов, которые, как можно предположить, повреждают клетки и нервы, прежде всего головного мозга. Но прийти к однозначному выводу пока не позволяет многообразие наноматериалов. Потенциальные риски использования даже одного и того же материала для различных размеров и структур могут радикально различаться.

Уже давно прививки стали для [капиталистической] фарминдустрии «печатным станком», спасающим предприятия от банкротства. Однако это относится только к вакцинам, содержащим усилители действия (адъюванты). Дело в том, что при их применении требуется гораздо меньше активного вещества, чем в обычных вакцинах. Усиливающие добавки есть не только в вызывающей множество споров вакцине против «свиного гриппа», но и в вакцине «Церварикс»

против рака шейки матки (производится фармацевтическим гигантом «ГлаксоСмитКляйн»). Не вправе ли мы усомниться в беспристрастности исследователей, которые напрямую зависят от фармацевтических концернов? Ведь речь идет об очень больших деньгах. А между тем в Европе из трех получивших официальное разрешение вакцин против пандемии свиного гриппа [III] две содержат нанодобавки. Введенные с вакциной наночастицы распространяются по всему организму, проходят через клетки, ткани и органы, повреждая или разрушая их. Они свободно преодолевают гематоэнцефалический барьер, попадают в мозг и травмируют или разрушают его клетки.

Всемирная организация здравоохранения, находящаяся под контролем США, и в которой кишмя кишат представители фармацевтических концернов, рекомендует вакцину, содержащую наночастицы, всем странам мира. Самое смешное, что в самих Соединенных Штатах прививки без наночастиц считаются вполне достаточными. Возникает вопрос о двойных стандартах. Америка хочет укрепить свой статус мировой державы за счет еще одной пандемии? Неловкая ситуация: президент США вне себя, ведь он уже объявил чрезвычайное положение [IV]. Институт Пауля Эрлиха[V] постоянно твердит о биологической чистоте и безопасности нановакцин против пандемии свиного гриппа. Может, стоит переименовать прославленный Институт имени Честного Павла в Институт имени Лживого Савла («Saulus-Lügen-Institut»)?[1]

Ложь передается дальше, как наследственное заболевание, ведь наше, как всегда, хорошо осведомленное в медицинских вопросах правительство, нагло отрицает присутствие наночастиц в вакцинах. Усилители MF59 и AS03 в прививках против пандемии якобы не являются наночастицами и потому якобы не должны вызывать опасений. Игла вводит в организм 27 миллиграммов наночастиц, которые уже никогда из него не выйдут: ранка закрывается мгновенно, а частицы не могут быть выведены наружу ни с жидкостью, ни с гноем.

Попурри лжи на этом не заканчивается: смелое утверждение о возможности биологического расщепления наночастиц – еще одна умышленная ложь с целью получить одобрение населения и добиться того, чтобы миллионы людей позволили ввести себе наночастицы. Но даже и биологически расщепленная наносубстанция при смешении с другими компонентами ведет себя совершенно иначе. Техничные многокомпонентные наночастицы легко проходят через весь организм по каналам обмена веществ, в конце концов попадая в мозг. Представьте себе: мозг, составляя только два процента от общей массы тела, потребляет, по меньшей мере, 20 % имеющейся в распоряжении человеческого организма энергии. Таким образом, именно он наиболее интенсивно снабжается в процессе метаболизма и получает бóльшую часть активных веществ.

Но правительственное попурри лжи и на этом не заканчивается. Применительно к адъювантам MF59 и AS03 уже будто бы имеются многочисленные данные, доказывающие безопасность этих адъювантов для организма человека. Но данные, безопасны наночастицы или нет, не опубликованы ни одной организацией. Так же, как нет ни одного исследования вредоносности вакцин с наночастицами[2].

Интересный факт: американские военные уже многие годы нелегально тестируют эти усилители действия на ни о чем не подозревающих солдатах, из которых десятки тысяч остались калеками и тысячи умерли. Военные обязали производителей вакцин, содержащих наночастицы, использовать для усилителей отдельные емкости. С чего вдруг?

Немецкое правительство гарантирует производителям безнаказанность в случае нанесения нановакцинами вреда здоровью пациентов и пытается свалить всю ответственность на врачей. Одно это чудовищно. Не говоря уже о том, что произошло недавно в Канаде.

Здесь, в Канаде, действует старый закон, по которому индейцы не имеют права уклоняться от какого бы то ни было лечения. Неудивительно поэтому, что первые полевые испытания были проведены в резервации – ее сделали лабораторией для работы с непроверенными потенциально опасными вакцинами. На прошлой неделе многим коренным жителям деревни

Ахоусахт[VI] на отдаленном западном побережье были введены вакцины против вируса гриппа H1N1. Сегодня уже более ста из вакцинированных больны, и болезнь распространяется дальше. Из Манитобы уже везут мешки с трупами[3][VII]. То, как индейцев помимо их воли превратили в подопытных, – хороший пример того, что вскоре ждет нас всех, если мы послушно зашагаем на скотобойню крупномасштабного эксперимента [корпораций]. Это техничное оружие прореживания коренного населения сейчас может быть направлено и на «нормальных» канадских граждан.

Настоящая пандемия – не пандемия, вызванная вирусом H1N1, а пандемия истерии вокруг нанопрививок. Их насильно навязывают правительства и такие фармацевтические концерны, как «Новартис» и «ГлаксоСмитКляйн». Хотя недовольство в широких слоях населения и возникает, но сопротивление не формируется. Пока.

Примечания

[1] Игра слов: Институт Пауля Эрлиха – Paul-Ehrlich-Institut; ehrlich – честный (нем.); Saulus-Lügen-Institut: Saulus – Савл, lügen – лгать (нем.). – Примеч. перев.

[2] www.staatsbuerger-online.de

[3] http://kochministry.wordpress.com/2009/09/23/schweinegrippe-kanada

Комментарии

[I] Велнес – ставшая модной в 90-е гг. XX в. среди обеспеченных слоев населения «первого мира» концепция «здорового образа жизни и душевного благополучия», основанная на «правильном питании» (обычно «натуральном»), физических нагрузках (фитнес и т.п.), отказе от вредных привычек и т.д. Быстро возникла индустрия велнеса, требующая от его адептов немалых затрат.

[II] Адъюванты – вещества, которые используются для усиления иммунного ответа при вакцинировании (поскольку большинство вакцин обладает слабым иммунизирующим действием). Первые адъюванты получены в 1925 г.; некоторые из адъювантов (в частности, на основе алюминия) – высокотоксичны.

[III] Которая так и не разразилась и, судя по всему, все крики о ней были искусственно вызваны фармацевтическими корпорациями с целью получения сверхприбылей.

[IV] Чрезвычайное положение в США в связи с «пандемией свиного гриппа» было объявлено Б. Обамой 24 октября 2009 г. Всего в 2009 г. в США заболело свиным гриппом свыше 43 700 человек, что, очевидно, даже меньше, чем сезонная вспышка гриппа.

[V] Институт Пауля Эрлиха – государственное учреждение ФРГ, которому делегированы права по контролю деятельности организации служб крови, качества препаратов крови, разрешению применения различных медицинских технологий (включая вакцинацию людей и животных и использование препаратов, содержащих антитела и аллергены, а также препаратов генной терапии). Назван в честь своего первого директора, знаменитого врача П. Эрлиха (1854–1915), лауреата Нобелевской премии за 1908 г.

[VI] Ахоусахт – одно из индейских племен, входящих в состав народа нучанулт (известного в России как нутка). Все нучанулты живут на Тихоокеанском побережье Северной Америки (в Канаде и США). Ахоусахты проживают на острове Ванкувер (провинция Британская Колумбия, Канада), в резервациях. Численность племени превышает 1800 человек, условия жизни в резервациях неблагоприятны, безработица превышает 20 %. Ахоусахты традиционно занимаются рыболовством, добычей моллюсков, а в последние десятилетия – лесоразработками.

[VII] Очевидно, речь идет о каком-то другом случае, поскольку Манитоба – это другая провинция Канады. На территории Манитобы также существуют индейские резервации.

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Перевод с немецкого Анны Чижовой под редакцией Александра Тарасова.
Комментарии Александра Тарасова.
Ханс-Йорг Мюлленмейстер (р. 1941) – немецкий инженер-электрик и публицист.

Adam Murdock

Vaccinations for better or for worse?

InfoWars / Prison Planet, 31 October 2009
https://web.archive.org/web/20091104112128/http://www.infowars.com/vaccinations-for-better-or-for-worse/

There are some fundamental questions that should be asked of any proposed treatment including vaccines. Does it do what it claims it will do? What are the benefits? What are the risks? What are the alternatives? How has the proposed treatment been promoted to physicians and the public? Yet, as I have demonstrated in my last article entitled "Stop the Swine Whine," these questions have been largely ignored by H1N1 flu commentators, who have substituted propaganda, hysteria, and fear-mongering for legitimate information.

It is under the backdrop of the H1N1 flu hysteria that the FDA has quietly approved another human papilloma virus (HPV) vaccine for girls and for the first time, an HPV vaccine for boys. These vaccinations, according to the vaccine makers, will dramatically lower cervical cancer rates in women and genital warts in men. Or will they? As usual, the truth is much more complicated. With the advent of regular Pap smear screening of women in the U.S., the mortality rate from cervical cancer has dramatically decreased. Now, compared to some other cancers like breast and lung cancer, cervical cancer kills a relatively small 4,000 women in the U.S. per year. As a result, the majority of cervical cancer victims come from the third world where regular screening is not the standard of care.

While every death due to cervical cancer is regretful, will the vaccine really decrease these mortality numbers any further? The answer to this question is supremely important because if it is shown that the vaccine has no benefit or is only marginally effective, then the whole framework of HPV vaccination would be in doubt. In order to answer this question we must ask how 4,000 women could die from cervical cancer when they are receiving regular screening. Surely, a cancer that is known to take up to a decade or more to develop from initial pre-cancerous changes would be caught well in advance before it became problematic. So why are women still dying? The answer is intuitively obvious. The 4,000 are comprised of a subpopulation of women defined as underserved that don't go to the doctor to get screened in the first place, much less get vaccinated. It is frequently these women that show up in the emergency room with inoperable and incurable invasive cervical cancer. Therefore, it is also these women that contribute the vast majority of deaths related to cervical cancer.

So why promote a vaccine to a population of women that are already getting regular screening and will not likely get any mortality benefit? Should not the vaccine makers be promoting their vaccine exclusively to the high-risk population that is not likely to obtain routine screening? Of course, this logical approach would not pay back any research and development investment or put money into the corporate offices of these companies.

Withheld from the public by the mainstream media have been an increasing number of physicians and scientists coming out against the vaccine and its supposed benefits. Recently, for example, "Columbia University professors Sheila M. and David J. Rothman published an article in the Journal of the American Medical Assn." blasting Merck, which produces the Gardasil HPV vaccine "for paying grants to medical organizations that are strong advocates for vaccination. 'Telling every mom she needs to get her daughters vaccinated to protect them from cancer is creating a market out of thin air,' David Rothman says. 'They're already protected' through regular Pap smears, he adds." (1)

Another researcher, Dr. Diane Harper, who participated as the "lead researcher in the development of two human papilloma virus vaccines, Gardasil and Cervarix, said the controversial drugs will do little to reduce cervical cancer rates and, even though they're being recommended for girls as young as nine, there have been no efficacy trials in children under the age of 15." (2)

She has also added that because the rates of cervical cancer are already so low that "even if we get the vaccine and continue Pap screening, we will not lower the rate of cervical cancer in the US." (2)

The next logical question is that if all cervical cancer can be prevented by the HPV vaccine then why can't we just stop performing Pap smears in women and just give them the vaccine instead? When I have talked to patients and even some physicians about the HPV vaccine, I have consistently been presented with the misconception that the vaccine is 100 % protective against cervical cancer. The truth is that the vaccine protects against two strains of HPV – HPV 16 & 18, which are thought to be responsible for only 70% of cervical cancer cases. So despite the vaccine, women could be still infected with HPV strains that cause up to 30% of cancer cases. It is because of this that women need to continue regular screening just as they have already been doing. Therefore, the added layer of the vaccine adds nothing more than cost to the existing Pap smear screening regiment.

In addition, there are no long term studies that demonstrate that the vaccine truly prevents cervical cancer itself and not just infection rates. There is also no data that shows that the protective effects of the vaccine will persist into a woman's 30s, 40s, and 50s when cervical cancer is most predominant. So far, the vaccine has been marketed, approved, and given to young women almost exclusively.

What about the risks?

The vaccine makers claim that the HPV vaccine carries no long-term side effects. However, the "Vaccine Adverse Event Reporting System (VAERS) has received more than 15,000 reports of reactions to the vaccine, including more than 3,000 injuries and 48 deaths" after patients received the Gardasil vaccine. (3) While these reactions may not be all attributable to the vaccine, it is clear that reactions, sometimes severe, have occurred after vaccination.

Has this information caused the vaccine makers to withdraw their promotional material and cervical cancer reduction claims? Quite the contrary, their promotion efforts have continued. The Gardasil vaccine, with sales of $1.4 billion in 2008, has not only received generous advertisement promotion but has also been promoted through generous donations to physician organizations such as the American College of Obstetricians and Gynecologists (ACOG) and Society of Gynecologic Oncologists. It is these organizations that have further disseminated HPV vaccine hysteria to member OB/GYNs and primary care providers. In addition, "Merck has been lambasted for tactics such as lobbying lawmakers to make vaccination mandatory." (1)

In a final straw, Merck has sought and been approved by the FDA to vaccinate boys with Gardasil. This vaccination, which as has been demonstrated can cause serious side effects, will now be given to boys in order to treat relatively innocuous genital warts and extremely rare penile cancer. I am sure that it is no coincidence that according to Bloomberg, "approval in boys could add as much as $200 million to $300 million in annual sales" to Merck. (4)

What has been lost in all the disinformation has been the requirement of sexual intercourse for transmission of the Human papilloma virus. All it would take to put a stop to cervical cancer for good would be for providers to promote and patients to practice monogamy. As usual, this aspect has been downplayed by the vaccine makers.

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Vaccine Victims Blamed for National Emergency: Humanicide and What's Next

Prevent Disease, 13 November 2009
https://web.archive.org/web/20100102095323/http://preventdisease.com/news/09/111309_vaccine_victims_blamed_emergency.shtml

In Salem, Massachusetts, in 1692, medical doctors failed to determine the cause of bizarre behavior among youngsters in that town. Religious zealots, steeped in their cult, diagnosed satanic possession to justify criminal prosecutions and serial slayings.

The publication of "Why you can't get swine-flu vaccine" in Rupert Murdoch's New York Post (Nov. 3, 2009) by Robert Goldberg, Vice President of the Center for Medicine in the Public Interest, proves how human intelligence has devolved since Salem's victims were blamed to popularize status quo psychopathology, social injustice, and mass murder otherwise called institutionalized genocide.

According to Goldberg, partnered with Peter Pitts, mainstream media's health pundits for consumer protection, the H1N1 National Emergency declared by Barack Obama is due to fringe lunatics who think mercury is harmful when injected by vaccines; not "vaccine shortages".

Goldberg blames people like me for heralding mercury toxicity's links to neuro-developmental and behavioral disorders in children (e.g., autism). We are blamed for allegedly pressuring governors into ordering single versus multi-dose vials (as if the government of the US has ever listened to vaccine prohibitionists). The different vials have differing mercury concentrations (which indicts lacking industry standardization of heavy metal toxic mercury levels evidencing gross criminal negligence rationalized by pseudoscience) and the single dose vials are more costly and time-consuming to produce. Thus, we victims of mercury intoxication and vaccine injuries are blamed for the alleged vaccine shortage and national Model State Emergency Health Powers Act implementation advancing across the country.

They are Killing Us

I suffer from eczema--a common condition linked by science to vaccine mercury and/or injected foreign proteins causing multiple chemical sensitivities and autoimmune conditions. Vaccine-linked eczema now curses between 10-15 percent of the American people. Eczema is most often caused by vaccination intoxication. Human bodies are injected with mercury and foreign proteins that attach to normal body parts. The combination of mismatched protein parts forms an "antigenic complex" that is attacked by white blood cell bodyguards. This results in the vast majority of autoimmune diseases, including eczema. Such diseases profit petrochemical-pharmaceutical industrialists.*

My mother died of Guillain-Barre Syndrome (GBS) from the 1976 Swine Flu Vaccine campaign. My sister-in-law was crippled with rheumatoid arthritis (RA) from a hepatitis B vaccine. My brother-in-law receives Canadian military compensation for a vaccine injury called multiple sclerosis (MS). My best friend has type-1 diabetes thanks to a flu shot. These illnesses are all autoimmune diseases proven in science to be linked to, or caused by, vaccinations.**

I testified briefly before the US Congress on vaccine mercury's link to autism. I personally witnessed legislative officials' gross criminal neglect of the scientific study commissioned by the US Centers for Disease Control (CDC) by Verstraeten, et. al, titled, "Thimerosal VSD Study: Phase I-- Update 2/29/00." Herein, definitive links between vaccine mercury intoxication and neuro-developmental and behavioral disorders in children were reported. This report was originally censored, then modified, for subsequent official publications eliminating all findings condemning vaccine mercury, thus keeping autism a "medical mystery."

Today, everyone practicing any form of natural medicine is endangered. Energy medicine is particularly suppressed along with paradigm-shifting biophysics, hydrosonics, and electrogenetics that could eliminate all reliance on drug industrialists. Practitioners in these fields are persecuted for truth-telling about vaccine illnesses and deaths linked to mercury poisoning and antigenic complexes.**

History Repeating

Medical industry censorship and persecution is reminiscent of the mysterious Salem witch trials. Historians speculate a combination of events, including an untimely smallpox outbreak, created the climate for this public fright. One-hundred and forty people were accused of witchcraft. Forty-three people were supposedly afflicted. Nineteen people were hanged, one person was pressed to death, thirteen people died in prison, and as many as 1200 persons were victimized in other ways.

What terminated this deadly madness is the same reason Rupert Murdoch's yellow press, the New York Post, published Robert Goldberg's diatribe. Public support and false belief in the "witches" began to wane; as is happening now with growing distrust of vaccines and fraudulent vaccine trials. The "silent majority" sees through transparent safety assurances and government intrusions into our lives. People are frightened and fed-up with deadly disasters like the Merck company's VIOXX and 1976 Swine Flu vaccine fraud, both certified by the US Federal Government.

Respected Salem ministers started to believe that some innocent people were being accused and executed for witchcraft primarily on unreliable spectral evidence (such as Goldberg presents). Today, confessions by doctors and scientists who once worked for drug giants are truth-telling, whistle-blowing, and discrediting the vaccine makers and their safety assurances over the Internet.

As the Reverend Increase Mather stated, "It were better than ten suspected witches should escape than one innocent person should be condemned." I say, "it is better that ten vaccine-prohibitionists be condemned by medical madmen than one innocent child suffer neuro-degeneration from vaccine mercury intoxication."

The Salem Witch Trials website explained, "As the accusations mounted, persons from all walks of life--rich and poor, beggar and merchant--were being accused. Additionally, the accused that originally confessed to witchcraft requested to recant their former confessions. With public confidence in the trials slipping, the cries of the afflicted were steadily ignored, and the accusations eventually stopped."

So increasingly ridiculous accusations from the status quo, such as Goldberg's, are disbelieved by increasing numbers of vaccine victims. The majority of people now see through BigPharma's fear-inflicting propaganda, exemplified by Murdoch's articles, wherein "We the People" are accused of madness, ignorance, and now allegedly causing a national emergency.

Public confidence in medicine is at an all-time low following the medically-assisted demise of our parents, friends, and siblings. The leading cause of death today is drug-induced illnesses; and these shocking statistics omit all vaccine injuries since officials criminally neglect surveying and reporting the sick and dying who's only mistake was their misplaced faith in drugs and medical deities.

It is said that medicine has extended longevity, but degenerated quality of life making death seem more appealing than drug additions and lethal side effects for millions.

Murdoch's Media-Driven Humanicide

For those who don't know, Rupert Murdoch controls the majority of American news media.

Recently, investigative journalist Sherri Kane and I exposed gross conflicting interests between Rupert Murdoch and the global drug cartel. Pregnant women were tested for H1N1 vaccine side effects using a bogus study design at Elizabeth Murdoch's Royal Women's Hospital in Australia. Rupert's daughter-in-law, Susan, oversees the Murdoch Children's Research Institute (MCRI) wherein infants and children were tested with H1N1 vaccines by Merck's subsidiary, CSL, Inc. James Murdoch, heir-apparent to Rupert's estate, oversees the Board of Directors of Glaxo-SmithKlein, another H1N1 Swine Flu vaccine maker. All of the above Murdoch affiliates administered fraudulent H1N1 vaccine studies that neglected placebo control groups and long-term surveillance to fraudulently erase statistically significant risks and provable "adverse events."

Rupert Murdoch is Co-Chairman of the David Rockefeller founded, Royal family of England chartered, Partnership for New York City (PFNYC). This is the world's most powerful biotechnology trust – the heart of the vaccine industry, "genetopharmaceuticals," and mass-media mind controlling social engineering. This is the heart of the American Medical CULTure. Their prostitutes promote and prey on people's fear, magnify microbial menaces, and persecute natural healers and alternative care providers as though they were witches practicing witchcraft.

David Rockefeller also directs the wealthy powerful Council on Foreign Relations (CFR). He co-founded, with The Rockefeller Brothers Fund, the influential Population Council. The former is the most powerful US Government think tank and policy director. The later is the world's most active depopulation organization funded by the US Government and Rockefeller-related foundations and institutions. The Population Council's goal is to reduce populations by nearly two-thirds through intoxicating drugs and vaccines, including those that cause sterility. They advocate the 1977 book, Ecoscience, co-authored by Obama administration science czar, John Holdren, calling for massive global depopulation using vaccinations for sterilization.

Evidencing this group's power, on October 16, 2009, a special gathering of CFR joined vaccine specialists and social engineers led by health media propagandist, Laurie Garrett, discussed the urgency of the vast majority rejecting vaccinations for H1N1. They articulated the need to use "shortage marketing" (i.e., fraudulently claiming vaccine shortages) to promote better public acceptance of the distrusted vaccines. Prior to this meeting, the nation's vaccine supplies were reported ample. After this meeting the media began administering shortage marketing, and hypnotizing the panicked public who lined up for their shots.

Another example official malfeasance at the highest levels of government involves the PFNYC Co-Chair, Lloyd Blankfein, the Chairman and CEO of Goldman Sachs & Co., whose manager of private client services, Linda Daines, is wife of New York State Health Commissioner, Richard Daines. The Daines's profit from vaccine sales to New York State (legally another member of PFNYC) and other governments, including the US Federal Government (officially another member of PFNYC) that stockpiles the H1N1 Swine Flu vaccine. Goldman Sachs, directed by Blankfein, was the largest shareholder in a deal they brokered in 2007 for the $15 billion sale of vaccine giant MedImmune that produces AstraZeneca's H1N1 "Flumist."

What's Next? The Expected Created "Big One?"

Flumist is the H1N1 nasal spray vaccine. People taking it spread the "live" "active" laboratory-engineered unstable virus for up to 3 weeks, putting non-vaccinated persons at risk of infection and worse. These "shed" unstable viruses more readily recombine with other circulating viruses; thus, potentially more severe outbreaks and far more deadly pandemics are now expected.

One such threat, a possible H1N1 hemorrhagic pneumonia recombinant, has emerged in the Ukraine, where the Chernobyl disaster occurred. The NATO superpower has fully engaged biological and chemical weapons research and development. This country was predicted to host a biological weapons release associated with H1N1 vaccines courtesy of the Baxter Corp around the time this outbreak occurred. Joseph Moshe, an Israeli Mossad agent, made this prediction on August 11, 2009, and his persecution and arrest made the national news.

Moshe attempted to warn US federal investigators and law enforcers about Baxter releasing a bioweapon as they had earlier this year "accidentally" shipping H5N1-contaminted seasonal flu vaccines to labs across Europe. Baxter previously shipped AIDS around the world in their HIV-contaminated blood product, heparin. This H1N1 vaccine supplier is among the least trustworthy companies in the world. Their adjuvanted vaccines are currently banned in the United States due to US Congressional condemnation, but favored by European nations. So much for consistency in vaccine science!

Here is the biggest problem. Unvaccinated persons are being vicariously "immunized" by simply going to school or work, contacting shedding H1N1 vaccinated carriers. Since more deadly viruses circulate in people, birds, animals, and the global environment, worse pandemics are predicted. Simply one "Typhoid Mary" transmitting an H1N1-H5N1 recombinant might depopulate millions of people

in many nations thanks to the H1N1 vaccinations! This is what experts and officials, in fact, expect to happen. It is the real grossly-neglected reason for the declaration of "National Emergency" by President Obama who, by the way, advanced the 2005 Senate bill to fund development of the H5N1 avian flu vaccine!

Murdoch and Blankfein's allied news sorcerer is Thomas H. Glocer, the Editor-in-Chief of Reuters News Service, who is also a member of the PFNYC. His directorship of Merck & Co, the world's largest vaccine maker, is another gross conflict of interest. Reuter's and Murdoch's News Corp. controls virtually all Western World propaganda, including the Associated Press which Murdoch directs as a board member. Murdoch and Glocer's media co-broke the story of Obama's H1N1 National Emergency declaration. Glocer broke the H1N1 Mexican Swine Flu news.

Let us not forget the conflicting interests of PFNYC member Mortimer Zuckerman, Editor-in-Chief of US News & World Report and the New York Daily News, who financed the American Lyme Disease Foundation that heavily promoted SmithKlein's disastrous Lymerix vaccine that tragically caused hundreds-of-thousands of casualties before the FDA suspended its use.

All the above are advancing massive media deception and human intoxication for population reduction through H1N1 recombinations spread by vaccinations, shedding, and reassorting with circulating viruses including, we now expect, hemorrhagic pneumonia from the Ukraine.

Concerned intelligent activists are demonized as "witches," holistic physicians are ostracized for practicing "witchcraft," and natural cures and immune boosters such as the **silver hydrosols** that could put Big Pharma out of business, are suppressed by officials of a murderous medical cult. Together, medical maniacs allied with media moguls have sewn the seeds for population reduction consistent with Population Counsel objectives and their own demise as humanity awakens to the catastrophe of this unfolding humanicide.

Dr. Leonard G. Horowitz is an award-winning author of 16 books and a Harvard-trained internationally recognized expert in public health and consumer protection. He views vaccinations as genocidal weapons for human intoxication and mass depopulation, and condemns gross criminal negligence and official malfeasance in the administration of the H1N1 Swine Flu "Scam." Go to FLUscam.com for more writings by Dr. Horowitz.

The original article by Goldberg is published here**.**

*The two most deadly myths in medical history is that: 1) vaccines, not mainly improvements in hygiene and nutrition, terminated polio and smallpox; and 2) vaccines are "safe and effective" when more than 90 percent of vaccine injuries and fatalities are criminally neglected, not surveyed nor reported.

**According to ScienceDaily.com: Approximately 75 percent of autoimmune diseases occur in women, most frequently during the childbearing years. These diseases also comprise a significant portion of chronic childhood disorders. Autoimmune disease refers to a group of more than 80 serious, chronic illnesses including diseases of the nervous, gastrointestinal, and endocrine systems as well as skin and other connective tissues, eyes, blood, and blood vessel. In all of these diseases, the underlying problem is similar--the body's immune system (including B and/or T immune cells) becomes misdirected, attacking the very organs it was designed to protect.

(http://www.sciencedaily.com/releases/2007/04/070403161855.htm)

Author's footnote: It is grossly idiotic and genocidal to neglect the diagnosis of general systemic vaccination intoxication then conjure up misdiagnoses requiring drug treatments. The best treatment, and public health measure, would obviously be to cease vaccinating and intoxicating people. Proof of this is adequately evidenced by the huge percentage of people with autoimmune diseases that even vaccine makers' package inserts warn about, eczema being a most prevalent one. This ignorance and neglect of what is obvious places the medical paradigm in jeopardy of crumbling due to iatrogenocidal stupidity.

Los Angeles Times

'V': The way of the gun

Los Angeles Times, 24 November 2009, 9 PM PT
https://www.latimes.com/archives/blogs/show-tracker/story/2009-11-24/v-the-way-of-the-gun

The pieces are coming together.

But, yes, you're going to have to wait until March to find out just what will happen next to our favorite reptilian aliens and the human resistance movement, now that the ABC sci-fi series goes into hiatus following tonight's episode.

The fall finale, entitled 'It's Only the Beginning,' served as a perfect wrap-up of the first act of 'V' and was just the thing to whet viewers' appetites for the nine remaining episodes of the first season of 'V.' In a perfect world, viewers would get the start of those episodes in January rather than March, but there's not much that can be done about that now, sadly.

The four episodes we've seen so far can therefore be looked at as an introduction to the narrative of 'V,' plus the writers gave us some payoffs to a number of plot threads while bringing in several new subplots to keep us turning over in our heads during the way-too-long hiatus.

This week's episode found the Fifth Column attempting to crack down on a potential biological threat against the humans as Tyler cuddled his way closer to Lisa while being ignored by his mother, Valerie sought salvation from her heartache at a Visitor healing center, Georgie got trigger happy, Father Jack showed off his right hook, Chad was faced with a dilemma once more, and Anna bestowed bliss upon her people.

…

And what did you make of the final shot of the episode, in which we see that the 29 Visitor ships floating above the Earth's cities aren't quite as alone as they want the humans to believe, given that there are about 100 other ships heading towards Earth? And what will happen when 'V' comes back in March? Head to the comments section to discuss

Paul Joseph Watson

ABC's V Series Plays on Vaccine Fears

Plot features alien conspiracy to inject humans with biological weapon disguised as flu shot

Prison Planet, 25 November 2009.

https://web.archive.org/web/20091128104101/http://www.prisonplanet.com/abcs-v-series-plays-on-vaccine-fears.html

Art imitating life or revelation of the method? ABC's popular remake of the 1980's drama "V" called a hiatus on its first season this week with an interesting plot – a conspiracy on behalf of the evil alien rulers to inject humans with a biological weapon disguised as a flu vaccine.

"The resistance uncovered a Visitor plot to inject the humans with a strange chemical compound," summarizes an LA Times write-up of the latest episode.

"Mistakenly believing that the vitamin supplement that Anna announces on television is the likely target of Peter Combs' plot (it is said to fight cancer and even stave off aging), Erica, Jack and Ryan make a shocking discovery at a warehouse that is even more insidious. Uncovering evidence of experimentation on human subjects, they soon realize that the vitamin supplements are smokescreen to divert attention from the real threat: the flu vaccine. The warehouse is overflowing with vaccine that has been tampered with and is intended to be shipped the following day."

Or as another write-up describes it, "Erica, Ryan, Georgie and Father Jack spent some time getting to know each other in this episode. Their plan is to expose the V's for what they are and they start with trying to crack down on their new Healthcare initiative. Long story short, they invade a warehouse and find out that the V's have been experimenting with some drugs on humans and killing them. They are planning to distribute their lethal injections by mixing it with Flu Vaccines. Erica realizes that Anna is exploiting the predictability of humans knowing that any health scare will cause them to get their flu shots in mass numbers."

The fact that script writers of such a major prime time show chose to run with this particular a plot at the same time as governments in the real-world attempt to overcome mass rejection of the swine flu shot due to fears over its safety is a fascinating synthesis.

As we have highlighted, health authorities have been desperately pushing the notion that the vaccine is safe as part of a gargantuan PR campaign, without explaining why well-connected members of the elite have had special access to an additive-free version of the shot that doesn't contain ingredients like mercury and squalene that are contained in the public version.

The rollout of the vaccine has been limited to far fewer people than the government originally intended, partly due to a supply shortage and partly because more than half of Americans have refused to take the shot. The government's efforts to dismiss concerns about side-effects will likely kick into high gear when more batches of the vaccine become available.

We know for a fact that government propaganda and talking points are inserted into popular TV shows on a routine basis, but could entire plots be constructed around such an agenda?

Some cynics would even suggest that the "V" scriptwriters playing on the vaccine meme is an exercise in revelation of the method, in the vein of the Lone Gunmen episode aired six months before 9/11 that featured a storyline about rogue elements within the government crashing a commercial plane into the World Trade Center by remote control in order to launch a new war in the middle east.

Watch a trailer clip for the V episode below.

Sorcha Faal

US Swine Flu spray plane shot down in China

SIASAT, 1 December 2009
https://www.siasat.pk/threads/us-swine-flu-spray-plane-shot-down-in-china-must-read.28519/

Reports circulating in the Kremlin today are stating that a US government contracted airplane piloted by American CIA agents and carrying a cargo of a mutated swine flu virus intended for aerial spraying was shot down [photo top left] at Chinas Shanghai Pudong airport by a saboteur team of what are believed to be Israeli Mossad soldiers seeking to prevent an American attack upon one of their Central Asian bases located in the Central Asian Nation of Kyrgyzstan.

According to Chinese media reports on this incident the stricken Zimbabwean MD-ll plane, owned by the CIA linked Avient Aviation company operated by a former British military officer named Andrew Smith and registered in the UK, killed 3 American CIA agents and injured 4 other personal who are reported to be from United States, Indonesia, Belgium and Zimbabwe.

Most interesting to note in these reports on the victims of this plane shootdown is that the Indonesian man currently being treated for his injuries has confessed to Chinese secret police forces that he is a technician employed by the United States Navy at their mysterious Naval Medical Research Unit No. 2 (NAMRU-2) located in Indonesia that Indonesian Defense Minister Juwono Sudarsono had previously called for the closing of because its operations were too secretive and were incompatible with Indonesias security interests.

Even more interesting to note about this US Navy secret bio-weapons base in Indonesia (the Worlds largest Muslim Nation) was its establishment in cooperation with the Rockefeller Institute, especially with it being the main center for the Americans Viral Diseases Program (VDP) they describe as the research of epidemiologic and laboratory research on viral hemorrhagic fevers, influenza, encephalitis, and rickettsioses and the head of this institute, David Rockefeller, long calling for a massive reduction in our Worlds population.

And to the agenda currently underway to radically change our World through the mass death of its population we need look no further for its explanation than David Rockefellers own words he spoke before the secretive Trilateral Commission in June, 1991, when he said:

We are grateful to The Washington Post, The New York Times, Time Magazine and other great publications whose directors have attended our meetings and respected their promises of discretion for almost forty years. It would have been impossible for us to develop our plan for the world if we had been subject to the bright lights of publicity during those years. But, the work is now much more sophisticated and prepared to march towards a world government. The supranational sovereignty of an intellectual elite and world bankers is surely preferable to the national auto determination practiced in past centuries.

To the United States employing planes to spread a mutated swine flu virus around the World we have further reports from China, and as we can read:

June 26 Suspicious aircrafts were forced to land. A US operated AN-124 changed its call sign from civillian to military which then triggered a response from the IAF upon entering Pakistani air space, the plane was forced to land in Mumbai while the second one was forced down by Nigerian figther jets that also arrested the crew.

According to reports China (Chinas Peoples Liberation Army Air Force) contacted the Indian and Nigerian intelligence officials about the presence of these US operated Ukranian aircrafts amidst growing concern that the United States were spreading biological agents in the Earths atmosphere also which some Chinese officals believed to be a attempt to mass genocide via the spread of h1n1 swine flu.

The strange thing about these reports and arrests as well as the forcing down of the planes were that these aircrafts were carrying waste disposal systems that could spray up to 45000kg or 100pounds of aerial type mist from sophisticated network of nano pipes that led throughout the trailing edges of the wings thereby dispersing whatever was in these tanks through a mist.

Reports of these US planes over Ukraine have been reported as well, and as we can further read:

Authorities in the town of Kiev, Ukraine denied any spraying of aerosolized medication by aircraft over the city. This after it was reported that light aircrafts were seen flying over the forest market area that sprayed a aerosol substance to fight h1n1 or swine flu.

5 Sources confirms this and the local newspapers of Kiev also received hundreds of phone calls from residents and business owners close to the area the planes were spraying the suspicious substance. Not only that but local businesses and retailers were advised to stay indoors during the day by the local authorities.

As if that is not enough, the government authorities also pushed the radio stations in Kiev to deny the reports. Online on forums, websites and blogs reports came in about eye witness accounts that confirms this. There was also reports of helicopters spraying aerosols over Kiev, Lviv, Ternopil and throughout Ukraine.

Most disturbing of the effects of the spraying of this mutated swine flu virus over the Ukraine is the devastating toll it has taken on the people of that country, and as we can read:

Almost 40 000 people got infected since yesterday in the Ukraine by what we still call the Ukraine plague but doctors have said recently that this is a stronger case of h1n1 or swine flu that has mutated and has that affect on the lungs where it destroys the lungs and fills it with blood.

But, to the most horrible outcome of this mutated swine flu virus is the World Health Organization now reporting that it is killing people in France, Norway, Brazil, China, Japan, Mexico, Ukraine, and the United States as the death toll from this Global Pandemic is now reported to be nearing 8,000 and China now reporting that this deadly disease has now crossed over into dogs.

Important to also note in these reports is that the US spray plane shot down in China was reported to be targeting a secret Israeli base located in the Central Asian Nation of Kyrgyzstan, which many Ashkenazi Jews (Ashkenazi Jews make up approximately 80% of Jews Worldwide) consider their spiritual homeland after their long exile their under Soviet Communist rule, and where Russian Intelligence Analysts report the Israelis are nearing the end of their decades long deciphering of the ancient Epic of Manas manuscript (with close to half a million lines the Epic of Manas is twenty times longer than Homers Odyssey and Iliad combined) that they believe contains our Worlds oldest warning to our present age and which (coincidentally?) agrees with the ancient Mayan peoples that the year of 2012 will see the ending of our present age.

To the final outcome of these events it is not in our knowing; other than to state the obvious, that the truths of these things are continued to be ignored, even scoffed at, by the very people whose extermination has been longed planned by these monsters and is now being carried out, and who still have no idea whatsoever how truly easy it has become for them to be controlled by their propaganda masters.

One can only hope that they awaken before all is lost for them, the facts suggest they wont.

The Telegraph

Row over ad on cancer vaccine

The Telegraph, 25 December 2009
https://www.telegraphindia.com/india/row-over-ad-on-cancer-vaccine/cid/564500

New Delhi, Dec. 24: India's apex drug regulatory agency has threatened action against a pharmaceutical company whose advertisement saying a vaccine can prevent cervical cancer has triggered indignation in some medical circles.

The Central Drugs Standards Control Organisation has sent a showcause notice to GlaxoSmithKline (GSK) India, which issued the advertisement, the regulatory body's officials said today.

The company markets a vaccine that has been shown to protect women from the sexually transmitted human papilloma virus (HPV), which has long been implicated in cervical cancer. GSK has labelled its advertisement a "public awareness initiative".

But a senior researcher who has investigated the biology of cervical cancer and some doctors are arguing that the advertisement appears to oversimplify the complexity of cervical cancer and could mislead consumers.

Sources in the regulatory body said the content of the advertisement, which has appeared in publications in several cities, appears to violate a section of the Drugs and Cosmetics Act under which no prevention claim can be made about cancer.

"We think that there has been a non-compliance with existing rules – so we have asked for an explanation and are now awaiting a response," an official said, requesting anonymity.

A GSK India spokesperson told The Telegraph: "I can confirm that we have received a showcause notice regarding our disease awareness campaign on cervical cancer. We are in the process of responding."

Ideally, the vaccines are administered to girls during adolescence. Over the past year, paediatricians in cities across India have been urging parents of girls heading into their teens to consider the vaccine against cervical cancer.

The company declined to respond today to questions raised by sections of doctors who have argued the advertisement that they have seen does not provide certain relevant information that could help consumers make an informed decision.

"There are several types of HPV- and the vaccines available today have not been proved to be effective against all the HPV types that appear associated with the high risk of cervical cancer," said Bhudev Chandra Das, former director of the Institute of Cytology and Preventive Oncology and now a professor of biomedical research at Delhi University.

The available vaccines protect against two types of HPV that seem to account for 80 to 90 per cent of cervical cancer. But, Das said, studies in the past have detected at least 10 other high-risk HPV types in India.

Researchers also point out that the protection from HPV need not always translate into protection from cancer.

"The vaccine is usually administered during adolescent years, and cervical cancer typically shows up after the 40s. The vaccines have been in the market for less than a decade – we'll need to wait for several more years to conclusively demonstrate protection from cancer," Das said.

A senior pathologist in Bangalore said the "public awareness campaign" had also failed to reveal that HPV was a sexually transmitted virus and the risk of picking up the virus increased with multiple sexual partners.

Studies during the 1970s through 1990s by the Indian Council of Medical Research had indicated that the risk of HPV and cervical cancer was highest in India among lower socio-economic groups.

"The vaccine costs a few thousand rupees, and those women who are at the highest risk are unlikely to be able to afford the vaccine," said Lt Gen Dasarathy Raghunath at the Sri Dorabji Tata Trust Centre for Tropical Diseases, Bangalore.

INDIA TODAY

Ritu Bhatia

Vaccine no guarantee against cervical cancer

India Today, New Delhi, 29 December 2009, 11:08 IST
https://www.indiatoday.in/good-health/health-buzz/story/vaccine-no-guarantee-against-cervical-cancer-63927-2009-12-28

Women's groups and doctors slammed advertisements issued by two pharmaceutical majors that claimed vaccination against human papilloma virus (HPV) was the best way of preventing cervical cancer.

Women's groups and doctors slammed advertisements issued by two pharmaceutical majors that claimed vaccination against human papilloma virus (HPV) was the best way of preventing cervical cancer.

The objection from Sama Resource Centre for Women and Health and Saheli Women's Resource Centre to Glaxo-SmithKline (GSK) India and Merck marketing HPV vaccines as a "protection against cervical cancer" comes a few days after the Central Drugs Standards Control Organisation (CDSCO) also took notice of the advertisements.

In a showcause notice issued to GSK India, the CDSCO cited objections raised by experts who said that the advertisements claiming that a vaccine can prevent cervical cancer were inaccurate and misleading. According to doctors, the drug majors appear to have oversimplified the complexity of cervical cancer and this could mislead consumers.

Researchers also point out that protection from HPV need not always translate into protection from cancer. "The vaccination doesn't always protect women from cervical cancer because this virus isn't the only cause of cervical cancer," said Dr Sidharth Sahni, a surgical oncology consultant at Artemis Health Institute.

The available HPV vaccines protect against only two types of viruses associated with cervical cancer. "There are several types of HPVs associated with cervical cancer, and vaccines have not been proved to be effective against all of them," said Bhudev Chandra Das, former director of the Institute of Cytology and Preventive Oncology and now a professor of biomedical research at Delhi University.

Ideally, the HPV vaccine should be administered to adolescent girls. Over the past year, paediatricians across the country have been urging parents of teenagers to administer them this vaccine.

But what many fail to mention is that this should only be given to those who have had no sexual exposure. "We first need to identify the target group for this vaccination," Sahni added.

Vani Subramaniam of Saheli said the pharmaceutical companies were hiding information about the side effects of the vaccines. According to Anjali Shenoy of Sama, the health lobby should concentrate more on increasing awareness on screening the cancer rather than its vaccines.

Mike Adams

2009 in review: A year of FDA censorship, Big Pharma crimes and celebrity drug deaths

Natural News, 1 January 2010
https://web.archive.org/web/20100323215213/http://www.infowars.com/2009-in-review-a-year-of-fda-censorship-big-pharma-crimes-and-celebrity-drug-deaths/

2009 has been a crazy year for health and medicine. It was the year that Congress rammed through a mandatory health "reform" bill that violates the U.S. Constitution in forcing all Americans to buy government-mandated products and services from greedy corporations. Although it hasn't been signed into law yet, the very fact that it has been passed by both the House and the Senate is alarming: America is just one signature away from becoming a medical dictatorship.

But that's not the only big health news that happened in 2009. In all, 2009 was a year of corruption, scientific fraud and health freedom oppression. Here are some of the highlights:

The FDA

The FDA was hit hard in 2009 was accusations of corruption and criminal behavior. In January, the FDA's own scientists accused management of committing crimes. => Adams M. FDA Scientists Accuse own Administration of Corruption, Intimidation and Scientific Censorship. Natural News, 12 January 2009; https://web.archive.org/web/20100209065935/http://www.naturalnews.com/025298_the_FDA_FDA_scientists_NaturalNews.html

And in August, the FDA abandoned even the appearance of standing up for safety by declaring that mercury fillings are safe for everyone.

=> Adams M. FDA declares Mercury Amalgam fillings safe for all. 11 August 2009; https://web.archive.org/web/20100210043018/http://www.naturalnews.com/026822_mercury_the_FDA_mercury_fillings.html

In order to protect its authority and boost Big Pharma's sales, the FDA also went after numerous natural health companies in 2009. Stephen Heuer was arrested by the FDA in January, and by June, the FDA had threatened to seize all natural products that boost immune health and protect against the swine flu.

=> Adams M. Chrysalis Nutritionist Stephen Heuer Arrested by Federal Marshalls in FDA Raid. 16 January 2009; https://web.archive.org/web/20100215164700/http://www.naturalnews.com/025347_nutrition_the_FDA_health.html

=> Adams M. FDA Threatens to seize all Natural Products that dare to Mention H1N1 Swine Flu. - 18 June 2009; https://web.archive.org/web/20100209064535/http://www.naturalnews.com/026473_the_FDA_H1N1_natural_products.html

The FTC also joined the tyranny bandwagon, engaged in a war of threatening tactics against a ministry selling anti-cancer herbs and ultimately ordering them to lie to their customers about their products. Tyrannical FTC Threatens Christian Church with Imprisonment for Selling Dietary Supplements. – 13 January 2009; https://web.archive.org/web/20100209112321/http://www.naturalnews.com/025303_the_FTC_health_dietary_supplement.html
FTC orders Daniel Chapter One to lie to customers about cancer remedies; ministry defends health freedom. - 3 September 2009; https://web.archive.org/web/20100209142018/http://www.naturalnews.com/026970_the_FTC_freedom_cancer.html

The FTC even went after Dr. Weil, threatening him with arrest and imprisonment for daring to accurately describe the immune boosting effects of the astragalus herb.

Adams M. FDA, FTC threaten Dr. Weil over immune-boosting supplements for H1N1 swine flu. – 22 October 2009 https://web.archive.org/web/20100210045026/http://www.naturalnews.com/027303_the_FTC_America_vaccines.html

Topping off the year of tyranny and oppression, in December the FDA staged an illegal kidnapping of herbal formulator Greg Caton who was threatening the cancer industry with his anti-cancer salve products made from Ecuadorian herbs. Adams M. FDA dupes Interpol to achieve illegal kidnapping and deportation of herbal formulator Greg Caton. – 16 December 2009;
https://web.archive.org/web/20100209063309/http://www.naturalnews.com/027750_Greg_Caton_FDA.html

Big Pharma corruption

2009 was also a bad year for Big Pharma. All kinds of new findings came out that show the dangers of pharmaceuticals. For example, did you know that HRT drugs shrink women's brains?

Feature articles on pharmaceuticals & Feature articles on drugs:
https://web.archive.org/web/20091231043303/http://naturalnews.com/*pharmaceuticals*.html
https://web.archive.org/web/20100213053527/http://www.naturalnews.com/*drugs*.html
Adams M. HRT Drugs Shrink Women's Brains. – Natural News, 19 January 2009
https://web.archive.org/web/20100210044415/http://www.naturalnews.com/025354_drugs_HRT_HRT_drugs.html

The drug industry was also shown to be engaged in blatant scientific fraud.
=> https://web.archive.org/web/20100323114629/http://www.naturalnews.com/fraud.html

AstraZeneca, for starters, taught its sales reps how to lie to doctors, and throughout the pharmaceutical industry, many clinical trials were exposed as being entirely fraudulent.=> AstraZeneca suppressed Information about Seroquel link to Diabetes, told Sales Reps to Lie. – Natural News, 27 February 2009
https://web.archive.org/web/20100209084531/http://www.naturalnews.com/025744_diabetes_drugs_Astrazeneca.html
Adams M. Big Pharma CEO Fakes Cancer while pill-pushing doctor Fakes clinical trial results for Bextra, Effexor and Celebrex. – Natural News, 12 March 2009
https://web.archive.org/web/20100209173823/http://www.naturalnews.com/025833_Big_Pharma_cancer_Bextra.html
Feature articles on pharmaceutical industry:
https://web.archive.org/web/20100213054509/http://www.naturalnews.com/pharmaceutical_industry.html

On the researcher side, Big Pharma scientist Dr. Scott Reuben was caught fabricating 21 studies – most of which were widely quoted by other doctors to push dangerous pills onto children.
Adams M. A Listing of the Twenty-One Fabricated Studies by Dr. Scott Reuben. – Natural News, 15 March 2009
https://web.archive.org/web/20100209160428/http://www.naturalnews.com/025852_anesthesia_drugs_medical_journals.html

Also in 2009, Pfizer actually admitted to committing felony crimes over its marketing of Bextra
Pfizer pleads guilty to felony crime in fraudulent marketing of Bextra, pays billions in fines. - 2 September 2009;
https://web.archive.org/web/20100209160428/http://www.naturalnews.com/025852_anesthesia_drugs_medical_journals.html

Merck was found to have created a "hit list" of doctors targeted for destruction – doctors who were speaking out against the safety of the company's drugs. Adams M. Merck employees had "hit list" of doctors they sought to "neutralize", court documents reveal. – Natural News, 28 September 2009.
https://web.archive.org/web/20100210024355/http://www.naturalnews.com/027116_Merck_doctors_vaccines.html

The company was also busted over its hiding of data about the dangers of Vioxx. => Adams M. Merck's Vioxx scandal widens: Drug maker knew Vioxx was deadly for years before risk was made public. - 25 November 2009
https://web.archive.org/web/20100210013539/http://www.naturalnews.com/027582_Merck_Vioxx.html
https://web.archive.org/web/20100310084213/http://www.naturalnews.com/dangers.html

Not to be out-frauded by Merck, Pfizer paid a record $1.3 billion fine in 2009 for intentionally misbranding its drugs. Feature articles on Merck: https://web.archive.org/web/20100205081509/http://naturalnews.com/Merck.html
Adams M. Pfizer to pay $1.3 billion criminal fine for misbranding its drugs. – Natural News, 19 October 2009
https://web.archive.org/web/20100209160249/http://www.naturalnews.com/027276_Pfizer_drugs_the_FDA.html

Similarly, the Dept. of Health and Human Services was caught backing a medical device "review board" that was actually led by a dead dog. => Adams M. Department of Health and Human Services Approves Fictitious Medical Device Review Board Led by a Dead Dog. – The Flu Case, 29 March 2009
https://web.archive.org/web/20100209135546/http://www.naturalnews.com/025955_health_America_medical_devices.html

Deadly Merck vaccines
On the vaccine front, Merck was under extreme fire for its Gardasil cervical cancer vaccines.
We promoted a petition to investigate Gardasil-related deaths (http://www.naturalnews.com/025646_G…),
and we published stories about young girls who died after receiving Merck vaccines (http://www.naturalnews.com/027151_c…).
One girl suffered permanent brain damage after a Gardasil injection (http://www.naturalnews.com/027188_N…).

In October, 2009, a top Gardasil researcher went public with information warning about the dangers of the vaccine (http://www.naturalnews.com/027196_c…), but she immediately retracted her story after being pressured by… guess who?

By the end of 2009, it was revealed that long-time head of the CDC, Dr. Julie Gerberding, had been in discussions with Merck about taking the job of president of Merck's vaccine division. She soon accepted that job and now works at Merck. (http://www.naturalnews.com/027789_D…)

This leap of such a high-profile government executive to a top position in Big Pharma underscored the ongoing "revolving door" between industry and government.

Making the vaccine topic even more convoluted in 2009, Baxter shipped vaccines materials containing live avian flu virus to 18 countries (http://www.naturalnews.com/025760_B…).

New information came out in 2009 about the link between **autism** and vaccines (http://www.naturalnews.com/027178_v…), and autism rates continued to skyrocket even while the conventional scientific community denied any and all links to pharmaceuticals or vaccines (http://www.naturalnews.com/027175_v…).

Big Pharma destroys the environment

Big Pharma was also caught destroying the environment throughout 2009. In India, for example, drug companies were caught dumping toxic pharmaceuticals into rivers (http://www.naturalnews.com/025415_w…).

Not surprisingly, lots of studies published in 2009 revealed that *fish are contaminated with pharmaceutical chemicals* (http://www.naturalnews.com/025933_p…).

Pharmaceuticals are even contaminated with chemicals themselves, we discovered. Some medications, for example, contain phthalates that "feminize" young boys (http://www.naturalnews.com/027514_p…).

Psych drugs and shootings

The psych drug industry received yet more bad news in 2009 as its drugs were shown to be even more dangerous than previously thought. ADHD drugs, in particular, were found to cause all sorts of bizarre side effects including making children hallucinate (http://www.naturalnews.com/025433_d…). Speaking of children, the FDA went out of its way to actually approve antipsychotic drugs for children (http://www.naturalnews.com/026429_h…), opening the doors to even more mass drugging of our nation's youth.

Thanks to the psych drug industry, there were of course more shootings in 2009 (http://www.naturalnews.com/025826_a…) and more sudden deaths from Ritalin (http://www.naturalnews.com/026459_a…). Both the Orlando and the Ft. Hood shooters were also linked to psychiatric drugs (http://www.naturalnews.com/027425_d…).

Food dangers

2009 was also a huge year for findings about *the contamination of the food supply*. High Fructose Corn Syrup ("liquid Satan") was found to be contaminated with mercury (http://www.naturalnews.com/025442_m…), and "natural" soy protein was found to be bathed in toxic hexane solvents (http://www.naturalnews.com/026303_h…).

Infant formula was routinely found to be dangerous to infants, including a finding that infant formula was contaminated with hexane (http://www.naturalnews.com/026315_h…). It was also revealed in 2009 that the USDA openly allows e.coli-contaminated meat to be sold as hamburgers (http://www.naturalnews.com/027414_d…). (They can also legally be made with beef from cows that are fed chicken feces.)

Also in 2009, the "Smart Choices" food labeling gimmick was revealed as a total fraud (http://www.naturalnews.com/027077_n…), discrediting Tufts University and its hilarious nutritionist who thinks processed sugary cereals are good for you.

Celebrity news

On the celebrity side, in 2009 Michael Phelps got caught smoking a bong (http://www.naturalnews.com/025489_s…), Oprah stirred up trouble by recommending KFC chicken dinners (http://www.naturalnews.com/026234_O…), Michael Jackson was killed by FDA-approved pharmaceuticals (http://www.naturalnews.com/026511_c…), and Patrick Swayze was killed by chemotherapy (http://www.naturalnews.com/027030_c…).

Actress Brittany Murphy was killed by "acute pharmaceutical toxicity" after taking a lethal combination of FDA-approved prescription drugs that nobody thought to test in combination (http://www.naturalnews.com/027781_B…).

Dr. Mehmet Oz, a very visible vaccine promoter, was also scrutinized for his financial relationship with a vaccine technology company that hilariously denied having anything to do with vaccines (http://www.naturalnews.com/027451_D…). NaturalNews readers conducted research on the company in question (SIGA Technologies) and found a huge amount of evidence linking the company to vaccines (including patents). (http://www.naturalnews.com/027483_S…)

On the bright side, I was fortunate to be able to conduct interviews with several courageous, outspoken celebrities including Jane Goodall (http://www.naturalnews.com/027714_J…) and Suzanne Somers (http://www.naturalnews.com/027526_S…).

Health freedom

Health freedom was under a major assault this year as sellers of raw milk found themselves targeted in state-run sting operations (http://www.naturalnews.com/027675_r…).

In order to try to enhance health freedom, I worked with the Life Extension Foundation (and other groups) to create the *Health Revolution Petition* (www.HealthRevolutionPetition.org), which offers a freedom-based health care reform system that restores health freedom and even would help save America from financial destruction by sharply reducing sick-care costs. It has so far been signed by over 35,000 people.

The mammogram scam exposed

2009 was also a terrible year for the mammogram industry, which found itself unable to hide the truth about its "detection" scam any longer. The world learned that *mammograms cause cancer* and actually harm more women than they help. (http://www.naturalnews.com/027742_m…)

Suzanne Somers bravely spoke out in an exclusive NaturalNews interview where she told the full truth about the dangers of mammograms and the fraud of the cancer industry (http://www.naturalnews.com/027526_S…).

The cancer industry, not surprisingly, still refuses to answer the *21 questions* I posed in a widely-read article about the mammogram scam: http://www.naturalnews.com/027549_m…

The cancer industry was also pounded by new research showing that chemotherapy causes long-term neurological damage. (http://www.naturalnews.com/027600_c…)

Profiteering was a big theme in the cancer industry this year. One drug company announced it would start selling a new cancer drug that costs *$30,000 a month* (http://www.naturalnews.com/027705_c…).

CT scans and medical imaging procedures were also exposed in 2009 as Americans learned the truth about how dangerous they are to your health (http://www.naturalnews.com/025767_c…). It turns out that being subjected to multiple CT scans is a lot like standing in the blast radius of an atomic weapon (http://www.naturalnews.com/027648_C…).

Health care reform

The health care reform debate took a turn for the worse in 2009 as nutritionally illiterate lawmakers passed a health care reform bill that seemed designed to bankrupt America (http://www.naturalnews.com/026628_h…) and destroy U.S. jobs (http://www.naturalnews.com/026643_h…).

While there was lots of talk about how to reform health care, the entire debate turned out to be nothing but a scam to force Americans to buy into rip-off conventional medicine services and insurance scams. All the important conversations about real health care reform never took place (http://www.naturalnews.com/026887_h…).

The entire future of America looked rather bleak as accelerating national debt collided with increased sickness and disease. In assessing the situation, I published a widely-read article about the "New Mr. America" — diseased and bankrupt. (http://www.naturalnews.com/026693_d…)

Following that, I posted a highly popular special report called *Nutrition Can Save America!* in which I laid out a plan for saving America by unleashing the healing power of food and natural remedies across the population. (http://www.naturalnews.com/027569_n…)

AIDS myths exposed

2009 was also the year in which the AIDS myth was exposed by a breakthrough documentary called *House of Numbers* (http://www.naturalnews.com/027355_A…).

It turns out that conventional AIDS theories are based on complete hogwash, and all a person really needs to prevent AIDS is a strong, healthy immune system (http://www.naturalnews.com/027354_A…).

The legal front

In 2009, Big Pharma sought to win blanket immunity for all drugs, but the U.S. Supreme Court surprisingly shot down the idea (http://www.naturalnews.com/025778_S…).

Throughout 2009, the courts continued to order parents to poison their children with chemotherapy (http://www.naturalnews.com/026283_c…). Young cancer patient Daniel Hauser was poisoned (virtually at gunpoint) by chemotherapy doctors acting on court orders (http://www.naturalnews.com/026305_m…).

Technology and DRM

On the technology front, Amazon.com pulled a huge Big Brother event by remotely deleting copies of the book *1984* from users' Kindle devices. NaturalNews responded by calling for a boycott on the Kindle (http://www.naturalnews.com/026804_D…).

We've since learned that the Kindle's security has been hacked, allowing users to copy off all their Amazon Kindle books as PDF files (yet another victory for the hackers over Big Brother).

Subatomic physics and the search for the God particle

In the realm of **subatomic physics**, 2009 was the year that people really started talking about the new Large Hadron Collider (a supercollider) and the search for the *Higgs Boson* particle. I wrote several important commentary pieces on this topic, explaining why there's no such thing as a Higgs Boson "particle" (http://www.naturalnews.com/025486_H…),

Also in the realm of science, 2009 was the year that U.S. Navy researchers finally admitted that *cold fusion* is, indeed, quite real, reversing decades of denials about this "free" energy technology which has been suppressed since 1989 (http://www.naturalnews.com/025925_c…).

Wake up, people!

In 2009, I also tried to educate people about the linguistic trickery used by modern medicine (http://www.naturalnews.com/025396_d…), but this topic turned out to be far too advanced and not many people "got it." This led to the publication of a very popular article asking why smart people are so stupid when it comes to issues like vaccines, nutrition and vitamin D (http://www.naturalnews.com/026843_h…).

In an effort to try to share natural health knowledge with the world, I personally built and launched the world's largest online encyclopedia of quotes from natural health authors, called NaturalPedia (http://www.naturalnews.com/026902_N…).

Positive news

Also on the good side, our non-profit Consumer Wellness Center (www.ConsumerWellness.org) handed out numerous grants to schools and education centers around the world that invested the money in teaching children (and some adults) about gardening, self-care, healing foods and more. Here are links to some of the awards we gave out: http://www.naturalnews.com/025235_f…
http://www.naturalnews.com/025391_n…

And here are a few of the success stories from this grant effort: http://consumerwellness.org/GrantSu…

Natural remedies revealed in 2009

We covered lots of news about natural remedies in 2009. Here are just a few of the ones we published on NaturalNews.com:

- Grapeseed extract kills leukemia cancer cells http://www.naturalnews.com/025248_c…
- Vitamin D halts growth of breast cancer tumors (http://www.naturalnews.com/025495_c…)
- Blueberries lower cholesterol (http://www.naturalnews.com/025866_b…)
- Resveratrol prevents cancer and heart disease - http://www.naturalnews.com/025977_r…
- Astaxanthin is a natural anti-inflammatory nutrient - http://www.naturalnews.com/026325_a…
- Natural anti-viral remedies can protect you from swine flu - http://www.naturalnews.com/026378_a…
- Yellow pea protein lowers blood pressure - http://www.naturalnews.com/026406_b…
- Vitamin D lowers health care costs - http://www.naturalnews.com/026770_V…
- Selenium helps prevent cancer - http://www.naturalnews.com/027158_s…
- Cinnamon helps prevent diabetes - http://www.naturalnews.com/027168_c…
- Garlic treats high blood pressure - http://www.naturalnews.com/027195_g…
- Chaparral treats cancer - http://www.naturalnews.com/027247_c…
- Omega-3 oils beat depression - http://www.naturalnews.com/027285_o…
- Oregano oil eliminates parasites - http://www.naturalnews.com/027333_p…
- Magnesium prevents heart disease - http://www.naturalnews.com/027392_m…
- Cabbage stops stomach ulcers - http://www.naturalnews.com/027454_c…
- Acupuncture reverses infertility - http://www.naturalnews.com/027467_a…
- Colloidal silver works better than antibiotics - http://www.naturalnews.com/027474_c…
- Green tea prevents brain disorders - http://www.naturalnews.com/027757_g…

2009 in summary

Well, there you have it! Those are the highlights of what NaturalNews covered in 2009. It was a year of outrageous quackery, FDA tyranny, censorship and criminal acts on the part of the pharmaceutical industry.

At the same time, it was also a year when more people finally woke up to the dangers of mammograms and CT scans. NaturalNews readership climbed substantially through 2009 as more people got turned on to the truth about natural remedies and the healing power of nutrition.

The FDA and Big Pharma is now increasingly under fire as a result of the events of 2009, and I suspect that in 2010 and beyond, the pharmaceutical industry is going to find itself under increasing scrutiny as more and more of its criminal operations are exposed.

But don't expect the mainstream media to have anything to do with that. All the really smart reporting is now happening on blogs and independent news sites. The mainstream media continues to play its "Truman Show" game of broadcasting a fictional reality to the people, hoping no one will notice what's *really* going on.

Thank you for reading NaturalNews in 2009, and we have a lot more in store for you in 2010 and beyond! With your help, perhaps we can see some real breakthroughs in health freedom in 2010. One day, we might even get to witness the arrest and criminal prosecution of Big Pharma's top executives who are guilty of crimes against humanity for continuing to wage chemical warfare against the people (while poisoning the environment at the same time).

Stay tuned for more news from NaturalNews.com throughout 2010!

Hindustan Times @100

Now, 'nano cocktail' to target and kill tumours

Hindustan Times, 5 January 2010, at 05:05 PM IST
https://www.hindustantimes.com/health-and-fitness/now-nano-cocktail-to-target-and-kill-tumours/story-iUbWVomdcztgXKxmjbCFMM.html

Scientists have developed what they call a 'cocktail' of nano-sized particles that is capable of identifying and killing cancerous tumors, in a breakthrough study.

In a breakthrough study, scientists have developed what they call a 'cocktail' of nano-sized particles that is capable of identifying and killing cancerous tumours.

According to the team from California and Massachusetts, the "cocktail" works in concert within the bloodstream to locate, adhere to and destroy cancerous tumours.

"This study represents the first example of the benefits of employing a cooperative nanosystem to fight cancer," said Michael Sailor, a professor of chemistry and biochemistry at the University of California, San Diego and the primary author of a paper.

The researchers have developed a system containing two different nanomaterials the size of only a few nanometers, or a thousand times smaller than the diameter of a human hair, that can be injected into the bloodstream.

One nanomaterial was designed to find and adhere to tumours in mice, while the second nanomaterial was fabricated to kill those tumours.

"For example, a nanoparticle that is engineered to circulate through a cancer patient's body for a long period of time is more likely to encounter a tumour," said Sangeeta Bhatia, a physician, bioengineer and a professor of Health Sciences and Technology at the Koch Institute for Integrative Cancer Research at MIT and a co-author of the study.

"However, that nanoparticle may not be able to stick to tumour cells once it finds them. Likewise, a particle that is engineered to adhere tightly to tumours may not be able to circulate in the body long enough to encounter one in the first place," she added.

When a single drug does not work in a patient, a doctor will commonly administer a cocktail containing several drug molecules. That strategy can be very effective in the treatment of cancer, where the rationale is to attack the disease on as many fronts as possible.

THE LANCET

Bryce J, Gilroy K, Jones G, Hazel E, Black RE, Victora CG.

The Accelerated Child Survival and Development programme in west Africa: a retrospective evaluation

Lancet, 11 January 2010 // 13 Feb 2010; 375(9714):572-82
doi: 10.1016/S0140-6736(09)62060-2.
https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(09)62060-2/abstract

Background

UNICEF implemented the Accelerated Child Survival and Development (ACSD) programme in 11 west African countries between 2001 and 2005 to reduce child mortality by at least 25% by the end of 2006. We undertook a retrospective evaluation of the programme in Benin, Ghana, and Mali.

Methods

We used data from Demographic and Health Surveys and Multiple Indicator Cluster Surveys to compare changes in coverage for 14 ACSD interventions, nutritional status (stunting and wasting), and mortality in children younger than 5 years in the ACSD focus districts with those in the remainder of every country (comparison areas), after excluding major metropolitan areas.

Findings

Mortality in children younger than 5 years decreased in ACSD areas by 13% in Benin (absolute decrease 18 deaths per 1000 livebirths, p=0·12), 20% in Ghana (21 per 1000 livebirths, p=0·10), and 24% in Mali (63 per 1000 livebirths, p<0·0001), but these decreases were not greater than those in comparison areas in Benin (25%; absolute decrease 36 deaths per 1000 livebirths, p=0·15) or Mali (31%; 76 per 1000 livebirths, p=0·30; comparison data not available for Ghana). ACSD districts showed significantly greater increases than did comparison areas in coverage for preventive interventions delivered through outreach and campaign strategies in Ghana and Mali, but not Benin. Coverage in ACSD areas for correct treatment of childhood pneumonia, diarrhoea, and malaria did not differ significantly from before to after programme implementation in Benin and Mali, but decreased significantly in Ghana for malaria (from 78% to 53%, p<0·0001) and diarrhoea (from 39% to 28%, p=0·05). We recorded no significant improvements in nutritional status attributable to ACSD in the three countries.

Interpretation

The ACSD *project did not accelerate child survival* in Benin and Mali focus districts relative to comparison areas, probably because coverage for effective treatment interventions for malaria and pneumonia were not accelerated, causes of neonatal deaths and undernutrition were not addressed, and stock shortages of insecticide-treated nets restricted the potential effect of this intervention. Changes in policy and nationwide programme strengthening may have benefited from inputs by UNICEF and other partners, making an acceleration effect in the ACSD focus districts difficult to capture.

aerzteblatt.de

Arzneimittelkommission will mehr Transparenz bei Studien

Aerzteblatt, 11 Januar 2010
http://www.aerzteblatt.de/nachrichten/39606/Arzneimittelkommission_will_mehr_Transparenz_bei_Studien.htm

Berlin – Die Arzneimittelkommission der deutschen Ärzteschaft (AkdÄ) kritisiert die Informationspolitik der Arzneimittelforschung. „Wir brauchen dringend mehr Transparenz bei der Veröffentlichung klinischer Studien“, forderte der AkdÄ-Vorsitzende Wolf-Dieter Ludwig im Rahmen des Interdisziplinären Forums der Bundesärztekammer (BÄK) in Berlin.

Zu oft würden die Ergebnisse von der Pharmaindustrie zu spät bekannt oder überhaupt nicht publiziert. „Es ist deshalb richtig und wichtig, dass sich das Bundesgesundheitsministerium für eine schnelle Veröffentlichung von Studienergebnissen bei der Arzneimittelforschung einsetzen will“, sagte Ludwig.

Er warnte in diesem Zusammenhang auch davor, die Informationen zu häufig als vertraulich einzustufen und dadurch der Öffentlichkeit vorzuenthalten. Selbst bei bereits zugelassenen Medikamenten sei es für Ärzte und Patienten schwierig, verlässliche Informationen zu erhalten, so die Kritik.

Neben der Arzneimittelsicherheit rückt laut AkdÄ die Arzneimitteltherapiesicherheit immer stärker in den Blickpunkt der Gesundheitsberufe und der Öffentlichkeit. „Wechselnde Behandlungsteams und das hektische Umfeld einer akuten Krankenversorgung können dazu führen, dass ohne gezielte Maßnahmen eine hohe Versorgungsqualität nicht zu gewährleisten ist“, erklärte Walter Emil Haefeli vom Universitätsklinikum Heidelberg.

Bei der Fehleranalyse hätten sich in der Vergangenheit elektronische Hilfsmittel bewährt, mit denen etwa Überdosierungen oder unerwünschte Wechselwirkungen vermieden werden sollen. Diese Systeme müssten aber zunächst im Alltag getestet werden, weil andernfalls durch deren Nutzung neue Fehler verursacht werden könnten, warnte Haefeli

=>

THE FLU CASE

German Drug Regulator Criticises Lack of Transparency with Big Pharma Studies

The Flu Case, 12 January 2010 10:43
https://web.archive.org/web/20100220012427/http://www.theflucase.com/index.php?option=com_content&view=article&id=2545%3Agerman-drug-regulator-criticises-lack-of-transparency-with-big-pharma-studies&catid=1%3Alatest-news&Itemid=64&lang=en

The head of the Drug Commission of the German Medical Association Wolf-Dieter Ludwig has said that "more transparency with the publication of clinical studies" is "urgently" required, reports the Ärtzeblatt.

Ludwig said that the result of studies by pharmaceutical companies were published too late or not at all too often, and that a lack of adequate information could undermine effective health care.

THE FLU CASE

Brian Dodds

Protocols for vaccine approval

The Flu Case, 12 January 2010
https://web.archive.org/web/20100220012406/http://www.theflucase.com/index.php?option=com_content&view=article&id=2539%3Aprotocols-for-vaccine-approval-by-brian-dodds&catid=1%3Alatest-news&Itemid=64&lang=en

It needs to be understood that the protocol for deciding a vaccine is 'safe' is different from the protocols of deciding a vaccine is 'unsafe'.

'Clinical', and I repeat 'clinical' trials are undertaken for any vaccine proposed for administration to the general public. Clinical trials means that the vaccine is administered to a number of people and the side-effects are documented. If the side-effects are considered to be within the acceptable limit, the drug or vaccine is approved for general use.

In the case of severe reactions or even death from a drug or vaccine, one could say that under the protocol of clinical results, the SIDE-EFFECTS were shown to be UNACCEPTABLE.

However this protocol is not accepted by the medical authorities. The medical authorities require it to be 'scientifically' proven that the vaccine caused the person's demise.

Nobody can ‘scientifically’ prove a vaccine caused a certain reaction or even death, just the same as nobody can 'scientifically', prove that a drug or vaccine is safe.

Even though compensation is often paid out when large amounts of adverse reactions to a

vaccine or drug are documented, it is only in cases like 'thalidomide' where the evidence is so overwhelming that the drug companies were forced to take responsibility and admit the drug was the cause.

We need to demand that an inquiry be made into these discrepancies in the medical system.

Brian Dodds; Medical researcher and author of the book *Full Regeneration*: The Ultimate Health Journey; www.fullregeneration.com
http://www.youtube.com/watch?v=BJtILLe3eEQ

NEWS BBC

UN child-death campaign 'failed'

BBC News, 13 January 2010 12:57
http://news.bbc.co.uk/2/hi/africa/8455444.stm

A UN programme to combat child deaths from disease in West Africa has failed, a Johns Hopkins University study says.

Unicef spent $27m (£17m) rolling out vaccinations, vitamin A pills and bed nets to protect against malaria from 2001 to 2005 in areas of 11 countries.

The researchers studied parts of Ghana, Mali and Benin and said children often survived better outside the UN scheme.

Unicef said the programme succeeded in raising standards of care across whole countries, not just in target areas.

Jennifer Bryce, of the Johns Hopkins Bloomberg School of Public Health, told the BBC's Focus on Africa there had been "too many missed opportunities to save children's lives".

"The lives of many children with pneumonia, diarrhoea or malaria could have been saved if a trained community health worker had been on hand to provide correct treatment," she said.

"But instead what we found was there were few gains [in the areas covered by Unicef] for providing treatment for these diseases - and some losses."

'Success, not failure'

The study, published in the British medical journal Lancet, claimed that child deaths fell by 13% in areas of Benin targeted by Unicef.

But in areas of the country where the programme was not introduced, the death rate dropped by almost 25%.

In Mali the researchers found death rates fell by 24% in districts where the Unicef programme was set up, *but 31% elsewhere in the country*.

The UN agency's Mickey Chopra told the BBC it was a misinterpretation to say the programme had failed.

"The programme always was about encouraging governments... to put these interventions in place all over the country," he said.

"And we showed that coverage of things like vaccinations, vitamin A pills and bed nets did increase all over the countries after the programme had started.

"So the fact that we succeeded in increasing coverage of these interventions across the whole country – which in turn meant that the whole country showed improvement – is a success of the programme not a failure."

Unicef's aim was to reduce the death rate by at least 25% by the end of 2006.

MEDPAGETODAY®

John Gever

Research Fraud Probe Leads to Criminal Charge

MedPage Today, 15 January 2010
http://www.medpagetoday.com/PublicHealthPolicy/Ethics/17985

Massachusetts anesthesiologist accused of fabricating data in studies of pain drugs will plead guilty to federal criminal charges under an agreement with prosecutors.

Scott Reuben, MD, a well-known pain researcher at Baystate Medical Center in Springfield, Mass., was charged with one count of healthcare fraud.

Early last year, the hospital announced that an internal audit had revealed that Reuben had made up research data out of whole cloth, affecting at least 21 published studies over a 15-year period.

The criminal charge arose from one of those studies, funded by Pfizer and published in Anesthesia & Analgesia in 2007.

According to the U.S. Attorney's office in Boston, Pfizer had given some $74,000 to Reuben for a placebo-controlled study of celecoxib (Celebrex) as part of a "multimodal" painkiller regimen for outpatient knee ligament surgery. The study was to enroll 100 patients.

Reuben subsequently reported to Pfizer and in the journal article that 200 patients entered the trial and that the celecoxib regimen was effective.

"In fact, Reuben had not enrolled any patients into that study, and the results reported both to Pfizer and to Anesthesia & Analgesia and, in turn, to the public were wholly made up by Reuben and therefore false," prosecutors wrote in a court filing.

Reuben could receive up to 10 years of jail time, to be followed by three years of supervised release and a $250,000 fine, but prosecutors agreed in the plea deal to recommend penalties at the low end of the range allowed in sentencing guidelines.

The agreement also requires Reuben to pay a total of about $362,000 in restitution to Pfizer and other pharmaceutical companies, plus $55,000 in fines and forfeitures.

Last year, after Baystate announced its findings on Reuben, the 21 articles it identified as tainted were retracted by the journals publishing them.

The National Library of Medicine's PubMed system lists more than 70 articles published since 1991 with Reuben as an author. The 21 retracted articles all listed Reuben as first author.

The editor of one journal that had published Reuben's research, Regional Anesthesia and Pain Medicine, contacted other investigators on six studies in which Reuben was a secondary author.

They all attested to the truthfulness of the reported data, according to the journal editor, Joseph M. Neal, MD. The journal ended up retracting only the one paper which had Reuben as lead author.

Reuben's contract with Baystate was terminated last March, at which time he reportedly also agreed with the state's medical board to voluntarily withdraw from practice.

The Day

Lee Howard

Former Pfizer representative charged with health care fraud

The Day, 15 January 2010, 12:00 AM
https://www.theday.com/local-news/20100114/former-pfizer-representative-charged-with-health-care-fraud/

Dr. Scott S. Reuben, a former member of Pfizer Inc.'s speakers' bureau accused last year of perpetrating one of the biggest research frauds in medical history, was charged today in a federal court in Boston with falsifying medical research studies.

Reuben, formerly chief of acute pain at Baystate Medical Center in Springfield, Mass., faces up to 10 years in prison and a $250,000 fine.

U.S. Attorney Carmen M. Ortiz accused Reuben of accepting a $75,000 grant from Pfizer to research the effectiveness of pain medication Celebrex for a 2005 study in which no patients were actually enrolled. Prosecutors allege that Reuben made up the data, which he subsequently published in the medical journal "Anesthesia & Analgesia."

The data supported the conclusion that Celebrex was effective in helping post-operative patients who had received a particular type of knee surgery on the anterior cruciate ligament. "Anesthesia & Analgesia" later had to retract 10 papers written by Reuben, and medical experts at the time said at least 21 journal articles by the anesthesiologist appeared to be fabricated.

Reuben's studies had been considered pioneering at the time they were published. His data had supported the use of two of Pfizer's major products — Celebrex and Lyrica — in combination to treat certain types of post-operative pain.

Pfizer said it had supported five of Reuben's research initiatives. Pfizer, which declined at the time to reveal how much it paid Reuben over the years to be part of its speakers' bureau, said the company played no part in the fraud.

Last March, Reuben was dismissed from his position at Baystate Medical Center after an audit revealed he had been inventing data for as many as 13 years.

Age of Autism

False Testimony Denies Lancet Doctors a Fair Hearing

Age of Autism, 27 January 2010
https://www.ageofautism.com/2010/01/-false-testimony-denies-lancet-doctors-a-fair-hearing.html#more

(27 January, London) A First Amended Complaint on behalf of 21 US and UK autism and vaccine safety advocacy organizations against Drs. Horton, Salisbury, Zuckerman, Pegg, and Rutter alleging, inter alia, that they gave false statements and testimony as prosecution witnesses in the proceeding brought by the General Medical Council (GMC) has been filed today. The false testimony on the two core issues (alleged conflicts of interest and unethical research) has irrevocably corrupted the proceeding against Drs. Wakefield, Walker-Smith, and Murch, and deprived them of a fair hearing. The objective documentary evidence demonstrates that Dr. Wakefield did not have a disclosable financial conflict; that Dr. Horton (Lancet Editor) was well aware of Dr. Wakefield's participation in MMR litigation, suppressed that knowledge from the public, and then feigned surprise six years later in order to shift "blame' for publication of the controversial article to Dr. Wakefield; and that the Ethics Committee had approved the taking of additional biopsies by colonoscopy well before any of the 12 Lancet children were examined. We call upon the GMC to immediately dismiss the complaints against Dr. Wakefield, Walker-Smith, and Murch and begin an appropriate investigation against Drs. Horton, Zuckerman, Salisbury, Pegg, and Rutter.

Summary of the Allegations in the First Amended Complaint

This First Amended Complaint includes two new Counts against Professor Sir Michael L. Rutter. Count VII alleges that he failed to disclose in at least four papers published between 2005 and 2009 that he had a crucial conflicting financial interest as a highly paid expert witness for the vaccine industry (and for the U.S. Government that defends industry in Vaccine Court) in at least three major litigation projects, U.S. litigation concerning mercury (thimerosal) as a cause of autism, the U.K. MMR litigation, and the U.S. Omnibus Autism Proceeding (concerning both MMR and thimerosal as causes of autism). Although Professor. Rutter's non-disclosure of a conflicting financial interest is precisely the same as that alleged against Dr. Wakefield (involvement in MMR litigation), the scope of Professor. Rutter's wrongful conduct is far worse, involving multiple litigation projects, at least four papers, and the more stringent modern disclosure obligation.

Count VIII alleges that Professor. Rutter gave false expert testimony in this FTP hearing by stating his opinion that Dr. Wakefield had a duty to disclose his participation in MMR litigation in the Lancet Case Series. In the alternative, Professor. Rutter misled the Panel by hiding his own non-disclosure of the same type of conflicting interest for which he condemns Dr. Wakefield. If Professor. Rutter doesn't honestly believe (although this would contravene the express language in the modern disclosure guidelines) that acting as a litigation expert on precisely the same subject discussed in his published papers (and on which he relies for his opinion in litigation) is a disclosable conflict, then he is falsely accusing Dr. Wakefield of breaching a non existent duty. Or, if he honestly believes this is a disclosable interest, then his testimony is false and misleading because he has concealed the fact of his own pattern of non disclosure.

Allegations in the Original Complaint

Count I alleges that Dr. Horton knew of Dr. Wakefield's participation the UK MMR litigation, did not consider it a disclosable interest, and hid this knowledge from Lancet readers in 1998. Dr. Horton's claim six years after publication of the Lancet Case Series that it would never have been published had he known of Wakefield's participation in MMR litigation was false because he was twice informed of Dr. Wakefield's relationship with MMR litigation a year before and five days after publication. Horton, not Dr. Wakefield, decided that the disclosure of a "perceived" conflict (where no actual conflict existed) was simply not necessary as part of the published Case Series. He concealed the Lancet's knowledge of Dr. Wakefield's participation in MMR

litigation when the possibility of "litigation bias" was raised by a reader immediately after publication. Attachment 1 is a side-by-side comparison of the letters received by Horton four days after publication, and the redacted version published in May, 2008. By feigning ignorance of the Wakefield litigation relationship, and outrage at somehow being misled, six years later when the allegations were raised by Deer, Horton was able to shift "blame" for decisions he had made and information he had concealed to a scapegoat (i.e. Drs. Wakefield, .Murch, and Walker Smith) once it had become evident that someone had to pay a price for the "unpleasantness" surrounding vaccine safety concerns. Moreover, Horton conspired with a "medical regulator" to motivate a GMC investigation while boasting that the GMC "had not a clue where to begin."

Count II alleges that Dr. Horton's informal "gag" rule barring publication of material critical of vaccine safety breaches his professional duty as Editor of the Lancet to support scientific freedom and freedom of inquiry and avoid censoring material that might be "politically" unpopular or critical of industry. Dr. Horton's de facto "gag" rule censoring publication of science that calls vaccine safety into question obstructs justice by depriving the courts of the evidence they would need to find a vaccine caused injury and is an unprofessional and misguided attack on the ethics of scientists and lawyers who would work together to seek justice for injured children.

Count III alleges that then Dean Zuckerman falsely denied his knowledge that Dr. Wakefield would, if asked at the press conference accompanying publication, recommend the single (monovalent) measles, mumps, and rubella vaccines as a precautionary measure until the safety of MMR could be further examined. Dr. Zuckerman's claim that he was unaware that vaccines would be discussed at a press conference accompanying publication was false because he had specifically instructed Dr. Wakefield to urge continued use of the monovalent measles vaccine as a safer alternative to MMR. Attachment 2 is Dr. Zuckerman's Jan. 22, 1998 letter instructing Dr. Wakefield to recommend the monovalent vaccines at the post-publication press conference ("It is vital, in your own interest and that of children, that you state clearly your support for monovalent vaccination.").

Count IV alleges that Dr. Pegg falsely claimed that the research biopsies for the Lancet children had not been approved by the Ethics Committee. Dr. Pegg's claim that the research aspects of Lancet Case Series were unethical was false because his own Ethics Committee had approved the collection of tissue samples (as project 162-95) well before the first child was ever examined. Attachment 3 is the Ethics Committee Sept. 5, 1995 approval letter for research biopsies.

Count V alleges that Dr. Salisbury has seriously misled the public by making unsupported claims regarding MMR safety. Dr. Salisbury's claim that MMR has an "exemplary" record of safety is unfounded and misleading. Two of the three brands of MMR have been withdrawn for safety reasons He has misused his official position by attempting to discredit and silence Dr. Wakefield and others who have a moral and ethical duty, and a right of free speech, to criticize the safety of MMR. Count VI alleges that he has also concealed material information relating to the safety of MMR from the public.

The False Testimony Has Fatally Inflused this FTP Hearing

The allegations of false and misleading testimony are directly relevant to the core charges before the Panel. Not only did Dr. Wakefield have no duty under the then-applicable disclosure standard, it was actually Dr. Horton that concealed Dr. Wakefield's participation in the MMR litigation, only to later feign ignorance to shift blame to a scapegoat for all the "unpleasantness" surrounding the debate over MMR safety. The research aspects of the biopsies on the Lancet children had in fact been approved by the Ethics Committee as Project 162-95. Professor. Rutter could not have honestly believed that Dr. Wakefield violated a disclosure obligation because he did not disclose his own much more extensive participation as an expert in defense of the vaccine industry in several papers. More generally, it will be impossible for the Panel to distill any remaining bits of honest testimony because the false testimony has been so pervasive and has infected the core subjects of this inquiry.

The Interest of the Complaining Organizations

The false testimony alleged in the First Amended Complaint has harmed, and will continue to harm, children by chilling and reducing funding for research into causes of and treatments for autism, and clinical care. The documentary evidence now reveals that there was no merit to the core allegations brought in 2004 by Complainant Brian Deer. Furthermore, the FTP proceeding has been irreparably tainted by false testimony. Accordingly, the Organizations in the First Amended Complaint ask that the FTP hearing against Drs. Wakefield, Murch, and Walker Smith be terminated immediately. Declaring this diversion at an end will facilitate a return to the urgent scientific and public health challenge at hand, finding the cause of and treatments for autism, and restoring public confidence in the vaccination program with an aggressive 'safety first" research agenda. The false testimony and the ensuing GMC FTP hearing have had the effect of delaying necessary research into cause and treatment for autism, and dissuading scientists from pursuing research relating to vaccines as a cause of chronic

disease. The ultimate victims of this false testimony are children whose autism could have been prevented or more effectively treated.

The MMR Controversy

This inquiry does not address and will not resolve the growing controversy over MMR safety, and the safety of the vaccine schedule in general. In 2005, the prestigious Cochrane Collaboration concluded, "The design and reporting of safety outcomes in MMR vaccine studies, both pre- and post-marketing is largely inadequate. The evidence of adverse events following immunisation with MMR cannot be separated from its role in preventing the target diseases." Demicheli V, Jefferson T, Rivetti A, et al. Vaccines for measles, mumps and rubella in children. Cochrane Database Syst Rev, 2005(4):CD004407. To date, the US Vaccine Court has paid 295 damage awards, and in vaccine injury cases decided since 1988 has paid $1.8 billion (an under-estimate of actual injury because of a very short statute of limitations).

The Vaccine-Autism Controversy

The US Vaccine Court (by decision) and the US Government (by concession) have concluded that vaccines, specifically MMR, can cause autism. The debate, and the need for reallocating research support, now shifts to how many children have been affected (for purposes of compensation) and how to prevent new cases and treat those already vaccine-damaged.

Vaccine-caused autism was first described in the medical literature by Sir Michael Rutter. In a lengthy review article on the biological basis of autism, Sir Michael described a genetic study of families affected by autism, from which some children were excluded on the basis that their autism could be explained by some known "medical condition of probable aetiological [causal] importance." Sir Michael explained one of the exclusions: "Only eight of the cases can be regarded as having a probably causal medical condition, a child with epilepsy and a temporal lobe focus on the EEG [Electroencephalogram] who had an onset following immunization." Rutter M et al., "Autism and known medical conditions: myth and substance," J Child Psychol and Psychiat. 1994;35:311-322. doi: 10.1111/j.1469-7610.1994.tb01164.x. PMID: 8188801.

The "vaccine court" in the United States began compensating vaccine autism claims in 1991. See Kleinert v. Dept. of Health and Human Services ("HHS"), 1991 WL 30664, (Cl.Ct., 1991 (No. 90-211V) (seizure disorder after DPT which is under control and a condition known as over-focussing, similar in some respects to autism). Since then, the court has published at least nine more decisions awarding compensation for vaccine-caused autism. HHS has found the evidence so persuasive that it has conceded liability before trial in an unknown number of autism cases. In a 2001 concession, Hiatt v. HHS, a child with MMR-caused autism was awarded $5.1 million dollars. In a case conceded in 2007, Poling v. HHS, a child who received five vaccines (nine antigens) in one day, one of which was MMR, developed autism. See Kirby, "The Vaccine Court Document Every American Can Read," Huffington Post (Feb. 26, 2008) CBS News: Court Links Hepatits B Vaccine to a Death.

In the most recent MMR case, the court found liability for MMR-caused ASD. See Banks v. HHS, 2007 WL 2296047 (Ct. Cl. 2007) (No. 02-0738V). The Court found that Bailey would not have suffered this delay but for the administration of the MMR vaccine...a proximate sequence of cause and effect leading inexorably from vaccination to PDD (autism). The Court ruled in a subsequent MMR case, Zeller v. HHS, 2008 WL 3845155, that the vaccine caused brain injury and developmental delay.

The Threat to Clinical Medicine

Much of this case surrounds the boundary between clinical care and research on human subjects (requiring ethics approval). GMC guidance specifically excludes "innovative therapeutic interventions" from the definition of "research." But this is precisely what the Royal Free was providing to desperately ill children. For a disciplinary body ten years later to reclassify clinical care as "research" (putting the licenses of some of the most prestigious doctors in the world) strikes at the heart of the profession of medicine, and will forever "chill" quality care.

Growing Concerns Over Prosecution Misconduct

In addition to issues of credibility, there is increasing concern of prosecutorial misconduct that the panel may wish to consider, including the intentional or negligent use of false testimony, withholding crucial evidence, and the mis-wording of a key charge.

Charge 39 Alleges the Wrong Disclosure Standard:

Charge 39 defines a "disclosable interest" as including: matters which could legitimately give rise to a perception of a conflict of interest in relation to your role as a co author of the Lancet paper.

This was not the disclosure standard applicable to Dr. Wakefield in 1998, which was:

The conflict of interest is a simple one. Is there anything e.g. a shareholding in or receipt of a grant or consultancy fees from a pharmaceutical company or a contract from a medical devices manufacturer that would embarrass you if it were to emerge after publication and you had not declared it.

The Lancet's rules in 1998 allowed authors to judge for themselves what they considered to be a conflict and disclose as necessary. However, the disclosure standard charged by the prosecution invites the Panel to judge a disclosable interest by an objective "reasonable person" standard. This reflects the current and much more strict standard, developed beginning in 2001. Dr. Horton and several journal editors explained the development of this more objective approach to disclosable conflicts as "The potential for conflict of interest can exist whether or not an individual believes that the relationship affects his or her scientific judgment." Davidoff, M., et al., "Sponsorship, Authorship, and Accountability," Lancet. 2001 Sep 15;358(9285):854 6. The prosecution charged the wrong standard because it had no evidence of Dr. Wakefield's state of mind, and therefore could not prove, a violation of the subject standard extant in 1998.

Prior Approval of Biopsies By Ethics Committee

Documents recently released under the Freedom of Information Act reveal that Complainant Brian Deer was specifically aware the taking of biopsies on the Lancet children for research purposes had the prior approval of the Ethics Committee, and therefore that his 2004 allegation of unethical research was false. Presumably he turned over this document to the GMC; otherwise he would have risked exposure as a fraud for withholding key evidence following any serious initial investigation by the GMC staff. Thus, the prosecution may have known as early as Deer's Complaint that the biopsies Attachment 4, had been approved by the Ethics Committee under project code 162-95. It is entirely possible that Deer withheld this document (although that would call into question his status as a bona fide investigative journalist), but a competent investigation should have uncovered the 162-95 approval. As alleged in the First Amended Complaint, Dr. Pegg (then Chairman of the Ethics Committee) gave false evidence and testimony by failing to acknowledge the 162-95 approval (perhaps because he failed to fulfill his duty under GMP to adequately investigate and prepare his testimony). Nevertheless, the actual approval letters for 162-95 were placed in evidence by Dr. Walker-Smith. See Ex. 38 (Sept. 5, 1995 Ethics Committee letter granting approval of project 162-95). Even if there had been no prior knowledge of the ethics approval on the part of the prosecution, the charges relating to the lack of ethics approval should have been summarily dismissed at this point. The 93 pages of GMC charges contain 89 references to 172-96 and specifically state there was no other applicable ethical approval. The pendency of allegations by an official body, GMC, of unethical research, now shown objectively to be false, causes ongoing harm to the accused doctors.

False Evidence and Testimony

The false testimony by five key prosecution witnesses has irreparably tainted this proceeding, undermining the guarantee of a fair decision. The integrity of the GMC is at risk in this proceeding. GMC has a solemn and vital responsibility to protect patients and public trust in the medical profession. But it is now clear that this prosecution was not brought in good faith, and should have been dismissed long ago. By re-labeling "innovative therapeutic interventions" and appropriate clinical care as "unethical research" and exposing the routine day-to-day decisions of a dedicated team of the country's leading scientists to meticulous scrutiny at risk of medical license, the practice of medicine will become increasingly mediocre and a noble profession turned into unskilled labor. This case is more a witch hunt or show trial, brought to settle old scores, "blame" innocent scapegoats for actions and inactions taken by many of the prosecution witnesses, conceal the poor quality of care given to desperately ill autistic children, divert attention from the lack of adequate research on vaccine safety, and generally to cover a host of backsides. The "chilling" damage done to these hard-working and dedicated doctors and to doctors and scientists generally – and thereby to the children they care for – is incalculable.

THE DENVER POST

Colleen O'Connor

Pilot program provides shots to kids in Denver schools

The Denver Post, 28 January 2010, 2:33 p.m.
https://www.denverpost.com/2010/01/28/pilot-program-provides-shots-to-kids-in-denver-schools/

The federal government on Thursday launched a new program in Denver designed to increase childhood immunization rates. It is the first school-located program in the country to offer vaccines to all students, regardless of socioeconomic status, experts say.

Denver is one of two cities to test the program in elementary schools and the only city to test it in middle schools.

As recently as 2003, Colorado ranked 50th in the nation for childhood immunizations. Dr. Judith Shlay, a family physician at Denver Health who is the project's principal investigator, said those rates are improving, but Colorado could do better, especially among adolescents.

According to the Centers for Disease Control and Prevention, in 2008 about 91 percent of Colorado kids between the ages of 13 and 17 were up to date on measles, mumps and rubella vaccine. But only 32.4 percent had been inoculated against meningococcal meningitis, which is recommended for teens.

"Adolescents are a hard population to reach," said Dr. Matthew Daley, a pediatrician and vaccine research expert with Kaiser Permanente who is working with researchers at the University of Colorado and Denver Health Medical Center to evaluate the model.

By the time they reach middle school, most kids are up to date on vaccines required to enroll in school. And they are typically well, so they don't often visit a doctor who might recommend they receive inoculation for illnesses such as human papillomavirus and influenza.

"This is the most important preventative service we can offer children," said Dr. Judith Shlay, a family physician at Denver Health who is the project's principal investigator.

Offering inoculations at school makes life much easier for parents, who don't need to leave work to drive kids to a clinic or doctor's office. They just sign consent forms that are sent home, and then everything is done at school.

Parents never see a bill. The health insurance plans are billed directly.

Funding for the program comes from two grants from the CDC totaling $1.6 million.

The program is run by a partnership made up of Denver Public Schools, Denver Health, the University of Colorado Denver and Kaiser Permanente.

It's being tested in 20 elementary schools and eight middle schools, where a total of 4,000 students are expected to receive vaccines by the end of this school year.

On Thursday, about 130 students at Henry Middle School were vaccinated for seasonal and H1N1 influenza, meningococcal meningitis and for tetanus, diphtheria and pertussis. Girls also received HPV.

At the auditorium in Henry, students got a shot in each arm and a whiff of nasal spray. “I was really scared at first,” said Cheyenne Schneider, 13. “I was really happy they did it all at once. I just felt a pinch. It turned out better than I thought.”

In Denver elementary schools, the children receive flu vaccines.

According to the CDC, during the 2007-08 school year, 21 percent of Colorado’s school-age kids who were not in high-risk groups were vaccinated against flu; 36 percent of the kids in high-risk groups received the inoculation.

“That’s not good,” Shlay said. “It should be higher.”

Middle-school students will receive a booster for tetanus, diphtheria and pertussis. Shlay said that in the 2006-07 school year, 63 percent of Colorado’s adolescent students received the vaccine, compared with the national average of 41 percent.

“That is a required vaccination and still not all kids were vaccinated, so there’s room to grow,” Shlay said.

On Thursday, participating teens also were vaccinated for flu and meningococcal meningitis, which are not required by the state.

Research goals of the program include determining the cost of school-located vaccinations, the feasibility of billing health insurance plans, and how well they are accepted by parents and providers.

Data also will be collected to compare the vaccination rates in schools where this program is provided with schools not part of the pilot.

MEDICAL VERITAS
THE JOURNAL OF TRUTH IN HEALTH SCIENCE

Leonard G. Horowitz

Medicine Misdirected Publishing Monopoly

Medical Veritas: The Journal of truth in Health science, 2010, January, N 1
https://web.archive.org/web/20100119152527/http://web.mac.com/len15/MedicalVeritas/Volume_7;_Number_1_January,_2010.html

Special Message from the Editor

This new online format of MEDICAL VERITAS features an article by investigative journalist Sherri Kane in collaboration with this new Editor-in-Chief, submitted (Dec. 3, 2009) for publication initially to The Lancet. "PHARMAGANDA: A Study in Conflicting Interests," we sent to Lancet editors because they published a commentary on April 6, 2002, condemning the impact of special interests on the practice of medicine.

A few days later (Dec.10, 2009) we received a rejection notice from the Senior Executive Editor, Sabine Kleinert, without any criticism or suggested redirection as the system of peer reviewing was established to provide for everyone's benefit in advancing science.

Determined to understand why this rejection was administered, in light of this paper's obvious urgency, I Google-searched the corporate owners of The Lancet and quickly determined the journal's publisher, Elsevier, had been purchased by the Reed Company. The merger formed Reed-Elsevier, a virtual monopoly over the entire medical and scientific publishing industry.

Elsevier alone publishes 250,000 articles annually in 2000 journals. How many of these can a good doctor read? Reed-Elsevier's archives contain seven million publications important to authors who research the "old stacks." Total yearly downloads of this company's articles amount to 240 million. Multiply that times $30 per download and you get more than $7 billion.

Who's making the money? Not surprisingly, BigPharma mainly.

Recently, in an Australian court, Merck & Co. was sued by a user of VIOXX. The plaintiff alleged that Merck paid Elsevier to publish the Australasian Journal of Bone and Joint Medicine, which appeared to be a peer-reviewed academic journal but only contained articles promoting Merck's drugs. => https://en.wikipedia.org/wiki/Australasian_Journal_of_Bone_%26_Joint_Medicine

Merck first denied claims that the articles in this "complimentary publication" were authored by Merck's ghost writers. Company officials defended saying all reprints came from peer-reviewed medical journals. In May 2009, however, Elsevier conceded by stating that their "sponsored article compilation publications," are produced "on behalf of pharmaceutical clients," and are "made to look like journals." The company admitted neglecting "the proper disclosures" fooling doctors and patients alike.

ChoicePoint

Even more disturbing is that Reed-Elsevier purchased ChoicePoint in 2008 for $3.6 billion in cash.

According to online descriptions of ChoicePoint, this is a "prime intelligence service." The company supplies governments and multinational corporations with demographic data, including

confidential voter records. The company is best known for its administration of corrupted records used to certify Past-President George W Bush's contested 2000 election.

ChoicePoint=> https://web.archive.org/web/20100303000705/http://en.wikipedia.org/wiki/ChoicePoint

Yes, you read that right. According to Wiki online:

"In the aftermath of the vote, the owner of DBT Online, ChoicePoint, was accused of cooperating with Florida Governor Jeb Bush, Secretary of State of Florida Katherine Harris, and Florida Elections Unit Chief Clay Roberts, in the voter fraud conspiracy involving the central voter file. It was also accused of having a bias in favor of the Republican Party, for knowingly using inaccurate data, and for racial discrimination."

Additional online research shows that many people are concerned about ChoicePoint's census data, acquired and provided to untrustworthy agents, government agencies, companies and even crime rings.

It seems even those interested in geneology or genetics--like leading eugenicists and "family planning" pioneers Margaret Sanger and Adolf Hilter--reference ChoicePoint's copious provision of data to anyone for a price.

Even the Better Business Bureau has warned unwary residents to resist disclosing confidential information to ChoicePoint's census informers that are now walking door to door across America.2

The Royal Society of Medicine

To advance this investigation further, following The Lancet rejection, we submitted, "PHARMAGANDA: A Study in Conflicting Interests," for review and possible publication in the Journal of the Royal Society of Medicine (JRSM).

I considered adding to my cover letter, but didn't, an appeal to their editors and peer reviewers that they could either be heros and publish this urgent, honest, life-saving labor of love, or generate "instant-karma" when I relay to my regular readers, whose numbers certainly make JRSM's circulation pale by comparison, their rejection notice.

The prompt response from the JRSM Editor, Kamran Abbasi, was intriguing. He wrote, "Thank you for submitting your article . . . I read it with interest, but I am afraid . . . "

I wrote back, "If you read it with interest, what made you disinterested?"

We certainly deserved to gain some feedback, or hear his truth, as I spent at least a half hour filling in all the required fields in their online submission forms. But he never replied.

I reckon that medical doctors in Britain and elsewhere deserve to know what Dr. Abbasi neglected to admit – that The Wellcome Trust, among the JRSM's leading contributors, was royally exposed in our "study."

Ironically, in completing this online application, their instructions cite The Wellcome Trust in an explanation of how to disclose conflicting interests and financial support for submissions!

So if you ever hear someone reference one of Reed-Elsevier-ChoicePoint's myriad journals and articles as "solid scientific proof," or disparage those advancing truth elsewhere, you can simply rest content knowing MEDICAL VERITAS evidenced otherwise.

Edmund DeMarche, Miriam Falco and Nicole Bliman

More than 1,000 get mumps in New York, New Jersey since August

CNN, 8 February 2010, 10:00 p.m. EST
https://web.archive.org/web/20100214075155/http://edition.cnn.com/2010/HEALTH/02/08/mumps.outbreak.northeast/index.html?hpt=T2

New York (CNN) - More than 1,000 people in New Jersey and New York, many of them adolescent Orthodox Jews, have been sickened with mumps since August, health authorities said Monday.

Orange County, New York, has confirmed 494 cases since early November, county spokesman Richard Mayfield told CNN. Almost all of those infected with the virus are of the Orthodox or Hasidic Jewish population, and their average age is 14, he said.

Neighboring Rockland County has confirmed 317 cases since August, with all of the sick from the Orthodox Jewish community, said Kathleen Henry, county Deputy Commissioner of Health. Their average is 14 to 18, she said.

Just south of the two counties, in New York City, Brooklyn had 79 confirmed cases of mumps as of October 30, the Centers for Disease Control and Prevention reported in November. Any confirmation of other infections in the city are expected to be announced Tuesday.

The mumps outbreak began at a summer camp for Orthodox Jewish boys in Sullivan County, New York, according to the CDC. Health officials have linked the outbreak to an 11-year-old boy at the camp. He had recently returned from the United Kingdom, where a mumps outbreak had spread to 4,000 people.

The mumps outbreak also spread to Ocean County, New Jersey, where 159 confirmed cases have been diagnosed since September, county spokeswoman Leslie Terjesen told CNN. An additional 70 others are suspected of having mumps, she said.

Only seven of the infected are not Orthodox Jewish, but they all had exposure to the community, Terjesen said. The average age of the sick is 21, she said.

Lakewood, New Jersey, Rabbi Yehunda Pirutinsky was surprised when his 14-year-old son was diagnosed with mumps a week ago. Lakewood is in Ocean County.

"He was completely vaccinated," Pirutinsky said. "So it was a surprise to us he came down with mumps."

Anyone fully vaccinated from mumps receives two doses of the vaccine, according to the CDC. Of the New Jersey cases, 77 percent were vaccinated, Terjesen said.

But the vaccine is not 100 percent effective, according to the CDC. At two doses, the vaccine is 76 to 95 percent effective, the CDC says on its Web site.

In November, the CDC called the spike in mumps cases, "the largest U.S. mumps outbreak since 2006, when the United States experienced a resurgence of mumps with 6,584 reported cases." Then, only 179 people were sickened in New York and New Jersey.

Mumps is a contagious disease caused by a virus, according to the CDC. Initial symptoms appear 12 to 25 days after infection and include fever, headache, muscle aches and loss of appetite. Mumps can cause the jaw and cheeks to swell, with further complications including the inflammation of the brain, testicles or ovaries, and deafness, according to the CDC.

Pirutinsky's son has fully recovered from his bout with mumps, which Pirutinsky assumes he contracted while at his Jewish high school. A doctor advised the teenager to not attend school for a week and limit time with his siblings, Pirutinsky said.

The outbreak has disproportionately affected Orthodox Jewish communities, but Pirutinsky said he wasn't overly worried.

"I wouldn't say the community is alarmed, but it's something we're aware of," he said.

Mike Adams

Mumps outbreak spreads among people who got vaccinated against mumps

Natural News, 11 February 2010
https://www.naturalnews.com/028142_mumps_vaccines.html

To hear the vaccine pushers say it, all the recent outbreaks of mumps and measles are caused by too few people seeking out vaccinations. It’s all those “non-vaccinated people” who are a danger to society, they say, because they can spread disease.

Reality tells a different story, however: It is the vaccinated people who are causing these outbreaks and spreading disease!

Just this week, an outbreak of mumps among more than 1,000 people in New Jersey and New York has raised alarm among infectious disease authorities. The outbreak itself is not unusual, though. What’s unusual is that the health authorities slipped up and admitted that most of the people infected with mumps had already been vaccinated against mumps.

In Ocean County, New Jersey, county spokeswoman Leslie Terjesen told CNN that 77 percent of those who caught mumps had already been vaccinated against mumps.

77 of those infected had been vaccinated

Usually this information is censored out of the press. The vaccine industry wants the public to believe that vaccines are effective at preventing infection. So the media typically refrains from reporting what percentage of the infected people were already vaccinated against the infectious disease.

But in this case, the 77 percent figure slipped out. And now intelligent observers are increasingly seeing the truth about these vaccines:

• Infectious disease vaccines simply don't work. If they did, then why did all these children who were already vaccinated still get mumps?

• Vaccines may actually increase your risk of disease. Notice that far more vaccinated children were stricken with mumps than non-vaccinated children?

• The people who administer vaccines never tell you that their vaccines don't really work. They tell you that you'll be "protected" with the vaccine, implying a near-100% level of protection (which is blatantly false).

• Even if you're vaccinated against a disease, you may still catch that disease anyway! So what's the point of the vaccine?

The lies of the CDC

The CDC claims the mumps vaccine is 76 to 95 percent effective, but they offer no scientific evidence whatsoever to support that claim. To date, there has never been a randomized, double-blind placebo-controlled study published on the mumps vaccine in humans. The so-called "scientific" evidence supporting these vaccines is purely imaginary.

I still have a $10,000 reward offered for anyone who can provide a single scientific study proving the safety and effectiveness of any H1N1 vaccine.

=> https://www.naturalnews.com/027985_H1N1_vaccines_safety.html

To date, not a single person has stepped forward to claim that $10,000. I might as well raise the reward to a million dollars, because I'll never have to pay it: There is no scientific evidence proving the safety and effectiveness of these vaccines!

Does being vaccinated raise your risk of infection?

The CDC also says that 2009 was a bad year for mumps outbreaks. They blame all the people who refuse to be vaccinated for causing these outbreaks. Their theory, of course, is based on the imaginary idea that mumps vaccines halt mumps infections. But once again, it's all imaginary! As we saw this week in New Jersey, most of the people who get infected in these outbreaks are the very people who were vaccinated!

If mumps vaccines actually worked, then what you should see instead is the mumps infection spreading among those who refused the vaccines, right? It's only logical.

In fact, if vaccines really work, then why should the vaccinated people be bothered at all by those who don't get vaccinated? After all, if their vaccines protect themselves from disease, then non-vaccinated people are no threat to them, right? So why are vaccinated people so pushy about forcing non-vaccinated people to get vaccinated?

The shocking truth about infectious disease and vaccines, however, is very different from what you're told by the drug companies (and the health authorities who pander to their interests): Some vaccines may actually promote the very diseases they claim to prevent!

That may be why 77% of those who recently got mumps in New Jersey were, in fact, the very people who were vaccinated against mumps. The vaccine may, in fact, weaken your immune system against future infections, causing you to become more susceptible to future outbreaks.

Many thousands of Americans who died from H1N1 swine flu were the very people who got vaccinated against H1N1

=> https://www.naturalnews.com/027956_H1N1_vaccine_CDC.html

The great vaccine hoax exposed

Take a look at nearly every outbreak of infectious disease in recent years and you'll find the same pattern. You'll either see that most of those who got infected were already vaccinated, or you'll see those statistics completely stripped out of all media reports.

It's all part of the grand vaccine cover-up. Vaccines simply do not work as promised. Vaccines do not offer the level of protection against infectious disease that they promise. In fact, vaccines are far less effective than vitamin D in preventing infections!

Instead of shooting up our children with over 100 different vaccines (which is now standard practice, by the way), what we should be doing is boosting their immune function with vitamin D, zinc and immune-boosting nutrients from medicinal plants. That would protect them from all common infectious diseases at the same time, and it doesn't require needles or the use of dangerous chemical preservatives like thimerosal, which is linked to autism.

Don't believe the recent attacks on Dr. Wakefield. This was an organized smear campaign designed to discredit Dr. Wakefield before he could publish the results of his "14 monkeys" study that shows severe neurological harm caused by vaccines given to young primates

=> https://www.naturalnews.com/028109_Andrew_Wakefield_Jenny_McCarthy.html

There is a way to protect people from infectious disease: Give them the immune-boosting nutrients their immune systems need to defend themselves against disease. Outbreaks of infectious disease would plummet along with seasonal flu deaths.

Of course, so would sales of vaccines. And that's the whole reason you never hear health authorities recommending vitamin D even though it's far more effective than any vaccine at preventing infectious disease. => https://www.naturalnews.com/027385_Vitamin_D_swine_flu_vaccine.html

The CDC, we now know, is little more than the marketing branch of Big Pharma's vaccine operations. That's why the former head of the CDC, Dr. Julie Gerberding, is now suddenly the president of Merck's worldwide vaccine division.

=> https://www.naturalnews.com/027789_Dr_Julie_Gerberding_Merck.html

Vaccines make lots of money, but they don't make people immune to disease. The fact that so many vaccinated people are being stricken with the very diseases they were vaccinated against is proof that vaccines fail to deliver what they promise.

Sources for this story include:

https://web.archive.org/web/20100214075155/http://edition.cnn.com/2010/HEALTH/02/08/mumps.outbreak.northeast/index.html?hpt=T2

ProgressiveConvergence.com
A new vision for America, a new vision for the World

Eileen Dannemann, Director, NCOW

Open letter from National Coalition of Organized Women on legislation side-lining parental consent

National Coalition of Organized Women, 10//16 February 2010, 09:56

https://web.archive.org/web/20100220013832/http://www.theflucase.com/index.php?option=com_content&view=article&id=2755%3Aopen-letter-from-national-coalition-of-organized-women-on-legislation-side-lining-parental-consent&catid=1%3Alatest-news&Itemid=64&lang=en

From Laboring Women to Labor Unions, We Move as One
From the desk of the Director

S4479, A6702: Health care practitioner may diagnose, treat or prescribe treatment for a sexually transmissible disease for a person under age eighteen without the consent or knowledge of his or her parents or guardians.

A0778: New York adds such recommended vaccination [HPV] to the list of vaccinations required for school entry

"Is it not the parents and families that must spend their lives, and money, as caretakers should a vaccine injury or adverse event occur to their child? It stands to reason then, that parents should be in on their underage child's health decisions. After all, they are the ones who will bear the life long burden of an adverse event! Or will they? Should the State bear the cost and burden of rehabilitation and caretaking for a child who has been debilitated by the vaccine or treatment since the parents, legislatively kept in the dark, have, in essence, had their responsibility in this matter eviscerated by the State"? – Eileen Dannemann, Director, NCOW

We are on very dangerous grounds when the State tries to protect children from the beliefs of their parents and, more so, passes laws to purposefully deceive them.

Although Sen. Krueger stresses ethics and "transparency" in government she evidences, instead, a proclivity for an absence of transparency; a preference for deception; and an intention to facilitate a widening of the gulf between parent and child demonstrating a glaring inattention to the values of honesty and focus on the family.

As honorable as their deepest intention may be, the passage of Sen. Krueger's and Assembly woman Poulin's legislations puts a green light on indiscriminate sex, specifically on sexual intercourse, amongst the youngest of our adolescents who may perceive being vaccinated as being the same as "safe sex" and freedom from sexual disease, which it certainly is not.

Moreover and perhaps most morally objectionable these legislations amount to the lawful sanctioning of the practice of deception. This is not the type of education we expect either from our schools or from Albany leadership.

S4779B, A6702 not only violates parental rights and responsibility to make healthcare decisions on behalf of their children but these legislations serve as a national signal for the lawful condoning of deception. It occurs to us that condoning "lying" has no place in law and is antithetical to concept of judicial prudence.

A0778 is a mandate to vaccinate every child with a strain specific vaccine that since its inception claims 16,000 adverse events including death, crippling and ruined lives. It is backed by only spurious short-term studies that continue to prove disastrous. It is a vaccine that its manufacturer claims at best protects against only 2 out of the myriad of strains of HPV. In many cases the HPV vaccine causes debilitating and sometimes crippling lifelong conditions.

Cochrane Library

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Cochrane Database of Systematic Reviews 2010, Issue 2. Art. No.: CD004876.
DOI: 10.1002/14651858.CD004876.pub3.

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Influenza vaccination for healthcare workers who work with the elderly
Cochrane Database of Systematic Reviews 2010, Issue 2. Art. No.: CD005187.
DOI: 10.1002/14651858.CD005187.pub3.
https://ph.cochrane.org/sites/ph.cochrane.org/files/uploads/PR%20Cochrane%20Issue%202%202010.pdf#%5B1%2C%7B%22name%22%3A%22XYZ%22%7D%2C61%2C456%2C0%5D

Evidence for the safety and efficacy of influenza vaccines in the over 65s is poor, despite the fact that vaccination has been recommended for the prevention of influenza in older people for the past 40 years. These are the conclusions of a new Cochrane Systematic Review.

Adults aged 65 and over are some of the most vulnerable during influenza season and a priority for vaccination programmes. However, very few systematic reviews of the effectiveness of vaccines in this group have ever been carried out.

The researchers conducted a thorough search of studies based on previous vaccine trials.
Randomised controlled trials (RCTs) are often considered the "gold standard", but of the 75 studies included in their review, the researchers were only able to identify one recent RCT with "real" outcomes. In other words, this was the only RCT that used influenza cases as an outcome, as opposed to surrogate outcomes such as measurements of influenza antibodies in the blood. All the other studies included in the review were deemed of low quality and open to bias.

Limited reliable evidence from the studies suggests that the effectiveness of influenza vaccines is modest at best. "Our estimates are consistently below those usually quoted by economists and in decision making," says lead researcher Tom Jefferson of the Cochrane Collaboration in Rome, Italy. "But until we have all available evidence, it is hard to reach any clear conclusions about the effectiveness of influenza vaccines in older people."

"As the evidence is so scarce at the moment, we should be looking at other strategies to complement vaccinations. Some of these are very simple things like personal hygiene, and adequate food and water," says Jefferson. "Meanwhile, we need to undertake a high quality, publicly funded trial that runs over several seasons to try to resolve some of the uncertainties we're currently facing."

Jefferson is also one of the authors of a second review publishing this week, which focuses on the efficacy of influenza vaccinations in healthcare workers who work with the elderly. The results are also inconclusive, with each of the four trials included in the review being of inadequate quality and reaching implausible conclusions. The researchers were unable to draw any conclusions about whether vaccinating healthcare workers helps to prevent influenza symptoms and death in people aged over 60.

Mail Online

Jenny Hope

£115m annual flu jab cost 'may be a waste of money'

Daily Mail, 17 February 2010, 09:40 BST
https://www.dailymail.co.uk/health/article-1251562/115m-annual-flu-jab-cost-waste-money.html

The annual £115million cost of giving flu jabs to the elderly may be a complete waste of money, a major review said yesterday. The injections fail to prevent deaths or provide the expected health benefits, according to researchers.

They analysed data from 75 studies to determine whether vaccination of older people works.

The researchers - whose findings are published today in The Cochrane Library - could identify only one 'gold standard' clinical trial where the results revealed if having a jab prevented an attack of the flu or mitigated complications. The remainder looked at outcomes such as producing antibodies to flu viruses in the blood.

Lead researcher Dr Tom Jefferson of the Cochrane Collaboration in Rome, Italy, said limited reliable evidence suggested flu vaccination has only 'modest' effectiveness. He said: 'Our estimates are consistently below those usually quoted by economists and in decision making. 'But until we have all available evidence, it is hard to reach any clear conclusions about the effectiveness of influenza vaccines in older people. 'As the evidence is so scarce at the moment, we should be looking at other strategies to complement vaccinations. 'Some of these are very simple things like personal hygiene, and adequate food and water. 'Meanwhile, we need to undertake a high- quality, publicly funded trial that runs over several seasons to try to resolve some of the uncertainties we are currently facing.'

The Cochrane Library is a publication of The Cochrane Collaboration, an international organisation that evaluates healthcare research using protocols that identify relevant trial data which is pooled together and analysed.

Everyone aged 65 and over and younger people with certain health conditions are eligible for a free jab on the NHS, costing £115million. Every year more than 15million people in England alone receive a free flu jab, with around three out of four aged 65 or over getting vaccinated.

Are flu jabs for the elderly a waste of money?

Controversy has grown over the benefits of vaccinating those over 65, with at least two major studies in the past two years claiming they have been 'greatly exaggerated', and there are no figures to back up claims that lives are being saved.

In a similar study in 2008, Dr Jefferson said there was little evidence to show the flu jab had any impact on the length of hospital stays, time off work and death rates in healthy adults.

In the most recent study, co-authored by Dr Jefferson, he looked at four trials on the efficacy of flu vaccines in healthcare staff who work with the elderly.

Researchers found the results were 'inconclusive', with each trial being of inadequate quality and reaching implausible conclusions so it was impossible to ascertain whether vaccinating workers cut deaths and prevented symptoms in people over 60.

Professor David Salisbury, director of immunisation for the Department of Health, said: 'This review does not provide any new evidence.

'We know that influenza vaccines, like other vaccines, are less effective in the elderly. This was taken into account before the recommendations for routine flu vaccination for the over-65s.'

The flu jab's co-inventor, biochemist Graeme Laver, told the Daily Mail in 2007 that the jab did not guarantee protection.

Dr Laver, who died in 2008, said: 'I have never been very impressed with its efficacy. 'It is better than nothing and I wouldn't want to advise people not to take it, but you can't rely on it doing any good.'

ScienceDaily

Influenza Vaccines: Poor Evidence for Effectiveness in Elderly

Science Daily, 17 February 2009

https://web.archive.org/web/20100221082304/http://www.sciencedaily.com/releases/2010/02/100216203146.htm

ScienceDaily (Feb. 17, 2010) – Evidence for the safety and efficacy of influenza vaccines in the over 65s is poor, despite the fact that vaccination has been recommended for the prevention of influenza in older people for the past 40 years. These are the conclusions of a new Cochrane Systematic Review.

Adults aged 65 and over are some of the most vulnerable during influenza season and a priority for vaccination programmes. However, very few systematic reviews of the effectiveness of vaccines in this group have ever been carried out.

The researchers conducted a thorough search of studies based on previous vaccine trials. Randomised controlled trials (RCTs) are often considered the "gold standard," but of the 75 studies included in their review, the researchers were only able to identify one recent RCT with "real" outcomes. In other words, this was the only RCT that used influenza cases as an outcome, as opposed to surrogate outcomes such as measurements of influenza antibodies in the blood. All the other studies included in the review were deemed of low quality and open to bias.

Limited reliable evidence from the studies suggests that the effectiveness of influenza vaccines is modest at best. "Our estimates are consistently below those usually quoted by economists and in decision making," says lead researcher Tom Jefferson of the Cochrane Collaboration in Rome, Italy. "But until we have all available evidence, it is hard to reach any clear conclusions about the effectiveness of influenza vaccines in older people."

"As the evidence is so scarce at the moment, we should be looking at other strategies to complement vaccinations. Some of these are very simple things like personal hygiene, and adequate food and water," says Jefferson. "Meanwhile, we need to undertake a high quality, publicly funded trial that runs over several seasons to try to resolve some of the uncertainties we're currently facing."

Jefferson is also one of the authors of a second review publishing this week, which focuses on the efficacy of influenza vaccinations in healthcare workers who work with the elderly. The results are also inconclusive, with each of the four trials included in the review being of inadequate quality and reaching implausible conclusions. The researchers were unable to draw any conclusions about whether vaccinating healthcare workers helps to prevent influenza symptoms and death in people aged over 60.

THE LOCAL se

Peter Vinthagen Simpson

Study concludes: Influenza vaccine has no effect

The Local, 17 February 2010, 08:14 CET
https://web.archive.org/web/20100218140018/http://www.thelocal.se/25036/20100217/

There is no evidence to support the contention that the influenza vaccine administered to the over 65s is of any more use than opening the windows and washing hands, a new study from the Cochrane Collaboration claims, according to a report in the Svenska Dagbladet newspaper.

The Cochrane Collaboration, an international not-for-profit organization providing up-to-date information about the effects of health care, has compiled data from 40 flu seasons worldwide.

The institute has concluded from the studies that there is no clear evidence to suggest that the flu jab offers any more protection than cheaper, hygiene-based methods such as hand-washing.

"Our analysis is compiled using millions of data from 40 seasons worldwide. What we have seen is that the influenza vaccine can at best have a very small effect," said Thomas Jefferson, one of the authors of the report, to the newspaper.

The Swedish Welfare Board (Socialstyrelsen) has for the past 40 years advised all those over 65-years-old to take an annual dose.

Most local health authorities in Sweden pay for the flu jab at a cost to the taxpayer of 25-30 million kronor ($3.5 million) per annum.

This is not the first time the Cochrane Collaboration has sounded the alarm over the paltry effects of the vaccine with a report published four years ago drawing the same conclusions, according to the newspaper.

The institute has now selected the best 75 of the available studies for this latest review of the evidence. While conceding that the studies are not of the best research quality, it concludes there is little evidence to suggest that the flu vaccine has any real effect.

The institute thus recommends a larger international, state-financed study to examine the vaccine and existing healthcare recommendations.

The Telegraph

Rebecca Smith

Flu vaccinations for the elderly may be a waste of time as there is little evidence they do any good, a major review has found

The Telegraph, 17 February 2010, 7:15AM GMT
https://www.telegraph.co.uk/news/health/news/7249687/Flu-jab-for-the-elderly-may-be-a-waste-of-time-review-of-evidence.html

The review, published by the Cochrane Library, examined 75 scientific studies of influenza vaccines and said there was only "poor" evidence that they were actually effective in preventing the illness.

The review found the vaccine was not as effective if it was not well matched to the flu strains circulating or there was poor uptake of the jab among those who would benefit most. Also, some elderly people did not respond to the vaccine.

In addition, other diseases have symptoms very similar to flu but are not caused by influenza viruses and so cannot be prevented with the vaccine. Because they are so similar they may be counted as flu.

It follows a series of other studies which have suggested that hospital admissions due to influenza or pneumonia are not affected by flu vaccination rates.

Simple hand washing and good personal hygiene should be promoted as well as vaccination, the authors of the review said.

All people aged over 65 are offered the seasonal flu vaccine and around three quarters have it, the latest Government figures show and is thought to cost around £150 million a year.

The vaccine contains three strains of flu and is matched to the strains circulating by the World Health Organisation each year.

Around 12,000 people die of flu-related illnesses in Britain each year, according to Government data, but this is disputed and some experts say this figure is too high.

Lead researcher Tom Jefferson of the Cochrane Collaboration in Rome, Italy, said: "Our estimates are consistently below those usually quoted by economists and in decision making.

“But until we have all available evidence, it is hard to reach any clear conclusions about the effectiveness of influenza vaccines in older people.

“As the evidence is so scarce at the moment, we should be looking at other strategies to complement vaccinations. Some of these are very simple things like personal hygiene, and adequate food and water.

“Meanwhile, we need to undertake a high quality, publicly funded trial that runs over several seasons to try to resolve some of the uncertainties we’re currently facing.”

Professor David Salisbury, Director of Immunisation at the Department of Health, said: "This review does not provide any new evidence. We know that Influenza vaccines, like other vaccines, are less effective in the elderly. This was taken into account before the recommendations for routine flu vaccination for the over 65s.

"Some of the Cochrane review recommendations such as electricity, food and sanitation as ways of preventing influenza are not supported by any evidence.

"The new H1N1 swine flu vaccines have shown us that better immune responses are possible, even with very low doses of vaccine. This is encouraging as it means we may get better vaccines soon for this group."

There has also been controversy recently over the swine flu vaccine which is being offered to people with long-term illnesses, pregnant women and children under the age of five. Some believe the disease is not serious enough to warrant vaccination.

Dr Jefferson is also one of the authors of a second review which analysed the effect of vaccinating healthcare staff who work with the elderly.

The results were also inconclusive, with each of the four trials included in the review being of inadequate quality and reaching implausible conclusions, he found.

The researchers were unable to draw any conclusions about whether vaccinating healthcare workers helps to prevent influenza symptoms and death in people aged over 60.

FIERCE Pharma

John Carroll

Study: No hard evidence that flu vaccine protects the elderly

Fierce Pharma, 18 February 2010, 9:01am
https://www.fiercepharma.com/vaccines/study-no-hard-evidence-flu-vaccine-protects-elderly

After a detailed analysis of 75 scientific studies, a group of researchers at the Cochrane Library has concluded that there's little hard evidence to prove that the annual flu vaccination campaign for the elderly does any good.

The vaccine won't work unless it's particularly well matched to the flu strains in circulation, say the researchers. Some of the elderly don't respond to the vaccine at all, and the most vulnerable often don't bother to get a shot. And the data on flu rates in older people is often badly skewed by ailments that have the same symptoms as flu but aren't affected by vaccine at all.

The analysis drew considerable attention in the U.K., where the government pays about 150 million pounds a year to vaccinate three quarters of the older population. Officially, the government estimates that the flu kills about 12,000 people a year in England. But the Cochrane group says there really are no good estimates available and the government figure is probably far too high.

"As the evidence is so scarce at the moment, we should be looking at other strategies to complement vaccinations," notes Tom Jefferson of the Cochrane Collaboration in Rome. "Some of these are very simple things like personal hygiene, and adequate food and water. Meanwhile, we need to undertake a high quality, publicly funded trial that runs over several seasons to try to resolve some of the uncertainties we're currently facing."

There's been widespread recognition among vaccine manufacturers that the currently available vaccines are least effective in the elderly. And there are a number of new programs underway to design a vaccine that can protect this patient population. => here's the story from *The Telegraph*

Mike Adams

Big Pharma researcher admits to faking dozens of research studies for Pfizer, Merck

Natural News, 18 February 2010 10:49
http://www.naturalnews.com/028194_Scott_Reuben_research_fraud.html

It's being called the largest research fraud in medical history. Dr. Scott Reuben, a former member of Pfizer's speakers' bureau, has agreed to plead guilty to faking dozens of research studies that were published in medical journals.

Now being reported across the mainstream media is the fact that Dr. Reuben accepted a $75,000 grant from Pfizer to study Celebrex in 2005. His research, which was published in a medical journal, has since been quoted by hundreds of other doctors and researchers as "proof" that Celebrex helped reduce pain during post-surgical recovery. There's only one problem with all this: No patients were ever enrolled in the study!

Dr. Scott Reuben, it turns out, faked the entire study and got it published anyway. It wasn't the first study faked by Dr. Reuben: He also faked study data on Bextra and Vioxx drugs, reports the Wall Street Journal.

As a result of Dr. Reuben's faked studies, the peer-reviewed medical journal Anesthesia & Analgesia was forced to retract 10 "scientific" papers authored by Reuben. The Day of London reports that 21 articles written by Dr. Reuben that appear in medical journals have apparently been fabricated, too, and must be retracted.

After being caught fabricating research for Big Pharma, Dr. Reuben has reportedly signed a plea agreement that will require him to return $420,000 that he received from drug companies. He also faces up to a 10-year prison sentence and a $250,000 fine.

He was also fired from his job at the Baystate Medical Center in Springfield, Mass. after an internal audit there found that Dr. Reuben had been faking research data for 13 years.
http://www.theday.com/article/20100115/NWS01/100119833

Business as usual in Big Pharma

What's notable about this story is not the fact that a medical researcher faked clinical trials for the pharmaceutical industry. It's not the fact that so-called "scientific" medical journals published his fabricated studies. It's not even the fact that the drug companies paid this quack close to half a million dollars while he kept on pumping out fabricated research.

The real story here is that this is business as usual in the pharmaceutical industry.

Dr. Reuben's actions really aren't that extraordinary. Drug companies bribe researchers and doctors as a routine matter. Medical journals routinely publish false, fraudulent studies. FDA panel members regularly rely on falsified research in making their drug approval decisions, and the mainstream media regularly quotes falsified research in reporting the news.

Fraudulent research, in other words, is widespread in modern medicine. The pharmaceutical industry couldn't operate without it, actually. It is falsified research that gives the industry its best marketing claims and strongest FDA approvals. Quacks like Dr Scott Reuben are an important part of the pharmaceutical profit machine because without falsified research, bribery and corruption, the industry would have very little research at all.

Pay special attention to the fact that the Anesthesia & Analgesia medical journal gladly published Dr. Reuben's faked studies even though this journal claims to be a "scientific" medical journal based on peer review. Funny, isn't it, how such a scientific medical journal gladly publishes fraudulent research with data that was simply invented by the study author. Perhaps these medical journals should be moved out of the non-fiction section of university libraries and placed under science fiction.

Remember, too, that all the proponents of pharmaceuticals, vaccines and mammograms ignorantly claim that their conventional medicine is all based on "good science." It's all scientific and trustworthy, they claim, while accusing alternative medicine of being "woo woo" wishful thinking and non-scientific hype. Perhaps they should have a quick look in the mirror and realize it is their own system of quack medicine that's based largely on fraudulent research, bribery and corruption.

You just have to laugh, actually, when you hear pushers of vaccines and pharmaceuticals claim their medicine is "scientific" while natural medicine is "unproven." Sure it's scientific – about as scientific as the storyline in a Scooby Doo cartoon, or as credible as the medical license of a six-year-old kid who just received a "let's play doctor" gift set for Christmas. Many pharmaceutical researchers would have better careers as writers of fiction novels rather than scientific papers.

For all those people who ignorantly claim that modern pharmaceutical science is based on "scientific evidence," just give them these three words: Doctor Scott Reuben.

Drug companies support fraudulent research

Don't forget that the drug companies openly supported Dr. Scott Reuben's research. They paid him, in fact, to keep on fabricating studies.

The drug companies claim to be innocent in all this, but behind the scenes they had to have known what was going on. Dr. Reuben's research was just too consistently favorable to drug company interests to be scientifically legitimate. If a drug company wanted to "prove" that their drug was good for some new application, all they had to do was ask Dr. Reuben to come up with the research (wink wink). "Here's another fifty thousand dollars to study whether our drug is good for post-surgical pain (wink)."

And before long, Dr. Reuben would magically materialize a brand new study that just happened to "prove" exactly what the sponsoring drug company wanted to prove. Advocates of western medicine claim they don't believe in magic, but when it comes to clinical trials, they actually do: All the results they wish to see just magically appear as long as the right researcher gets paid to materialize the results out of thin air, much like waving a magician's wand and chanting, "Abra cadabra… let there be *Research Data*!"

Shazam! The research data materializes just like that. It all gets written up into a "scientific" paper that also magically gets published in medical journals that fail to ask a single question that might exposed the research fraud.

I guess these people believe in magic after all, huh? Where science is lacking, a little "research magic" conveniently fills the void.

The whole system makes a mockery of real science. It is a system operated by criminals who fabricate whatever "scientific evidence" they need in order to get published in medical journals and win FDA approval for drugs that they fully realize are killing people.

What is "Evidence-Based Medicine?"

The fact that a researcher like Dr. Reuben could so successfully fabricate fraudulent study data, then get it published in peer-reviewed science journals, and get away with it for 13 years sheds all kinds of new light on what's really behind "evidence-based medicine."

The recipe for evidence-based medicine is quite simple: Fabricate the evidence! Get it published in any mainstream medical journal. Then you can quote the fabricated evidence as "fact!"

When pushers of pharmaceuticals and vaccines resort to quoting "evidence-based medicine" as their defense, keep in mind that much of their so-called evidence has been entirely fabricated. When they claim their branch of toxic chemical medicine is based on "real science," what they really mean is that it's based on fraudulent science but they've all secretly agreed to call it "real science." When

they claim to have "scientific facts" supporting their position, what they really mean is that those "facts" were fabricated by criminal researchers being paid bribes by the drug companies.

"Evidence-based medicine," it turns out, hardly exists anymore. And even if it does, how do you know which studies are real vs. which ones were fabricated? If a trusted, well-paid researcher can get his falsified papers published for 13 years in top-notch science journals — without getting caught by his peers — then what does that say about the credibility of the entire peer-review science paper publishing process?

Here's what is says: "Scientific medicine" is a total fraud.

And this fraud isn't limited to Dr Scott Reuben, either. Remember: he engaged in routine research fraud for 13 years before being caught. There are probably thousands of other scientists engaged in similar research fraud right now who haven't yet been caught in the act. Their fraudulent research papers have no doubt already been published in "scientific" medical journals. They've been quoted in the popular press. They've been relied on by FDA decision makers to approve drugs as "safe and effective" for widespread use.

And yet underneath all this, there's nothing more than fraud and quackery. Sure, there may be some legitimate studies mixed in with all the fraud, but how can we tell the difference?

How are we to trust this system that claims to have a monopoly on scientific truth but in reality is a front for outright scientific fraud?

Keep up the great work, Dr Reuben

Thank you, Dr Scott Reuben, for showing us the truth about the pharmaceutical industry, the research quackery, the laughable "scientific" journals and the bribery and corruption that characterizes the pharmaceutical industry today. You have done more to shed light on the true nature of the drug industry than a thousand articles on NaturalNews.com ever could.

Keep up the good work. After paying your fine and serving a little jail time, I'm sure your services will be in high demand at all the top drug companies that need yet more "scientific" studies to be fabricated and submitted to the medical journals.

You may be a dishonest, disgusting human being to most of the world, but you're a huge asset to the pharmaceutical industry and they need you back! There are more studies that need to be fabricated soon; more false papers that need to be published and more dangerous drugs that need to receive FDA approval. Hurry!

Because if there's one place that extreme dishonesty is richly rewarded, it's in the pharmaceutical industry, where poisons are approved as medicines and fiction is published as the truth.

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THE FLU CASE

Best and worst vaccination Bills in the US

The Flu Case, 18 February 2010, 12:03

https://web.archive.org/web/20100301035900/http://www.theflucase.com/index.php?option=com_content&view=article&id=2775%3Abest-and-worst-vaccination-bills-in-the-us&catid=1%3Alatest-news&Itemid=64&lang=en

US state vaccination bills that are causing concern:

New York: S4479, A6702: Health care practitioner may diagnose, treat or prescribe treatment for a sexually transmissible disease for a person under age eighteen without the consent or knowledge of his or her parents or guardians.

Kentucky HB 69 Would requires immunization against human papillomavirus for female children and require that parental statements to withhold consent be filed with the immunization certificate. Would also require educational resources to the public and all schools with special information. (In committee 1/29/10) X

New YorkA 3203 /S 1983 Would require that parents and guardians of a child in New York State be encouraged, through written educational materials and consultation, to be vaccinated against human papillomavirus (HPV); The measure also encourages voluntary, informed vaccination against human papillomavirus (HPV) for adults. (In committee)

Good bills to be modeled in other states:

Virginia HB 686 Would eliminate requirement for human papillomavirus vaccine for females. (In committee 1/13/10)

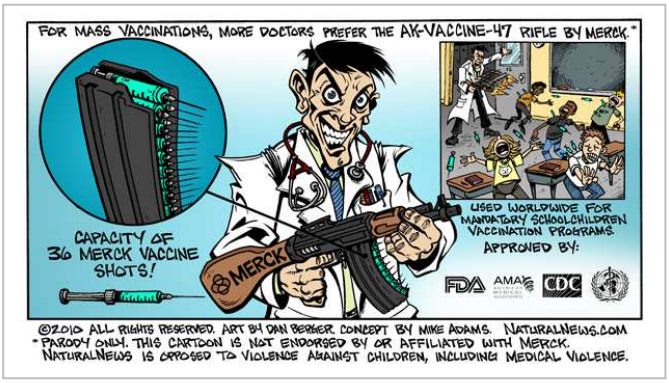
KansasHR 6019 Resolution would urge the U.S. Food and Drug Administration to use caution in approving new vaccines such as Gardasil which has had a number of health problems including some deaths associated with the use of this vaccine. (Recommended "do pass" from committee and sent to full House 4/2/09)

Mike Adams

Are mandatory vaccinations acts of violence against children?

Natural News, 20 February 2010
http://www.naturalnews.com/028215_vaccines_Merck.html

This article refers to the parody cartoon found at ... =>
https://www.naturalnews.com/Index-Cartoons.html


FOR MASS VACCINATIONS, MORE DOCTORS PREFER THE AK-VACCINE-47 RIFLE BY MERCK.
CAPACITY OF 36 MERCK VACCINE SHOTS!
MERCK
USED WORLDWIDE FOR MANDATORY SCHOOLCHILDREN VACCINATION PROGRAMS.
APPROVED BY:
FDA
AMA
CDC
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More doctors prefer the AK-Vaccine-47 rifle by Merck (comic)
https://www.naturalnews.com/028211_vaccines_Merck.html

This parody cartoon grew out of the idea that vaccines are "shots" that are being increasingly forced upon children and teens. At times, these vaccines are enforced at gunpoint or with the presence of vicious guard dogs – as happened in Maryland two years ago when a court judge ordered thousands of parents to bring their children to court for vaccination or face gunpoint arrest and possible jail time

=> *Children herded like cattle into Maryland courthouse* for forced vaccinations as armed police and attack dogs stand guard - https://www.naturalnews.com/022267.html

Most modern vaccinations are, of course, a form of chemical violence against children. If they were all formulated without chemical preservatives (like thimerosal) and dangerous adjuvants (which can harm the nervous system), that might be a different story. But far too many of today's vaccines are chemical concoctions that are entirely unnatural to the human body. To force them into the bodies of innocent children is an act of medical violence.

The method of introducing the vaccines is unnatural and highly interventionist: These chemicals and DNA / RNA fragments are injected directly into the tissues and blood, bypassing the skin (a normal protective defense) and bypassing the digestive system, too. An injected mandatory vaccine dumps foreign material directly into the bloodstream of children w*ithout the consent of either the child or the parents* – that's what qualifies mandatory vaccines as "chemical violence" against children.

The Mad Doctor is in

The doctor in this parody cartoon was intentionally created to depict a "crazed" mad doctor because nothing turns an ordinary doctor into a mad man faster than an argument about vaccines. While he may seem to be a reasonable person on all other subjects, once you challenge him on the dangers of over-vaccination of children, all reason gets thrown out the window and he morphs into a raging lunatic of unscientific emotion.

The complete lack of scientific evidence supporting the safety and efficacy of vaccines makes no difference to him. "Vaccines need no science," he'll say, "Because everybody knows they work!"

My offer of $10,000 to anyone who can produce a scientific study proving the safety and effectiveness of H1N1 vaccines remains utterly

=> *$10,000 reward offered for scientific proof* of H1N1 vaccine safety and effectiveness
https://www.naturalnews.com/027985_H1N1_vaccines_safety.html

Vaccine failures are common

Meanwhile, in the real world vaccines are failing miserably. A recent outbreak of mumps in the New Jersey/New York area occurred almost entirely amongchildren who had already been vaccinated against mumps. I covered this story here:

=> *Mumps outbreak spreads among people* who got vaccinated against mumps
https://www.naturalnews.com/028142_mumps_vaccines.html

Clearly if vaccines really worked, then an outbreak should have only occurred among those who were NOT vaccinated against mumps, right? But as I reported here on NaturalNews, 77 percent of the children who got infected had already been vaccinated!

A similar truth emerges when you look at H1N1 deaths: Thousands of those who were vaccinated against H1N1 swine flu had already received the vaccine shots

=> Thousands of Americans died from H1N1 *even after receiving vaccine shots*
https://www.naturalnews.com/027956_H1N1_vaccine_CDC.html

We still don't know the exact number of how many vaccinated people died because the CDC is hiding that data from the public, making sure the mainstream media doesn't learn the truth that even many of those who were vaccinated still died.

What the CDC and its Big Pharma cohorts want people to mistakenly believe is that vaccines always offer protection against infectious disease. (100% protection). But this is blatantly false. In fact, because vaccines introduce aweakened virus into the body, they may hamper the normal immune response, creating systemic weakness that makes people more vulnerable to future infectious disease. In essence, weakened viruses create weakened immune responses, "training" the immune system to be more passive against future threats. That's why people who received vaccines in the past are far more likely to die of infectious disease in the future.

The Big Lie

Vaccine safety and effectiveness is "*the Big Lie*" of modern medicine in much the same that the WTC 7 building is "the Big Lie" of the war on terror. People who believe vaccines always work usually also believe the WTC 7 building was brought down by ordinary office fires.

Watch this video about WTC building 7: http://www.youtube.com/watch?v=8T2_nedORjw

Some people will believe anything

I've noticed a fascinating correlation between those who buy the official line on 9/11 and those who buy the official line on vaccines: These are the non-thinking people who are easily duped by anything the officials tell them. They could be told that the WTC 7 building was brought down by out-of-control office workers shooting rubber band guns in the hallway and they'd believe it!

For office fires to have brought down WTC 7 in such a perfectly organized, vertical collapse, do you realize that these fires would have had to somehow melt or destroy all the support columns of the entire building at almost exactly the same time?

That's the only way a building falls down vertically in such a controlled fashion: You have to blow out the support columns in a very carefully controlled split-second sequence. The odds of a fire accomplishing this are as close to zero as you can imagine... especially given that ordinary office fires don't even burn at the temperatures necessary to cause steel support beams to fail due to heat.

Watch this mini-documentary to learn more: http://www.youtube.com/watch?v=iEuJimaumW4

What the real Skeptics are asking right now

So what does WTC building 7 have to do with vaccines? They both serve as a simple test of intelligent skepticism.

The real Skeptics are the people who are skeptical of the official explanation of 9/11 and the cause of the collapse of WTC building 7. Real Skeptics are likewise skeptical of the vaccine-pushing agenda of the CDC and the drug companies. The real Skeptics think for themselves and ask intelligent questions like, "Why have no other steel buildings ever collapse from ordinary office fires in the history of the entire world?"

Or questions like, "*If human beings survived for hundreds of thousands of years without vaccines*, developing highly effective internal defenses against infectious disease, then why are vaccines all of a sudden being pushed so hard given that the human gene pool has hardly changed over the last 10,000 years?"

Or here's an even better question: "If avoiding vaccines is so dangerous, then why are nearly all the *children of anti-vaccine parents so amazingly healthy and intelligent*?" They're the smartest kids in the room. Meanwhile, all the really low-IQ kids tend to belong to parents who dutifully approve every vaccine shot they're told to subject their children to. (And they use antibacterial hand soaps at home, too, because they're suckers for any chemical that's marketed as "protecting kids from disease.")

The non-skeptics are people who believe whatever they're told by authority figures no matter how ridiculous the explanation. Here, you need these vaccines shots because without them you might die! Irradiate your body with mammography in order to prevent cancer! Don't take vitamins or nutrients because they might hurt you! Instead, swallow these chemical medications – they're GOOD for you!

These are just some of the ridiculous commands of the authorities who depend on suckers to buy into their falsehoods. There are a lot of suckers in the medical community, of course: In fact, you don't even get through conventional medical school unless you suspend the entire process of thinking for yourself. With very few exceptions, the very act of becoming a licensed, practicing doctor requires a near-complete surrender of all independent thought combined with outright obedience to the Cult of Pharmacology (and its conspirators like the FDA, CDC and WHO). State medical boards yank medical licenses away from any doctor who deviates from "the faith" of pharmaceuticals, chemotherapy, radiation and surgery. Merely recommending vitamin D to a cancer patient can get a doctor barred from practicing medicine. (Absolutely true.)

Vaccines make you easier to control

This same obedience to authority cults is what drives suckers into the arms of vaccine pushers. They're told to be obedient to vaccines, so they follow orders without a single skeptical question coming to mind. Once they actually receive more vaccine injections, this process becomes further self-reinforcing becausevaccine chemicals harm the nervous system, effectively suppressing cognitive function and making it more difficult for people to think for themselves. (This can usually be reversed, by the way, with nutritional detox therapies based on herbs and superfoods. So even if you were vaccinated in the past like I was, you can still "clean up" your system and restore healthy brain function.)

Once you combine the toxicity of vaccine adjuvants, chlorine in the water, BPA in plastics, non-stick cookware chemicals, antibacterial soaps and the chemicals in foods and medicines, you have a brain-numbing toxic stew that is now being spoon-fed to mainstream America. With their brains chemically suppressed by this onslaught of chemicals, most people find

SPIEGEL Wissenschaft

Drastische Preissteigerung bei Grippe-Impfstoffen

Spiegel, 20 Februar 2010, 16:12 Uhr
https://www.spiegel.de/wissenschaft/medizin/pharmakonzerne-drastische-preissteigerung-bei-grippe-impfstoffen-a-679253.html

Preisexplosionen bei den Impfstoffen für die saisonale Grippe: Nach Informationen des SPIEGEL sind die Impfsubstanzen mehrerer Pharmakonzerne mehr als doppelt so teuer wie noch vor fünf Jahren. Die Begründungen der Hersteller für den heftigen Preisanstieg sind vage.

Hamburg - Alle reden über die Schweinegrippe - und dabei gerät aus dem Blickfeld, wie kräftig die Pharmabranche bei Impfstoffen gegen die saisonale Grippe zulangt. Nach Informationen des SPIEGEL sind seit 2005 die Preise für diese Impfstoffe drastisch gestiegen.

So verlangt etwa der Pharmakonzern Novartis für eine Zehnerpackung seines Impfstoffs Begrivac im Untersuchungszeitraum 109 Prozent mehr (Preis jetzt: 194,76 Euro), Solvays Influvac wurde innerhalb von vier Jahren 113 Prozent teurer (194,30 Euro), und der Generika-Hersteller Stada erhöhte den Preis für seinen Impfstoff seitdem um stattliche 120 Prozent (184,51 Euro).

Die Begründungen der Hersteller sind vage. Sie verweisen etwa auf eine angeblich "verstärkte Nachfrage" in der Bevölkerung, auch durch die Vogel- und Schweinegrippe. Zudem wird auf das hohe unternehmerische Risiko im hartumkämpften Grippeimpfstoffmarkt oder auf Investitionen in neue Anlagen abgestellt.

Bisher fallen solche Impfstoffe nicht unter die Festbetragsregelung, die eine Erstattungshöchstgrenze für bestimmte Arzneimittelgruppen festlegt. "Es ist völlig unverständlich, dass die Hersteller hier machen können, was sie wollen. Für Grippeimpfstoffe müsste es längst einen Festbetrag geben", sagt Ulrich Schwabe, Pharmakologe und Herausgeber des Arzneiverordnungsreports. anr

THE FLU CASE

Price of seasonal flu jabs more than doubles in five years, reports Der Spiegel

The Flu Case, 22 February 2010, 11:46
https://web.archive.org/web/20100301040103/http://www.theflucase.com/index.php?option=com_content&view=article&id=2799%3Aprice-of-seasonal-flu-jabs-more-than-doubles-in-five-years-reports-der-spiegel&catid=1%3Alatest-news&Itemid=64&lang=en

The price of vaccines against the seasonal flu has more than doubled in the last five years, according to a report in Der Spiegel.

It is not clear why the vaccine manufacturers have drastically increased the price, Der Spiegel says. Since 2005 Novartis has increased the price for a packet of ten Begrivac vaccines by 109% to 194.76 euros while Solvay's Influac has increased in price by 113% in four years.

Widely-used diabetes drugs can cause heart disease and death, warn experts

Refreshing News, 21 February 2010, 1:36 PM
http://refreshingnews9.blogspot.com/2010/02/widely-used-diabetes-drugs-can-cause.html

A diabetes drug used by tens of thousands of Britons increases the risk of heart disease and death, according to a new report. Up to 100,000 Britons with type 2 diabetes take the drug

Two US senators accused the makers of Avandia of attempting to keep evidence of the health risks from the public. The US Food and Drug Administration (FDA), the medicines safety watchdog, responded by asking an advisory committee to look again at the safety of the drug. The British equivalent, the MHRA, said it is continuously monitoring the safety of Avandia.

In a report, senators Max Baucus and Charles Grassley said the FDA had not banned the drug because it was too cozy with drugs firms. They quoted a memo written by two FDA reviewers which concluded: "The risks of (Avandia) are serious and exceed those for rival drug Actos." The reviewers said there was strong evidence that (Avandia) confers an increased risk of "heart attack and heart failure when compared to Actos.

Up to 100,000 Britons with type 2 diabetes take the drug, which carries a warning that it might not be suitable for those with heart problems. In 2007 a study published in the Journal of the American Medical Association, found Avandia puts users at a 60 per cent greater risk of heart failure and a 29 per cent greater risk of death than other medication.

Senator Baucus said: Americans have a right to know there are serious health risks associated with Avandia and GlaxoSmithKline had a responsibility to tell them. Patients trust drugs companies with their health and their lives and GlaxoSmithKline abused that trust.

A spokesman for GSK said it rejected the report's conclusions. The company said the report cherry-picks information from documents, which mischaracterises GlaxoSmithKline's comprehensive efforts to research Avandia and communicate those findings to regulators, physicians and patients.

It said it had rigorously studied Avandia's safety and "consistently shared this data with regulators around the world". The company said it "does not condone any effort to silence scientific debate".

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Deborah Condon

Flu vaccine studies 'poor'

Irish Health, 21 February 2010, 17:40
http://www.irishhealth.com/article.html?id=16906 (deleteed)
https://web.archive.org/web/20100301040038/http://www.theflucase.com/index.php?option=com_content&view=article&id=2794%3Aflu-vaccine-studies-poor-irish-health-review&catid=1%3Alatest-news&Itemid=64&lang=en

(Irish Health) The evidence relating to the use of influenza vaccines in people over the age of 65 is poor, despite the fact that vaccination has been recommended for the prevention of flu in older people for the last four decades, scientists have said.

Adults aged 65 and over are considered one of the most vulnerable groups during flu season. As such, they are a priority for vaccination programmes. However, very few systematic reviews of the effectiveness of vaccines in this group have ever been carried out.

Cochrane researchers in Italy conducted a thorough search of studies based on previous vaccine trials. Randomised controlled trials (RCTs) are often considered the ‘gold standard’ of trials, but of the 75 studies included in their review, the researchers were only able to identify one recent RCT with ‘real’ outcomes.

In other words, this was the only RCT that used influenza cases as an outcome, as opposed to surrogate outcomes such as measurements of influenza antibodies in the blood.

All the other studies included in the review were deemed of low quality and open to bias.

According to the team, the limited reliable evidence from the studies suggests that the effectiveness of influenza vaccines is modest at best.

"Our estimates are consistently below those usually quoted by economists and in decision making. But until we have all available evidence, it is hard to reach any clear conclusions about the effectiveness of influenza vaccines in older people," said lead researcher, Tom Jefferson of the Cochrane Collaboration in Rome.

He said that as the evidence is so scarce at the moment, ‘we should be looking at other strategies to complement vaccinations’.

“Some of these are very simple things like personal hygiene and adequate food and water. Meanwhile, we need to undertake a high quality, publicly funded trial that runs over several seasons to try to resolve some of the uncertainties we're currently facing,” he added.

Details of these findings are published in the Cochrane Database of Systematic Reviews 2010.
=> https://ph.cochrane.org/sites/ph.cochrane.org/files/uploads/PR%20Cochrane%20Issue%202%202010.pdf

Age of Autism

CDC on Vaccines and Autism Describes "Concerns" Not "Case Closed"

Age of Autism, 21 February 2010 at 05:45 AM
https://www.ageofautism.com/2010/02/cdc-on-vaccines-and-autism-describes-concerns-not-case-closed.html?cid=6a00d8357f3f2969e201310f255fcb970c

From the CDC website on Autism. It seems vaccines have not been ruled out, as the media and others continue to tell us. =>
https://web.archive.org/web/20100213100241/http://www.cdc.gov/ncbddd/autism/facts.html

Causes and Risk Factors

We do not know all of the causes of ASDs. However, we have learned that there are likely many causes for multiple types of ASDs. There may be many different factors that make a child more likely to have an ASD, including environmental, biologic and genetic factors.

Most scientists agree that genes are one of the risk factors that can make a person more likely to develop an ASD.

Children who have a sibling or parent with an ASD are at a higher risk of also having an ASD.

ASDs tend to occur more often in people who have certain other medical conditions. About 10% of children with an ASD have an identifiable genetic disorder, such as Fragile X syndrome, tuberous sclerosis, Down syndrome and other chromosomal disorders.

Some harmful drugs taken during pregnancy have been linked with a higher risk of ASDs, for example, the prescription drugs thalidomide and valproic acid.

We know that the once common belief that poor parenting practices cause ASDs is not true.

There is some evidence that the critical period for developing ASDs occurs before birth. However, concerns about vaccines and infections have led researchers to consider risk factors before and after birth.

ASDs are an urgent public health concern. Just like the many families affected in some way by ASDs, CDC wants to find out what causes the disorder. Understanding the risk factors that make a person more likely to develop an ASD will help us learn more about the causes. We are currently working on one of the largest U.S. studies to date, called Study to Explore Early Development (SEED). SEED is looking at many possible risk factors for ASDs, including genetic, environmental, pregnancy, and behavioral factors.
=> https://web.archive.org/web/20100215052731/http://www.cdc.gov/ncbddd/autism/seed.html

Mike Adams

GlaxoSmithKline deliberately hid evidence of Avandia harm, says Senate report

Natural News, 23 February 2010
https://www.naturalnews.com/028233_GlaxoSmithKline_Avandia.html

GlaxoSmithKline, maker of the diabetes drug Avandia, knew the drug was linked to tens of thousands of heart attacks but went out of its way to hide this information from the public, says a 334-page report just released by the Senate Finance Committee. =>
https://web.archive.org/web/20100304102436/http://finance.senate.gov/press/Gpress/2010/prg022010a.pdf

This report also accuses the FDA of betraying the public trust, explaining that FDA bureaucrats intentionally dismissed safety concerns found by the agency's own scientists.

The report says that Big Pharma's drugs "put public safety at risk because the FDA has been too cozy with drug makers and has been regularly outmaneuvered by companies that have a financial interest in downplaying or under-exploring potential safety risks." Sales of Avandia were $3.2 billion (yes, billion) in 2006.

According to a statistical analysis in the report, if all the diabetics currently taking Avandia were put on a "safer" drug, it would avert 500 heart attacks and 300 cases of heart failure *every month* in the United States alone. Presently, hundreds of thousands of Americans are still taking this drug, and hundreds will continue to die each month as a result, according to the report estimates.

This report, championed by U.S. Senators Grassley and Baucus, is the result of investigators pouring through more than 250,000 pages of documentation gathered from GlaxoSmithKline and the FDA. The document reveals some rather startling facts about the dangers of Avandia, including evidence from the FDA's own scientists who concluded that Avandia was associated with 83,000 heart attacks.

GlaxoSmithKline intimidates scientists

This investigative report also reveals that GSK engaged in the intimidation of physicians, saying: "GSK executives attempted to intimidate independent physicians, focused on strategies to minimize or misrepresent findings that Avandia may increase cardiovascular risk and sought ways to downplay findings that a competing drug might reduce cardiovascular risk."

"Patients trust drug companies with their health and their lives, and GlaxoSmithKline abused that trust." said Sen. Baucus. (Gee, really? Is anyone really surprised that GSK put its own financial interests ahead of a few thousand human lives?)

A separate letter sent to FDA Commissioner Margaret Hamburg by Senators Baucus and Grassley added, "the totality of evidence suggests that GSK was aware of the possible cardiac risks associated with Avandia years before such evidence became public."

The FDA's own research also showed Avandia to be associated with a significant increase in heart attack risk, yet the FDA did nothing to protect the public. The agency's own scientists wrote in 2008, "There is strong evidence that rosiglitazone [Avandia] confers an increased risk of [heart attacks] and heart failure compared to pioglitazone [a rival drug on market]." This evidence went completely ignored at the FDA.

The FDA's famous Dr David Graham – the key whistleblower on the Vioxx scandal – concluded from his own research, "Rosiglitazone should be removed from the market."

Even the American Medical Association – a long-time defender of Big Pharma's drugs -- admitted Avandia was dangerous. Its journal, JAMA, wrote in 2007: "Among patients with impaired glucose tolerance or type 2 diabetes, rosiglitazone use for at least 12 months is associated with a significantly increased risk of myocardial infarction and heart failure, without a significantly increased risk of cardiovascular mortality."

The New England Journal of Medicine also warned about the safety of the drug in an article published in 2007.

Despite these multiple warnings, an FDA panel voted 22 - 1 in favor of keeping Avandia on the market. This is no surprise, of course, to those who know how the FDA really operates (and where its priorities really lie).

Analysis: What does it all mean?

Are you kidding me? A drug company hid data that its high-profit drug was linked to increased risk of heart attacks? A drug company intimidated physicians and got away with hoodwinking the public while raking in billions of dollars in sales for a drug that the FDA's own scientists said should be pulled from the market?

Sounds like *business as usual* at the FDA, the "sweep it under the rug" division of the pharmaceutical industry. Once again, Dr David Graham turns out to be the sharpest guy in the room while having the courage to tell the truth even when surrounded by an agency full of morons and criminals.

The drug industry must hate this guy. But they can't get rid of him because he's one of the very few scientists in the FDA who is actually committed to *protecting the public*. Gee, what a concept, huh? The FDA as a whole abandoned that idea so long ago that virtually nobody there even remembers what it means. Protect the public? What do you mean? As in, *lose profits* by banning dangerous drugs that just happen to be making big money?

That's unthinkable at the FDA as we know it today. The agency exists *to promote pharmaceuticals*, not to limit their sales just because a hundred thousand people happen to drop dead each year from taking FDA-approved drugs.

When it comes to safety vs. profits, the FDA chooses profits for Big Pharma time and time again.

Do the math on this: If Avandia is linked to 83,000 heart attacks, and if roughly 50% of those are fatal (that's just an estimate), then Avandia could conceivably be the cause of **40,000 deaths**. The terrorist attacks of 9/11 killed roughly 3,000 Americans, and yet just one drug that has been mysteriously kept on the market by the FDA appears to have killed **more than ten times as many**

Americans as the terrorists.

So what does that make the FDA? More dangerous than the terrorists, of course!

So why is the FDA still allowed to operate in America if it's such a dangerous organization that's killing so many American citizens? *Because it's profitable, of course!*

There's one thing that's true about both WAR and MEDICINE: As long as the right corporations are making money, it really doesn't matter how many people die in the process.

And for all those diabetic Americans struggling to find improved health right now, there's something you desperately need to know: There's a price to putting your faith in the FDA, the drug companies and your pill-pushing doctor. That price may very well be your own life.

Diabetes has a cure, you know. You can reverse it in as little as four days by changing your diet.

Here's the full report from the U.S. Senate (PDF):
https://web.archive.org/web/20100304102436/http://finance.senate.gov/press/Gpress/2010/prg022010a.pdf

The Washington Post

Mike Stobbe

Panel recommends annual flu vaccinations for all

Washington Post // The Associated Press, 24 February 2010, 8:52 PM
http://www.washingtonpost.com/wp-dyn/content/article/2010/02/24/AR2010022404361_pf.html
(deleted)

ATLANTA – A government panel is now recommending that virtually all Americans get a flu shot each year, starting this fall.

The Advisory Committee on Immunization Practices had gradually been expanding its recommendation for flu shots - 85 percent of Americans were already included.

On Wednesday, the panel voted to recommend a seasonal flu vaccination for everyone except babies younger than 6 months and those with egg allergies or other unusual conditions.

The panel's recommendation now goes to the Centers for Disease Control and Prevention. The CDC usually follows the panel's advice and spreads the message to doctors and hospitals across the country.

"Now no one should say 'Should I or shouldn't I?'" said Dr. Anthony Fiore, a CDC flu specialist.

CDC vaccination recommendations tend to be influential with the doctors who give the shots and the health insurers who pay for them.

Flu shots are already recommended for 85 percent of the U.S. public, including pregnant women, children older than 6 months, adults 50 and older, people with certain chronic health conditions, health care workers and those who take care of people in a recommended group. The only people who weren't specifically included were healthy people ages 19 to 49 who don't have close contact with anyone at risk of flu and its complications.

But only about 33 percent of Americans actually get a flu shot, and unusually millions and millions of doses get thrown away annually.

The swine flu pandemic that hit last year caused a new momentum for flu vaccinations. Virtually all the 114 million doses of seasonal flu vaccine doses made were distributed, and more young adults and children got the swine flu vaccine than usually come out for seasonal flu.

The panel voted 11 to 0 - with one abstention - for the recommendation, prompting a short round of applause in the CDC auditorium where the meeting was held. Some public health experts and physicians had been pushing for a universal flu vaccination recommendation for more than 10 years.

Also on Wednesday, the panel gave its nod to a proposed formulation of next year's seasonal flu vaccine. The vaccine will be built to protect against three strains of flu scientists think will be circulating next fall and winter. Swine flu is to be one of the strains incorporated into the vaccine.

At past meetings, the panel stopped short of recommending flu shots for everyone. Panel members were mindful of a history of temporary flu vaccine shortages in the United States. They worried a universal recommendation might cause demand to far surpass supply and endanger those at the highest risk of life-threatening flu complications.

"Yet every year we wasted millions and millions of doses," said Dr. Gregory Poland, a Mayo Clinic infectious diseases expert who for years has passionately pushed the panel to recommend flu shots for all.

The swine flu vaccine campaign appears to be ending the same way. Doses were scarce when the swine flu vaccine first became available in early October, but now roughly 90 million people have been vaccinated, demand is dying and millions of doses are unused.

Swine flu provided another argument for universal vaccination. The new virus proved to be unusually dangerous to young adults, and also took a surprising toll on Native Americans and obese people. Many of those hospitalized and killed by swine flu were not in groups previously recommended for annual flu shots, and that fact was another reason to expand the vaccination recommendation, experts said.

There are a few exceptions to the universal recommendation. Children under 6 months of age, who have undeveloped immune systems, will continue to be exempt. So too will people who have egg allergies (the vaccine is made using eggs) and those who have had certain severe reactions to flu shots in the past.

The panel also decided that elderly people can consider a new, revved-up version of the seasonal flu shot. It's a Sanofi Pasteur vaccine for adults 65 and older.

In years when the flu shot is well matched to circulating flu viruses, vaccine is 70 to 90 percent effective in people younger than 65, the CDC estimates. But it tends to be only 30 to 70 percent effective in those who are older because they generally have weakened immune systems.

The Sanofi vaccine – called Fluzone High-Dose - has four times as much immunity-building antibodies as a standard dose. The U.S. Food and Drug Administration approved the vaccine in December, and it should be available for the 2010-2011 flu season. It would cost about $25 a shot, or about twice the standard version

THE FLU CASE

US Government panel recommends all Americans get flu shot with mercury from this fall
The Flu Case, 25 February 2010 10:55
https://web.archive.org/web/20100301040326/http://www.theflucase.com/index.php?option=com_content&view=article&id=2826%3Aus-government-panel-recommends-all-americans-get-flu-shot-with-mercury-from-this-fall&catid=1%3Alatest-news&Itemid=64&lang=en

Panel recommends flu shots for nearly every American.
Deseret News, The Associated Press, 25 February 2010, 12:00 a.m. MST
https://www.deseret.com/2010/2/25/20098353/panel-recommends-flu-shots-for-nearly-every-american/

A government panel is now recommending that virtually all Americans get a flu shot each year.
NBC News // The Associated Press, 25 February 2010, 7:52 AM GMT+8
https://www.nbcnews.com/health/health-news/annual-flu-shots-recommended-all-flna1c9443899

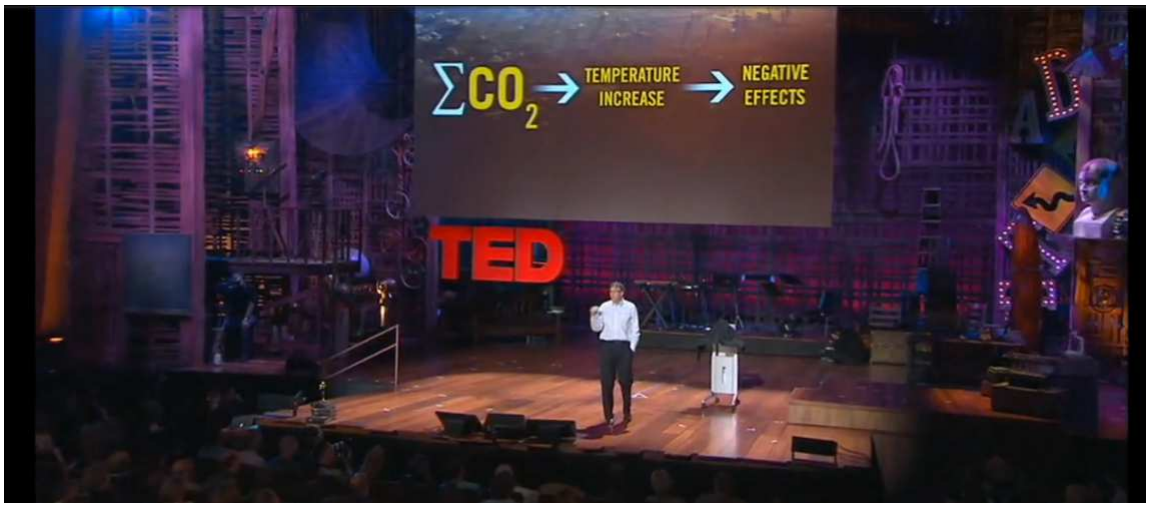
TED Ideas change everything

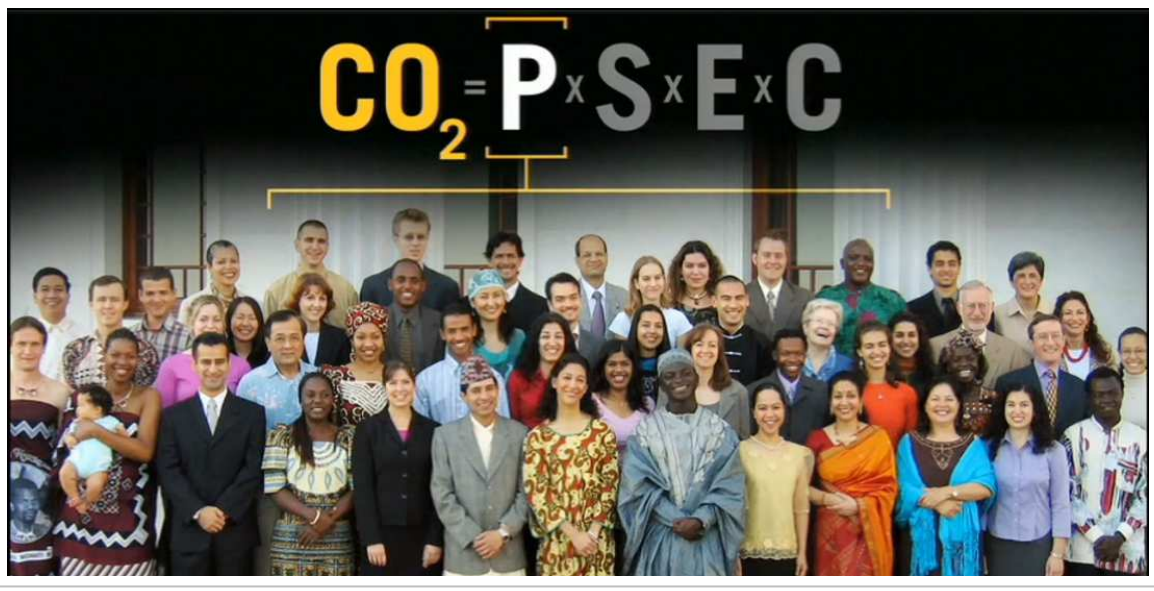
... they said: **"Bill Gates wants a Billion Dead!"**
Vaccines and Health Care will do the Job!

TED, 28 February 2010
https://web.archive.org/web/20101010141706/https://www.youtube.com/watch?v=WUJMR3BUm2s
https://www.ted.com/talks/bill_gates_innovating_to_zero?language=en

"The world today has 6.8 billion people. That's heading up to about nine billion. Now if we do a really great job on new vaccines, health care, reproductive health services, we could lower that by perhaps 10 or 15 percent!" [About 1 Billion People!]

2010 TED ... talk on ways to reduce climate emissions, the wealthy entrepreneur acknowledged the population factor and stated we could reduce this "if we do a really great job on new vaccines, healthcare, reproductive health services."





Paul Joseph Watson

Bill Gates: use Vaccines to Lower Population

Prison Planet, 1 March 2010
https://www.youtube.com/watch?v=JaF-fq2Zn7I
https://web.archive.org/web/20100511051537/http://www.theflucase.com/index.php?option=com_content&view=article&id=2876%3Avaccines-can-be-used-to-lower-populations-says-vaccine-funder-bill-gates&catid=41%3Ahighlighted-news&Itemid=105&lang=en

Microsoft founder Bill Gates told a recent TED conference, an organization which is sponsored by one of the largest toxic waste polluters on the planet, that vaccines need to be used to reduce world population figures in order to solve global warming and lower CO2 emissions.

Stating that the global population was heading towards 9 billion, Gates said, "*If we do a really great job on new vaccines, health care, reproductive health services (abortion), we could lower that by perhaps 10 or 15 per cent*." [4:32 - 4:50]

Quite how an improvement in health care and vaccines that supposedly save lives would lead to a lowering in global population is an oxymoron, unless Gates is referring to vaccines that sterilize people, which is precisely the same method advocated in White House science advisor John P. Holdren's 1977 textbook Ecoscience, which calls for a dictatorial "planetary regime" to enforce draconian measures of population reduction via all manner of oppressive techniques, including sterilization.

"I'm not sure what the nothing-to-see-here explanation is for Bill Gates' theory that "new vaccines" can help lower the population of the world," points out the Cryptogon blog, "But I thought about the incidents from the 1990s where the World Health Organization was providing a "tetanus vaccine" to poor girls and women (and just poor girls and women) that contained human chorionic gonadotrophin (hCG). For those who don't want to delve into that, in short, it was a World Health Organization experiment; a test of a vaccine against pregnancy."

After presenting an equation that included the number of people on the planet and CO2 emissions, Gates said, "Probably one of these numbers is going to get pretty near to zero."

Later in the presentation, Gates mentions picking a vaccine, "which is something I love," that would be used to lower global CO2 emissions.

He also advocates pouring more money into the global warming scam by way of the United Nations, as well as a "CO2 tax" and cap and trade, while making it clear that the developed world would have to reduce its living standards by cutting back on essential services that generate CO2.

Gates said that a 20 per cent reduction in CO2 emissions was necessary by 2020, a 50 per cent reduction by 2050, and ultimately that there had to be zero CO2 emissions globally, a measure that would completely reverse hundreds of years of technological progress and return man to the agrarian age, all in the name of preventing an alleged miniscule temperature increase that has been proven to be based on fraudulent data models in light of the Climategate scandal.

One of Gates' proposals for reducing CO2 emissions is the use of biofuels, which as a new report highlights, has resulted in millions of acres of forests being destroyed, which ultimately means a net increase in CO2 emissions from biofuels when compared to fossil fuels, not to mention the massive devastation caused to wildlife.

As we have documented, a CO2 reduction of 50-80 per cent, not to mention 100 per cent, would inflict a new great depression in the United States, reducing GDP by 6.9 percent – a figure comparable with the economic meltdown of 1929 and 1930.

Additionally, the "post-industrial revolution" being proposed by Gates and his ilk would lead to massive job losses.

The implementation of so-called "green jobs" in other countries has devastated economies and cost millions of jobs. As the Seattle Times reported back in June, Spain's staggering unemployment rate of over 18 per cent was partly down to massive job losses as a result of attempts to replace existing industry with wind farms and other forms of alternative energy.

In a so-called "green economy," "Each new job entails the loss of 2.2 other jobs that are either lost or not created in other industries because of the political allocation – sub-optimum in terms of economic efficiency – of capital," states the report.

The fact that Gates would be so open in his call to use vaccines to lower global population (without a word as to the human rights considerations), probably has a lot to do with the audience attending his speech.

The TED organization admits that it is elitist, "in a good way," and charges a whopping $6,000 dollars membership fee which must be paid by conference attendees. TED also charges nearly $1,000 just for its live conference web stream. The organization's sponsors include IBM and military-industrial complex kingpin General Electric, which has a notorious history of environmental misdeeds, being ranked fourth-largest corporate producer of air pollution in the United States, with more than 4.4 million pounds per year (2,000 Tonnes) of toxic chemicals released into the air. GE is also a major contributor to the toxic waste problem, rendering its sponsorship of an organization that claims to be seeking solutions to environmental problems completely

Bill Gates: Innovating to zero! – 21 February 2010
https://www.youtube.com/watch?v=JaF-fq2Zn7I
http://www.youtube.com/watch?v=JaF-fq2Zn7I&feature=player_embedded

Ethan Huff

Merck's cervical cancer vaccine ads are inaccurate and misleading

Natural News, 3 March 2010
https://www.naturalnews.com/028286_Merck_advertising.html

Several doctors and women's groups in India are lambasting advertisements puts out by drug giants GlaxoSmithKline (GSK) and Merck for their human papilloma virus (HPV) vaccine. Objecting to the claims being made that the vaccine protects against cervical cancer, The Sama Resource Centre for Women and Health, Saheli Women's Resource Centre, and a group of doctors are sounding the alarm that the ads are misleading and inaccurate.

Marketed in the United States as Gardasil, the HPV vaccine is being touted by its manufacturers as the greatest thing since sliced bread as far as preventing cervical cancer. Even in India, the marketing campaign for the vaccine has been so successful that pediatricians all over the country are urging parents to have their adolescent daughters vaccinated.

Budev Chandra Das, a professor of biomedical research at Delhi University, and Dr. Sidharth Sahni, a surgical oncology consultant at Artemis Health Institute, have both been questioning the legitimacy of the vaccine, noting that there are many different types of HPV that the vaccine does not prevent and that there are other conditions that cause cervical cancer besides HPV.

The vaccine is allegedly only effective on young girls who have never had sex, another important piece of information that doctors and researchers are saying GSK and Merck have failed to effectively communicate. Rather than divulge the truth of the matter, the two drug companies seem only to be interested in convincing as many people as possible to get the vaccine.

Vani Subramaniam from the Saheli Women's Resource Centre also pointed out that the drug giants have concealed the truth about the many horrific side effects caused by the vaccine. Merck's public list of Gardasil's side effects include headache, fever, vomiting, fainting, breathing problems, seizures, chronic fatigue, chest pains, and stomach pain, just to name a few.

Many young women and girls in the U.S. have developed severe, debilitating conditions after receiving their Gardasil shots. Aside from the known side effects, some girls have become paralyzed while others have developed chronic illness that has left them unable to function properly. Many girls have actually died from receiving Gardasil shots.

The harm caused by Gardasil is obscene, leaving one to wonder how such a dangerous product can continue to be marketed and sold legally with no repercussions on the villains who are perpetrating it on the public. Not only is the vaccine a failure at accomplishing its stated purpose, but it continues to destroy the lives of the next generation of young girls who receive it.

Information

Sanne Maja Funch

Da agitatoren kom til universitetet

Information, 13 Marts 2010
https://www.information.dk/moti/2010/03/agitatoren-kom-universitetet

Forskningsenheden Nanea skulle have været verdens bedste. I dag er slagordene døde, gruppen er opløst, og chefen for det hele er stukket af til USA forfulgt af mistanker om svindel for millioner. Og funkisvillaen, der husede drømmen, står tom og forladt.

»Jeg er klar til at slå ihjel for at komme frem«

Sætningen rammer en nerve i Anja, da hun hører sin chef fortælle om den ambition, der driver hans karriere. For nok taler han i spøg, men spøg og alvor er som bekendt komplementære størrelser, og Anja har set og hørt det hele før. I mange måneder har hun arbejdet i forskningsenheden Nanea på Aarhus Universitet. I den tid har hun oplevet sin chef, når han forklarer, at han gerne ofrer et venskab for en stilling, og at han i øvrigt er ligeglad med, om der findes bedre kandidater, hvis han selv kommer først. Anja har set, hvad der sker, når en ny artikel er klar til publikation, og forskerne slås om rækkefølgen af navne i artiklens byline.

...

Sanne Maja Funch

When the Agitator came to the University

Information // The Flu Case, 13 March 2010
https://www.information.dk/moti/2010/03/agitatoren-kom-universitetet
https://web.archive.org/web/20100413225720/http://www.theflucase.com/index.php?option=com_content&view=article&id=3195%3Acorruption-at-danish-autism-research-unit-examined-in-depth&catid=41%3Ahighlighted-news&Itemid=105&lang=en

The research unit NANEA should have been the best in the world. Today the slogans have died; the group has disintegrated; and the head of it all has run away to the USA following suspicions of fraud for millions. And the funky villa that housed the dream is empty and deserted.

“I am ready to kill to make my way”.

The sentence touches a nerve in Anja, when she listens to her boss talking about the ambitions that drive his career. For one thing he is joking, but jokes and seriousness are, as it is well known, complementary quantities, and Anja has seen and heard it all before. For many months she worked at the research unit NANEA at the University of Aarhus. During that time she experienced her chief say openly he is willing to sacrifice friendship for his job, and that he does not care whether there are more qualified candidates if he himself is getting there first.

Anja has seen what happens when a new article is ready for publication and the researchers are fighting about the order of names in the byline of the article.

As time goes by Anja is also aware that she is not thriving in that game, and that her career must take another turn.

David Icke

Dogs Today... Humans Tomorrow

DProgram World Press, 13 March 2010
https://dprogram.wordpress.com/2010/03/13/dogs-today-humans-tomorrow-david-icke/

The technique that I call the Totalitarian Tiptoe can clearly be seen with regard to the agenda for mass human microchipping.

To come out of nowhere and seek to impose compulsory microchipping at birth would be many steps too far and too quick for public acceptance and so, as with most of the Control System, it is done in increments, like adding strands one at a time and building a web by stealth.

First they had to introduce the principle of microchipping and get people used to it. Once it becomes a norm at one level they move on to the next. The prime means of doing this has been the microchipping of animals, especially dogs, which was introduced as a voluntary scheme – 'microchip your dog and you'll never lose Fido again'.

Now we are seeing the next stage – exactly the sequence planned for humans – in which dogs in the UK, and then further a field, are to be subjected to compulsory microchipping, according to government proposals announced this week …

… The human microchip will allow the population to be tracked every minute of their lives and there would never be a single second in a lifetime when the authorities would not know where you were. It is about more than just surveillance, however.

Even most of those who are aware of the microchipping agenda think it's all about surveillance, and on one level it is, but only by understanding the true nature of reality and the human body can the even more sinister aspects of the microchipping agenda be seen. The body is a biological computer and they want to implant the microchip to hijack its electrochemical systems and control every human being mentally, emotionally and physically

The David Icke Newsletter

Dogs Today ...
... Humans Tomorrow

The David Icke Newsletter // The Flu Case, 14 March 2010
https://web.archive.org/web/20100523171417/http://www.theflucase.com/index.php?option=com_content&view=article&id=3508%3Adavid-icke-on-microchipping-in-the-uk&catid=1%3Alatest-news&Itemid=64&lang=en

(If we are stupid enough to allow it)

Hello all ...

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Now we are seeing the next stage - exactly the sequence planned for humans - in which dogs in the UK, and then further a field, are to be subjected to compulsory microchipping, according to government proposals announced this week.

The problem for which this 'solution' is being imposed are 'dangerous dogs' who bite and attack people, not least children. But instead of targeting the truly dangerous dogs and irresponsible owners, this is, as usual, a blanket assault on all dog ownership.

The problem caused by the few – but the solution for everyone.

This is because the motivation is not to protect the population from dangerous dogs (many of which are now being bred specifically to be dangerous) but to install the precedent for compulsory microchipping and to create a whole new level of bureaucratic control and taxation.

The British government plan involves a vast bureaucracy of enforcement officers, microchip scanners, dog pounds for seized animals, a database of every dog in the country and compulsory dog insurance for every owner.

All this will be paid for by the owners which include the overwhelming majority who have docile dogs and have never been any trouble to anyone, nor will be. We are seeing this technique ever more blatantly across society now where a problem posed by the very few leads to draconian laws imposed on everyone.

The immediate introduction of full-body scanners after the guy set his pants on fire in a plane over Detroit is a classic. He was allowed on the plane without a passport because US Intelligence gave the go ahead and as a result of what subsequently happened air passengers are to be subjected to a dose of radiation and a picture of their naked body every time they want to board a plane.

The reason for the increasingly obvious manipulation of such events is because the Control System is behind the planned time-scale for the global Big Brother State and its servants have to push on using more and more flimsy excuses.

We are going to see the same with the human microchipping agenda, too. When I first wrote about the plan to microchip the global population it was thought by most people to be a wild exaggeration or science fiction nonsense.

The very suggestion that we were heading for microchipped people was guaranteed to elicit guffaws and belly laughs. But not any more. Today it is happening.

Microchipping babies at birth is the goal of the bloodline families to ensure that no-one comes into this reality in human form without being connected to the global computer network and the Global Positioning System (GPS) which is there to monitor everyone on the planet via satellite.

The microchip will allow the population to be tracked every minute of their lives and there would never be a single second in a lifetime when the authorities would not know where you were. It is about more than just surveillance, however.

Even most of those who are aware of the microchipping agenda think it's all about surveillance, and on one level it is, but only by understanding the true nature of reality and the human body can the even more sinister aspects of the microchipping agenda be seen.

The body is a biological computer and they want to implant the microchip to hijack its electrochemical systems and control every human being mentally, emotionally and physically.

Once microchipped, people can be made to think, or not think, whatever the signals decide, and the same can be done with emotions. Microchipped people can be manipulated to be aggressive or submissive, sexually high or sexually suppressed, and made to feel extreme fear at the touch of a button or the click of a mouse.

Then there is the little matter of having the ability to kill you from a distance via the chip if ever you make waves and refuse to be a good little slave. This can be done directly through the chip or it can transmit your exact location for a 'clean' ass.

Hartford Courant

Edmund H. Mahony

Ex-Pfizer worker cites genetically engineered virus in lawsuit over firing

Hartford Courant, 14 March 2010
https://www.courant.com/2010/03/14/ex-pfizer-worker-cites-genetically-engineered-virus-in-lawsuit-over-firing/

Medical experts will be watching closely Monday when a scientist who says she has been intermittently paralyzed by a virus designed at the Pfizer laboratory where she worked in Groton opens a much anticipated trial that could raise questions about safety practices in the dynamic field of genetic engineering.

Organizations involved in workplace safety and responsible genetic research already have seized on the federal lawsuit by molecular biologist Becky McClain as an example of what they claim is evidence that risks caused by cutting-edge genetic manipulation have outstripped more slowly evolving government regulation of laboratories.

McClain, of Deep River, suspects she was inadvertently exposed, through work by a former Pfizer colleague in 2002 or 2003, to an engineered form of the lentivirus, a virus similar to the one that can lead to acquired immune deficiency syndrome, or AIDS. Medical experts working for McClain believe the virus has affected the way her body channels potassium, leading to a condition that causes complete paralysis as many as 12 times a month.

"If a worker in a plant as sophisticated as Pfizer is becoming infected with a genetically engineered virus, then I think the potential is everywhere," said Jeremy Gruber, president of the Council for Responsible Genetics, a public interest group created to explore the implications of genetic technologies.

"Genetically engineered viruses are commonly worked on at your average university," Gruber said. "The public has a right to know what regulations are in place and what regulations are required to fix an industrywide issue. We need to have a conversation about this. Ms. McClain's attempt to do that has been hampered at every turn, by the courts and by regulators."

Pfizer disputes all of McClain's claims and says it fired her in 2005 because she refused to come to work. The global pharmaceuticals manufacturer, with research labs in southeastern Connecticut, defends its safety practices and denies that McClain's physical disability is related to exposure at its Groton lab. The company says she did not link her disability to workplace exposure until after she was fired.

As a molecular biologist, McClain studied cells on a molecular level, manipulating genetic codes in an effort to develop vaccines. During the period at issue in the suit, McClain worked in Pfizer's Human Health Embryonic Stem Cells Technologies, Genomic and Proteomic Sciences and Exploratory Medicinal Sciences Group.

Hostile Exchanges

The sharp disagreement between McClain and her former employer mirrors a half-dozen or so years of hostile litigation leading to Monday's jury trial in Hartford before U.S. District Judge Vanessa L. Bryant. McClain will argue that she was wrongfully dismissed and is entitled to unspecified damages. In the run-up, Pfizer attacked McClain's legal claims, and she questioned the company's corporate integrity.

On the advice of her lawyers, McClain would not discuss her suit last week. Neither would her lawyers, nor those representing Pfizer.

But McClain has claimed in her suit and in earlier public statements that she was fired after experiencing symptoms of illness and after complaining to the U.S. Occupational Safety and Health Administration about safety in her Pfizer lab.

OSHA dismissed McClain's complaint. In a decision published after McClain's termination, the agency criticized her for refusing to return to work in spite of "Pfizer's substantial efforts" to address her concerns. In a speech last year to a labor safety group in California, McClain said she was told by an OSHA investigator that the federal agency's legal authority has not kept pace with developments in sophisticated medical research.

A series of angry, pretrial exchanges developed over McClain's efforts to compel Pfizer to give her precise information about the DNA sequencing of the engineered lentivirus she suspects infected her. Pfizer says it responded to all of McClain's requests, in accordance with the law. Her advocates called Pfizer's assertion preposterous and claimed the company has not produced – perhaps because it is subject to trademark – the sequencing data that could enable scientists to engineer a genetic cure.

Over the course of pretrial argument, the number and breadth of McClain's legal claims against Pfizer have been reduced from eight to two. Last month, Bryant dismissed the most significant of the eight claims: that willful and wanton misconduct by Pfizer resulted in lax laboratory procedures. McClain claimed laxity contributed to her exposure.

McClain's advocates point to language in Bryant's ruling that suggests the misconduct allegation was dismissed, at least in part, because state law requires such claims to be resolved by state workers' compensation rules. But Pfizer says Bryant's ruling is another vindication of its assertion that no evidence exists to support McClain's contention that she was infected by a viral exposure at Pfizer.

"We have thoroughly investigated Ms. McClain's claims and our investigation concluded that her workplace was safe and that she was not infected by any virologic materials while she was employed by Pfizer," company spokeswoman Elizabeth Power said.

Bryant's ruling means the trial will move forward under McClain's two remaining claims, both of which involve free speech protection. She says Pfizer fired her in violation of Connecticut's whistle-blower law after she raised questions about Pfizer lab safety to OSHA. And she claims her dismissal also was in retaliation for questions she raised in discussion with Pfizer colleagues about safety practices. In addition to performing her research duties, McClain served on a lab safety committee for at least part of the nine years she was employed by Pfizer.

Medical Evidence

Pfizer has taken the position that Bryant's ruling in March means no evidence will be admitted at the trial concerning McClain's health or her claim that it was destroyed by bad lab procedures. McClain's advocates, again, disagree. Because McClain is suing under a whistle-blower claim, they believe she will be allowed to present evidence about why she figuratively blew the whistle. If her health and safety are the reasons, they say, the judge could allow jurors to hear evidence in those areas.

In her suit, McClain says that Pfizer hired her in 1995 and that, in 2000, she became involved in human cellular research associated with vaccine development. She later learned, the suit says, that colleagues in her lab were working with infectious, genetically engineered viruses, including the lentivirus she suspects causes what her physician calls "acute intermittent paralysis."

The suit describes lab events that McClain suggests could have infected her.

The first involved the possible malfunction of a "laminar hood," a system designed to contain materials being subjected to scientific manipulation and to purify the air circulating around the

materials. She said the hood began emitting a noxious odor at the same time she and several colleagues developed symptoms of illness, including nausea.

McClain said in the suit that, as a member of the lab safety committee, she reported the apparent hood malfunction. Judge Bryant said in a preliminary ruling that Pfizer took "various steps" to fix the hood and ultimately replaced it, twice.

Pfizer contends that the hood problem was resolved eight months after McClain reported it. But a long e-mail message by one of McClain's supervisors and the OSHA review corroborate McClain's contention that the problem persisted for a year. Before it was corrected, several people suffered from headaches, vomiting and nausea, including at least one member of the crew that cleaned the lab after work.

About two months after the hood problem was resolved, McClain says in the suit, she learned from a colleague that he was working "next to" her on "dangerous lentivirus material and embryonic stem cells." The work was being done on an open lab bench, unprotected by a biological containment system, the suit says, even though lentivirus work should have been done only under a protective "biological hood."

"I was shocked and appalled to find he had been using lentivirus materials on an open lab bench without biocontainment where I performed my office work (e.g. without gloves) in October 2003," McClain wrote in a legal filing.

On another occasion, she says, she encountered an unidentified experimental set-up consisting of cell cultures on her laboratory bench, but she cannot recall whether she touched it.

Pfizer has responded that any lentivirus studied in lab areas where McClain was present was not derived from a human infectious virus and was not infectious because it lacked genes for replication.

McClain says in the suit that she repeatedly raised laboratory safety issues following the hood malfunction, despite a warning from a supervisor that doing so could jeopardize her employment. She said she began suffering from "fatigue, suspicion of multiple sclerosis, joint pain, and numbness in her face as well as sleep difficulties" and took a medical leave in February 2004. She was fired about 11 months later.

The suit contends the dismissal was retaliation for her complaints about safety. In a speech a year ago, McClain asserted that some of the safety deficiencies she has criticized are the product of poor lab design – design that is nonetheless acceptable under OSHA rules.

Pfizer contends that McClain's dismissal was not related to her concern about safety. Rather, the company says, she was terminated for refusing to report back to work after the company made her repeated offers, including alternative employment opportunities, some in laboratories other than the one about which she had complained. Pfizer claims McClain was told in advance of her termination that she would be fired if she didn't return to work.

Even though jurors are unlikely to hear arguments that McClain's potassium disorder and related transient paralysis are attributable to exposure to an engineered virus, a network of laboratory safety advocates already is using the case as a rallying point. A group from San Francisco has planned a press conference outside the Hartford courthouse on Main Street at 12:15 p.m. Monday.

They say OSHA's inability to stay abreast of developments in sophisticated, molecular research techniques – as well as law protecting the confidentiality of proprietary discoveries – has neutralized the agency's ability to act as an effective regulator.

"This case shows a major flaw for workers in the biotech industry who have to prove where they got injured in order to receive workers' compensation," said Steve Zeltzer, one of the organizers.

Age of Autism

Mark Blaxill on Industry Corruption of Scientific Journals: Is Something Rotten in Denmark?

Age of Autism, 22 March 2010, 16:56
https://www.ageofautism.com/2010/03/is-something-rotten-in-denmark.html

Several years ago, at the invitation of a journal editor interested in the issue of industry corruption of scientific journals, I drafted an article on the Denmark epidemiology studies. I had just published a couple of articles on autism in other journals and was interested in making additional contributions. I was outraged that the sponsorship of the Danish publications had been spearheaded by the company that manufactured the thimerosal-containing vaccines investigated for their connection to autism and astonished that this connection had received no attention whatsoever. I did a simple analysis of the social network of authorship to show that a single collaboration was behind the entire publication program, wrote up the results and sent a first draft back to the journal.

The peer reviews that came back were constructive and helpful, but also argued for some pretty extensive revisions. The changes had little to do with the conflict of interest argument and mostly involved relatively arcane issues of network analysis and asked me to explain some of the technical choices I had made and how the results of these technical choices should be interpreted. When I got the feedback, I was quite busy on other projects and had begun losing my enthusiasm for running the publication gauntlet at academic journals. As a result, I gave up on the effort and never responded to the suggestions.

As the scandal involving Poul Thorsen's misrepresentation of his employment and possible misappropriation of funds, it seemed to me that this analysis took on new relevance. So we have decided to run my original draft here in its entirety. We hope that you'll read it understanding its original intent and in a spirit of forgiveness for its shortcomings.

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THE FLU CASE

Mark Blaxill on Industry Corruption of Scientific Journals: Is Something Rotten in Denmark?

https://web.archive.org/web/20100325184819/http://www.theflucase.com/index.php?option=com_content&view=article&id=3107%3Amark-blaxill-on-industry-corruption-of-scientific-journals-is-something-rotten-in-denmark&catid=1%3Alatest-news&Itemid=64&lang=en

Mark F. Blaxill, M.B.A.

Is something rotten in denmark?

A social network analysis of conflict of interest in vaccine safety research

Short title:

Commercial conflicts in vaccine safety research

Rescue Post, 2010
https://cijepljenje.info/files/files/is-something-rotten-in-denmark-rev.pdf
https://www.rescuepost.com/files/is-something-rotten-in-denmark-rev.pdf

Abstract

Three papers based on a Danish patient registry argued against a link between mercury-containing vaccines and autism. Following a related analysis of the autism-MMR vaccine link, these studies were published in close succession in prestigious journals, based on marginally differentiated analyses of the same events and prepared by author groups with numerous connections.

Analysis of these publications, their authors and sponsoring institutions reveals a social network with extensive personal and institutional ties. Analysis of the authors and their employers also reveals a pervasive conflict of interest that was not reported in the publishing journals.

All authors in the network have ties, direct or indirect, to a for-profit, state-owned, vaccine manufacturer: the Statens Serum Institut (SSI). The mercury-containing vaccine investigated in the three studies was produced by SSI. Six SSI employees participated as co-authors in studies in which the safety of SSI products were evaluated. These six individuals also hold central positions in a broader network with ties to eleven additional authors and maintain formal alliances at the institutional level.

SSI has a commercial interest in vaccine products: the vaccine division contributed half of SSI's revenues and over 80% of profits in 2002; vaccine exports were SSI's fastest growing business; mercury-containing vaccine products support SSI's vaccine exports; and SSI provides ingredients for mercury-containing vaccines currently used outside Denmark.

SSI has a conflict of interest in conducting assessments of vaccine safety. This conflict should be considered when evaluating the authors' findings that mercury in Danish vaccines did not cause harm.

REUTERS

Switzerland suspends Glaxo's rotavirus vaccine

Reuters, 24 March 2010, 2:50 AM GMT+8
https://www.reuters.com/article/idUSLDE62M2G620100323/

ZURICH, March 23 (Reuters) – Switzerland has urged doctors to temporarily stop using GlaxoSmithKline Plc's (GSK.L) Rotarix vaccine, regulators said on Tuesday, making it the latest country to caution against its use.

U.S. authorities and the company said on Monday doctors should temporarily stop using the vaccine against a diarrhoea-causing virus called rotavirus because the vaccine is contaminated with an apparently harmless pig virus. [ID:nN22219667]

In a statement on its website Swissmedic, the Swiss licensing and supervisory authority, said not to use Rotarix until more information is available.

Glaxo (GSK.N) had informed Swissmedic that the DNA from the virus, known as porcine circovirus type 1 or PCV-1, had been found in Rotarix, the authorities said, adding there was little danger for those children who had had the vaccine.

The Guardian

Mark King

Pfizer and GlaxoSmithKline in deal to supply low-cost vaccines

The Guardian, 25 March 2010, 10:47
http://www.guardian.co.uk/katine/2010/mar/25/news-politicsandhistory

Pfizer and GlaxoSmithKline will supply hundreds of millions of doses of their pneumonia vaccines to the world's poorest countries at heavily discounted prices under a novel agreement, reports the New York Times.

The deal was announced by the Gavi Alliance, a non-profit organisation, which estimated the program could save a total of 900,000 lives by 2015 and up to seven million lives by 2030.

Pneumococcal disease not only kills small children but also maims, leaving survivors with high rates of mental disability, seizures and deafness, says Sarah Boseley in the Guardian. She continues: "There's no doubt about the good that such a vaccine can do. But there will continue to be questions about the way the deal has been done, not least because it is the first of its kind and sets a pattern for the future".

Pfizer and GlaxoSmithKline will provide up to 300 million doses each of their vaccines over a 10-year period under the new agreement. The price for the first 20% of the supply will be $7 a dose. Then the price will drop to $3.50 a dose for the remainder. The vaccines would be paid for by donations raised by Gavi and by the governments of the countries that ordered the vaccines. In Western markets, the pneumococcal vaccines sell for $54 to $108 a dose.

"For the price of a Starbucks latte, developing countries are going to be able to buy a dose of a life-saving vaccine," said Orin Levine, director of the international vaccine access center at the Johns Hopkins Bloomberg School of Public Health, who has worked with GAVI.

The NYT reports that officials involved in the deal say that it historically took many years for a vaccine developed in the West to trickle down to developing countries. But the new program would make the first vaccines available to Africa this year.

"American kids and African kids will get this new vaccine in the same year," Dr. Levine of Johns Hopkins said. "That's just never happened before."

abc NEWS

Pfizer to pay $142M for drug fraud
Sales of drug total $300M annually in Canada

CBC News, 26 March 2010, 3:28 PM ET
https://web.archive.org/web/20100329134056/http://www.cbc.ca/health/story/2010/03/25/gabapentin-ubc.html

Pharmaceutical giant Pfizer has been ordered to pay $142 million US in damages for fraudulently marketing gabapentin, an anti-seizure drug marketed under the name Neurontin.

A federal jury in Boston ruled Thursday that Pfizer fraudulently marketed the drug and promoted it for unapproved uses. The jury sided with California-based Kaiser Foundation Health Plan Inc. and Kaiser Foundation Hospitals, the first to try a gabapentin case against Pfizer.

Data revealed in a string of U.S. lawsuits indicates the drug was promoted by the drug company as a treatment for for pain, migraines and bipolar disorder even though it wasn't effective in treating these conditions and was actually toxic in certain cases, according to the Therapautics Initiative, an independent drug research group at the University of British Columbia.

The trials forced the company to release all of its studies on the drug, including the ones it kept hidden.

A new analysis of those unpublished trials by the Therapeutics Initiative suggests that gabapentin works for one out of every six or eight people who use it, at best. The review also concluded that one in eight people had an adverse reaction to the drug.

"The much larger majority of people will not get any benefit and many of them will have chronic neurotoxicity or poisoning of the brain," said Dr. Tom Perry of the Therapeutics Initiative.

Dr. Harry Pollett, a pain specialist in North Sydney, N.S., calls gabapentin a so-so drug with potentially serious side-effects for patients. These include drowsiness, balance problems, fogginess and edema, or swelling.

"Weight gain is a very common problem and I see that a lot," Pollett said.

The drugs represent a waste of money for Canada's health-care system, said Perry, who questioned why some doctors continue to encourage people to take the drug even though the patients are not benefiting.

"We have been using probably somewhere in the order of around $300 million a year in Canada recently and this drug has been overused since the late 1990s," Perry said. "So, do the math. It's probably well in excess of a billion dollars."

Pfizer defends its actions and its drug. The company has already been hit with $430 million in penalties and fines for fraudulently promoting gabapentin in the U.S.

ynet news.com

Vered Luvitch

Discharged soldiers sue for millions over Anthrax experiment

Ynet, 28 March 2010, 20:34
https://www.ynetnews.com/articles/0,7340,L-3869416,00.html

Dozens of soldiers who took part in experiment in early 1990s aimed at determining efficacy of Anthrax vaccine demand $80,000 each in damages. 'Physical harm was passed down to our children,' plaintiff says Vered Luvitch

Sixty-four former IDF soldiers are suing the Defense Ministry for NIS 18 million ($4.8 million) over what they claim is damage caused to them during Anthrax vaccine experiments in the early 1990s.

The experiments, which were meant to determine the efficacy of an Anthrax vaccine, were carried out in light of what was then defined at the time as the "strategic threat of a surprise biological attack facing Israel."

Nicknamed "Omer 2," the experiments included 716 IDF soldiers picked out of a pool of 4,000.

The lawsuit, filed with the Petah Tikva District Court, is based on the principle according to which anyone who decides to take part in an experiment must do so willingly and after considering the risks involved.

As part of the lawsuit the soldiers are demanding that the state reveal the ingredients of the serum that was given to them, in addition to NIS 300,000 (about $80,000) in damages to each plaintiff for mental anguish and emotional distress resulting from the involuntary use of one's body and medical negligence.

In the lawsuit, the plaintiffs cited an Israel Medical Association (IMA) report according to which the experiments were unjustifiable.

The report revealed that even while the experiment was taking place Israel already had a stock of vaccines. "An accelerated effort to produce large quantities of the vaccine was underway a year prior to the experiment, and by the time the experiments were launched, Israel had enough vaccines to cover the civilian concerns," the report said.

"No scientific justification was found for the experiment, scientific background was lacking, the experiment's design and execution did not suit its goals, and no result would have justified those goals. Also, conventional guidelines were not followed, risks and possible side effects were not thoroughly investigated, and a follow-up mechanism to keep track of participating soldiers was not set up," it said.

Dorit Tahan, one of the plaintiffs, said, "In light of the security establishment's lack of respect for human life, we have no choice but to turn to the court in order to teach the IDF a lesson in responsibility."

"We now know that the physical harm caused to the soldiers was also passed down to their children," she said.

NATURAL NEWS
Defending Health, Life and Liberty

Jeffry John Aufderheide

Pharma Planning to Dump Experimental and Controversial Vaccines in US Public Schools

Natural News, 29 March 2010
https://www.naturalnews.com/028463_vaccines_public_schools.html

The golden calf of public health was smashed in this recent flu season as many in the United States outright rejected the H1N1 vaccine. Pharmaceutical companies are now holding the bag, as millions of doses of the vaccine are rotting on shelves or being discarded as hazardous waste. Or are they? The manufacturer may find it more cost effective to dump them into the arms of our public school systems.

Parents would revolt if they knew that the pharmaceutical industry, the Department of Health and Human Services, and Centers for Disease Control have allocated millions of dollars in funding to establish vaccine clinics in the public schools. Pumping children with experimental vaccines in public school is about to be pursued as a matter of policy.

Denver Public Schools the Target

Recently, a news article in the Denver Post highlighted two grants issued by the Centers for Disease Control totaling $1.6 million dollars to vaccinate students attending Denver Public Schools
=> https://www.denverpost.com/2010/01/28/pilot-program-provides-shots-to-kids-in-denver-schools/

One grant (http://communications.dpsk12.org/anâ€¦) funds an effort to establish a sustainable school-based vaccination program utilizing the yearly influenza and experimental H1N1 vaccine. The hope is to create a partnership between public health (Denver Health), school personnel (Denver Public Schools), and an entity (Kaiser Permanente) that would bill third party payers.

The second grant provides cash for vaccinating children with the newly approved diphtheria toxoid and acellular pertussis vaccine (Tdap), meningococcal conjugate vaccine (MCV4), and human papillomavirus vaccine (HPV). The new vaccines for adolescents are among the most expensive vaccines
=> https://web.archive.org/web/20080308082532/https://www.cdc.gov/od/pgo/funding/IP08-006.htm
https://web.archive.org/web/20070713204848/https://www.cdc.gov/vaccines/programs/vfc/cdc-vac-price-list.htm

Lead investigator of Denver In-School Immunization Project, Dr. Judith Shlay, of Denver Health, readily admits that if all goes well, plans are in place to implement school-base vaccine clinics nation-wide (a high level overview of this plan was presented to the National Assembly on School-Based Health Care by Dr. Shlay).
=> https://web.archive.org/web/20100202144438/https://www.youtube.com/watch?v=PHjiImtTJKI
https://web.archive.org/web/20100402213603/http://www.nasbhc.org/site/c.jsJPKWPFJrH/b.2564543/apps/s/content.asp?ct=3839567

School Based Health Clinics As the Conduit

The Denver In-School Immunization Project has long been in the works. It was paved in the late 1970s and early 1980s by incrementally creating School-Based Health Clinics (SCHC). In 1978, The Robert Wood Johnson Foundation (RWJF), a non-profit organization funded by the Pharmaceutical Company, Johnson and Johnson contributed $2.3 million dollars to the state of Colorado, making SBHCs a reality.

https://web.archive.org/web/20100212125643/http://denverhealth.org/portal/Services/PublicHealth/ImmunizationClinic/DenversInSchoolImmunizationProject.aspx

https://web.archive.org/web/20130719045152/https://www.sec.gov/Archives/edgar/data/200406/0001016005-98-000009.txt

https://web.archive.org/web/20100211004137/http://www.rwjf.org/reports/grr/032293.htm

Illnesses such as ADD/ADHD, Cervical Cancer, diabetes, asthma, obesity, and learning disabilities were of little consequence in the '70s. However, these disabling syndromes and the medications aimed at treating them have all reached epidemic proportions and astronomically profitable sales.

In the past, parents have discovered challenging a school-based medical model can be extremely dangerous. In September, 2000, Ms. Patti Johnson, a former Colorado State education board member, testified before Federal Congress

https://web.archive.org/web/20100211145613/http://www.politicalwatchdog.com/psych_fraud/johnson.htm

In the 1990s, the much-hyped drug, Ritalin, was maneuvered into public schools to address the growing epidemic of hyperactivity. Mrs. Johnson testimony was prophetic and foreshadowed a future scenario where parents could be charged with medical neglect if they refused to medicate their child per the school's request.

Vaccines for All School Children is the Goal

If School Based Health Clinics are being used as the conduit to vaccinate children, the federally-funded Vaccines For Children (VFC) program and third party insurance coverage provide the finances. According to the grant approved by the CDC, the VFC program would provide "free" vaccines to an estimated forty percent of children in the United States who are not covered by third party insurance plans.

=> https://web.archive.org/web/20100308180826/https://www.cdc.gov/vaccines/programs/vfc/parents/flyer-vfc-parents.htm

"The goal is for this (Denver In-School Immunization Project) to be a sustainable program that can immunize all children in the schools regardless of their insurance. And we need to see at the end of the day, when all the dust settles at the end of this school year, whether the amount that was reimbursed for all these different insurance companies, adds up to the amount of time and effort it took to actually have the clinic." (Emphasis added)

Dr. Matthew Daley
Evaluator of the Denver In-School Immunization Project
Kaiser Permanente
Colorado Public Radio Interview
February 17th, 2010

http://www.kcfr.org/index.php?option=com_content&task=view&id=94&Itemid=234&target_pg=com_day&date=02/17/2010 (*deleted*)

Put into context, the implications of the Denver In-School Immunization Project are enormous. We are speaking of a captured market for vaccine manufacturers (guaranteed purchase of vaccines), insurance companies (guaranteed rise in premiums), and government funding (VFC) all footed by taxpayer dollars. The total price per vaccinated adolescent in the private sector is approximately $500. That's a lot of cash. => *National Vaccine Advisory Committee Recommends Increased Adolescent Immunization*

https://web.archive.org/web/20080717232839/http://www.elsevier.com/wps/find/authored_newsitem.cws_home/companynews05_00963

What Does Pharma Know?

Dr. Matthew Daley is very aware that a paltry 1/3rd of adolescents receive their yearly influenza vaccine, for example. In a semi-recent presentation, Dr. Daley shows obtaining parental consent is a barrier to mass vaccination in a school setting. Furthermore, the presentation suggests improved financial incentives for providing influenza vaccinations. Dr. Daley must be sharing his notes with RAND Corporation because it is almost the exact message RAND pitched to the pharmaceutical giant, Sanofi Pasteur. => *Logistics of Universal Childhood Influenza Vaccination*
https://web.archive.org/web/20100215085624/http://www.preventinfluenza.org/NIVS_2009/7%20-%20Daley.pdf

In 2007, a study performed by RAND Corporation, funded by Sanofi Pasteur, investigated the most efficient way to vaccinate low-income adolescents.
=> https://www.rand.org/pubs/documented_briefings/DB577.html

Nicole Lurie, one authors of the white paper, is now an adviser to Kathleen Sebelius, the Secretary of Human Health Services (HHS). => https://www.opensecrets.org/revolving-door

Mrs. Lurie has a long history of traversing the revolving door between private industry, government duties, and academic appointments (there is no difference from the former head of the CDC, Julie Gerberding, becoming President of Merck Pharmaceuticals Vaccine Division).
=> http://vactruth.com/2010/01/04/julie-gerberding-primed-big-pharmas-pump-with-flu-and-hpv-vaccines/

RAND's report identifies barriers that would obstruct "alternative vaccination campaigns," otherwise known as "in-school vaccination programs." The list of legal issues includes parental consent laws, absence of a reliable medical home (where an adolescent receives medical treatment such as a doctor's office), and access to vaccine registration information.

That's right, mom and dad. Your current ability to refuse vaccines, which is protected by most state laws, is considered a barrier to Pharmaceutical Interests!

*As a side note, many states are taking steps to move parents out of the way and allow public officials the right to vaccinate children, without parental consent. By example, legislation is being considered in New York that would give absolute authority to health professionals to vaccinate children under 18 years old without the parental consent. Another bill in New York seeks to mandate the controversial HPV vaccine (Gardasil) for school entry.
http://vactruth.com/2010/02/12/new-york-adds-hpv-to-the-list-of-vaccinations-required-for-school-entry/

With Public Relations at the foreground, The RAND paper further recommends that Sanofi Pasteur create "Vaccine Champions" or "Registration Champions." Vaccine champions are "ardent supporters of a cause â€¦ They can bring about change by educating those around them and spurring others into action through local events, meetings, or publications." Coincidentally, non-profit organizations such as The Immunization Partnership are following lockstep with the RAND Corporation's group-think. It also has "Immunization Champions."
=> https://web.archive.org/web/20100402220744/http://www.immunizeusa.org/iz-champions/

If vaccines are mandated for public school attendance, and most likely they will be, you can bet that it won't matter whether the vaccine is experimental or not. With rising awareness of the chronic effects of mass vaccination, public skepticism and outcries will likely be countered with fear mongering (http://www.scribd.com/doc/19212191/â€¦) by fanatical vaccine advocates and lobbying groups funded by Big Pharma interests. The only real way to protect the safety of our children is to fiercely safeguard state exemption laws that uphold parents' freedom to choose whether to vaccinate or not. => http://www.scribd.com/doc/19212191/2004flunowak

Yet, by blending society's Federal Educational Framework with a superficial medical model, vaccine proponents have a road map to overcome any damaging future resistance to experimental vaccines. Could it be any clearer that if left unchecked, the pharmaceutical industrial complex soon will be calling the shots instead of parents?

About the author: Jeffry John Aufderheide is the father of a child injured as a result of vaccination. As editor of the website www.vactruth.com he promotes well-educated pediatricians, informed consent, and full disclosure and accountability of adverse reactions to vaccines.

DNA

Vineeta Pandey

Cancer vaccine programme suspended after 4 girls die

8 April 2010, 0:39 IST
http://www.dnaindia.com/india/report_cancer-vaccine-programme-suspended-after-4-girls-die_1368681

The programme was marred by controversy after four deaths and complications among 120 girls were reported after vaccination.

New Delhi: The Indian Council of Medical Research (ICMR) has told Andhra Pradesh and Gujarat to immediately suspend the cervical cancer control vaccination programme for girls. The programme is part of a two-year study to look into the utility of a vaccine in public health programmes and acceptability of Gardasil, the human papillomavirus (HPV) vaccine made by Merck. Gardasil, available in medical stores across the country, is marketed in India by MSD Pharmaceuticals Pvt Ltd.

The programme was marred by controversy after four deaths and complications among 120 girls were reported after vaccination. The girls complained of stomach disorders, epilepsy, headaches and early menarche. Women activists fear the vaccine may impact the mental health of girls who have shown no signs of distress so far.

Health ministry sources said the vaccination programme is being conducted by Gardasil, jointly with PATH, a Seattle-based NGO, ICMR and the two state governments. About 32,000 girls, aged 10-14, were to be tested in the study.

ICMR chief Dr VM Katoch clarified ICMR was only a technical partner, with an advisory role, in the project. But Katoch said they were checking out who was at fault.

Questioning the study, CPM leader Brinda Karat said: “How has the government embarked on the study of giving three injections to the girls when it is also planning a massive multi-centric dose determination study to see if two doses will suffice?”

For a drug to be administered to children, Karat said, it has to go through stages of clinical trial, including phase 3 adult clinical trials. With Gardasil, only one trial has been carried out with a small sample of 110 girls, which has followed up with them for a month after completion of vaccination and that too only to look at the immune response post-vaccination, Karat said. The vaccine has also been approved for adult women aged 27, Karat said, without any trials on them.

Karat also alleged scientific logic and ethical guidelines have been violated at each step during drug and vaccine trials.

THE WALL STREET JOURNAL.

Robert A. Guth

Gates Rethinks His War on Polio

Wall Street Journal, 23 April 2010, 12:01 am ET
https://www.wsj.com/articles/SB10001424052702303348504575184093239615022

Bill Gates walked into the World Health Organization's headquarters in Geneva – for a meeting in an underground chamber where global pandemics are managed – and was greeted by bad news. Polio was spreading across Africa, even after he gave $700 million to try to wipe out the disease.

That outbreak raged last summer, and this week a new outbreak hit Tajikistan, which hadn't seen polio for 19 years. The spread threatens one of the most ambitious health campaigns in the world, the effort to destroy the crippling disease once and for all. It also marks a setback for the Microsoft Corp. co-founder's new career as full-time philanthropist.

Next week, the organizations behind the polio fight, including WHO, Unicef, Rotary International and U.S. Centers for Disease Control and Prevention, plan to announce a major revamp of their strategy to address shortcomings exposed by the outbreaks.

Nigeria is ground zero for the reemergence of polio. Now the country is making surprising headway against the crippling disease, in part thanks to an unlikely meeting of two leaders: Microsoft mogul Bill Gates, and the Sultan of Sokoto, the spiritual leader of Nigeria's 70 million Muslims. WSJ's Rob Guth reports.

Polio is a centerpiece of Mr. Gates's charitable giving. Last year the billionaire traveled to Africa, one of the main battlegrounds against the disease, to confer with doctors, aid workers and a sultan to propel the polio-eradication effort.

"There's no way to sugarcoat the last 12 months," Bruce Aylward, a WHO official, told Mr. Gates in the meeting in the underground pandemic center last June. He described how the virus was rippling through countries believed to have stopped the disease.

Mr. Gates asked: "So, what do we do next?"

That question goes to the heart of one of the most controversial debates in global health: Is humanity better served by waging wars on individual diseases, like polio? Or is it better to pursue a broader set of health goals simultaneously – improving hygiene, expanding immunizations, providing clean drinking water – that don't eliminate any one disease, but might improve the overall health of people in developing countries?

The new plan integrates both approaches. It's an acknowledgment, bred by last summer's outbreak, that disease-specific wars can succeed only if they also strengthen the overall health system in poor countries.

How a reservoir of poliovirus in Nigeria last year spread to other countries

If successful, the recalibrated campaign could shape global health strategy for decades and boost fights against other diseases. A failure could rank the effort as one of the most expensive miscalculations in mankind's long war with disease. Already, polio has evaded a two-decade-long, $8.2 billion effort to kill it off.

Big donors have long preferred fighting individual diseases, known as a "vertical" strategy. The goal is to repeat 1979′s victory over smallpox, the only disease ever to be eradicated. By contrast, the broader, "horizontal" strategy has less well-defined goals and might not move the needle of global health statistics for years.

The polio fight is a lesson for Mr. Gates's foundation, which is funding other vaccines that could face similar setbacks. In the polio fight, his foundation backed a program that was following an outdated playbook. Polio's resurgence last year forced a major rewrite.

The shift on polio was informed by Mr. Gates's trip last year to Nigeria, a nation with a history of exporting the virus to other countries. Mr. Gates was accompanied by a Wall Street Journal reporter.

Mr. Gates has forged himself as a global-health diplomat following his 2008 retirement from Microsoft. He is using his star power and $34 billion philanthropy to try to push businesses, health groups and governments to improve health in developing countries.

In the Nigerian city of Sokoto, the dusty center of a once vast Islamic empire, Mr. Gates drove to a palace, walked past a row of trumpeters and found himself looking up at a man on a throne wearing a flowing robe and turban – the Sultan of Sokoto, spiritual leader of Nigeria's 70 million Muslims.

Just as Mr. Gates introduced himself to the sultan, the lights flickered out.

"I want to welcome you to the real world – to the real third world," the sultan said to Mr. Gates from his gilded chair in the darkened room.

Men like the sultan are important allies. In 2003, Islamic leaders in northern Nigeria spread rumors that polio vaccines sterilized Muslim girls. Leaders halted vaccinations, allowing the virus to spread. The WHO said the virus eventually infected 20 countries.

By the start of last year, Nigeria was home to half of the world's 1,600 polio cases. The sultan could help get the campaign back on track.

Speaking to Mr. Gates and a room of religious leaders, the sultan declared his support for the polio fight. "We want to show you our commitment," he said. "The time you have taken to come here will not be in vain."

But he, too, questioned the wisdom of targeting one disease. "Other health issues should be looked into," the sultan said, "instead of just facing one direction with polio eradication." He ticked off tuberculosis, HIV and AIDS, malaria, cholera and a parasitic infection known as "snail fever."

After the global victory over smallpox 30 years ago, a rush of energy went into similar "vertical" attacks on single diseases. The polio program followed that approach and made great gains. Led by WHO and donors such as Rotary, the campaigns by the year 2000 slashed the world's polio cases to under 1,000 from 350,000 in 1988. Polio fighters planned to eradicate the disease by 2000.

That date came and went. But polio persisted, eating up billions of dollars.

Critics argued for a shift away from killing polio to free up money for controlling multiple diseases. In some countries, polio campaigns became an example of a functioning vaccination system even as other diseases were missed. Mr. Gates saw that himself in Nigeria.

Arriving at a Sokoto health clinic in a Toyota minivan stocked with Diet Coke, Mr. Gates stepped inside and was soon leaning on a wooden desk, flipping through children's vaccine records. "Do you know if this child had the first dose of DPT?" he asked, pointing to a record of a diphtheria vaccination of a boy who appeared to have missed a treatment. A health worker beside him didn't have an answer.

The clinic also had no hepatitis B and yellow fever vaccines, the workers said, because the government's system for supplying medicine wasn't working.

By contrast, in front of the clinic, a polio campaign was in full swing. Health workers tended coolers filled with vials of vaccine for children gathered there.

At a meeting the next day in the capital, Abuja, Nigeria's head of primary health care, Dr. Muhammad Ali Pate, reopened the vertical-vs.-horizontal debate. Even if Nigeria lowers polio cases, he said, the gains "can't hold" without a broader health-care system, he said.

Mr. Gates listened, seated behind a name tag that read "Our Guest." Dr. Pate showed a slide of a cartoon steam-engine train with cars labeled "Education" and "Disease Control." Polio should be just one car in that train, he said.

Mr. Gates didn't disagree – certainly Nigeria needs a functioning health system, he said in interviews. But it was a matter of priorities, he said. With the world so close to killing polio, countries like Nigeria should make eradication a top priority, he said. Victory would free up millions of dollars to pay for broader health improvements.

"So the benefit of finishing is huge," he said.

On the plane, Mr. Gates strategized about what else would help win the fight, balking at one religious leader's suggestion: forced vaccinations. "Strap 'em, down, I say! Let's make it illegal" to not take the vaccine, Mr. Gates joked. Then he got serious again, citing failed attempts in the U.S. to enforce compulsory vaccinations.

In many respects, Mr. Gates remains a tech geek at heart. Aboard his plane, he expounded on an array of scientific topics: From developments in genotyping, to research showing that Bangladesh's high disease-immunity rates are due to "oral-fecal" transmission (when people build immunity by ingesting contaminated food or water).

In Nigeria, Mr. Gates scored a diplomatic triumph. He won commitments from the sultan, and from Nigeria's governors, to take a more active role in polio vaccinations. "We really stand at the threshold of global health success on polio," he told the assembled governors at the close of the trip.

However, just three days later, a new front opened 2,000 miles away in Uganda. There, a woman walked into a hospital to say her son couldn't move his left leg. It was Uganda's first polio case in 12 years.

Cases also popped up in Mali, Togo and Ghana and Cote d'Ivore, which hadn't reported polio for four years. A girl in Kenya became that country's first polio case since 2006.

Polio, which spreads through water contaminated by human feces, paralyzes just one person for every 200 infected. Discovering just a few cases could mean that thousands have been infected. That demands massive vaccination campaigns.

On Feb. 28, 2009, Mr. Aylward, the WHO official, was grocery shopping in Geneva with his wife and son when he got an urgent email about the Uganda case. For 30 minutes, Mr. Aylward stood next to a spinach display, working his phone and setting in motion a plan that 10 days later vaccinated 48,000 children in Uganda.

Costly emergency responses like this became increasingly common last year. The Gates Foundation had set $47 million aside for emergencies, Mr. Aylward said. By early June, the money was running down.

That month, Mr. Gates flew to Geneva for the meeting in the WHO's underground room.

Mr. Aylward came with good news to offset the bad news about polio's resurgence, he recalled later. After describing the outbreaks, he shifted to Nigeria's progress against polio and described positive results from a trial of a new vaccine.

But those positives didn't offset the risks of polio's revival, say several attendees of a follow-up meeting. "It was becoming evident that the virus almost knew no bounds," said Dr. Steve Cochi, senior adviser at Centers for Disease Control. "It kind of confirmed some of our worst fears."

A month later in Seattle, Gates Foundation officials paused at a PowerPoint presentation showing the foundation's polio grants were approaching $1 billion. It was a staggering amount for a

program that appeared to be stalling. “We can’t go to Tachi and Bill and ask for more money,” without reviewing the program, one person said, referring to Mr. Gates and Tachi Yamada, a top foundation official, according to an attendee.

In August, experts commissioned by the WHO landed in Angola, Pakistan, Afghanistan, India and Nigeria to evaluate the polio program. In Africa, a team found that once polio had been ended in some countries, weak health-care systems let it return. In northern India, bad sanitation, malnutrition and other intestinal issues are believed to hurt the oral polio vaccine’s effectiveness.

These findings echoed the message to Mr. Gates in Nigeria, and marked a turning point among the Gates Foundation and other backers of the polio fight in the debate over whether the strictly “vertical” polio strategy could succeed.

In October, the Gates Foundation summoned backers of the program, including Unicef, CDC and Rotary, to its Seattle headquarters for a major rethink. Two weeks later it called in independent experts for help. The outcome of those meetings will be reflected in the revamped plan coming next week. Polio backers say they are buoyed by reports of just 71 polio cases worldwide this year, vs. 328 in the year-earlier period.

If approved in May by member nations of the WHO, the new strategy will set ambitious goals for getting close to eradicating polio by the end of 2012. The plan bolsters the core “vertical” approach of polio program but also adds a “horizontal” strategy, including training for health workers on topics such as hygiene and sanitation.

Nigeria will be a key testing ground. The country has made strong progress against the disease since Mr. Gates’s visit. But stopping polio there, and in at least one of the three other countries where it’s deeply rooted, will be the main challenge in the next three years, Mr. Aylward says. Failure to achieve that goal will raise questions over whether the program continues, he says.

A big hurdle is money. The polio program is $1.4 billion short of the $2.6 billion it needs over next three years. The Gates Foundation will continue its polio grants, but says it can’t make up the shortfall.

But funding is just one worry for Mr. Gates in his new career. He built his foundation on the promise of life-saving vaccines, reflecting his penchant toward finding technological solutions to problems. As polio shows, technology can be hampered by political, religious and societal obstacles in the countries where he’s spending his money. He’s still learning how to navigate through those forces.

In Nigeria last year, Mr. Gates sat on the lawn behind his hotel reflecting on that. Science can simplify the job, he said, but “the human piece is the ultimate test.”

THE FLU CASE

Robert A. Guth

Evidence Bill Gates’s vaccine campaign has sparked polio outbreak from WSJ

The Flu Case, 24 April 2010, 14:33

https://web.archive.org/web/20100517152530/http://www.theflucase.com/index.php?option=com_content&view=article&id=3351%3Aevidence-bill-gatess-vaccine-campaign-has-sparked-polio-outbreak-from-wsj&catid=41%3Ahighlighted-news&Itemid=105&lang=en

WEB OF EVIDENCE

Dr. Leonard Horowitz

Profitable Depopulation Plot links JP Morgan-Chase and Goldman Sachs to Vaccination Contaminations, and BigPharma Corruption

WordPress, Web of Evidence, 29/30 April 2010.
https://clareswinney.wordpress.com/2010/04/30/profitable-depopulation-plot-links-jp-morgan-chase-and-goldman-sachs-to-vaccination-contaminations-and-bigpharma-corruption/

A medical investigation into suspicious outbreaks and propaganda used to sell drugs and vaccines has exposed investment bankers at JP Morgan-Chase (JPMC) and Goldman Sachs (GS) for plotting to shock/stress, frighten, poison, and kill billions of people most profitably–pharmaceutically – according to the Editor-in-Chief of Medical Veritas journal.

While researching a powerful Partnership for New York City (PFNYC), uniting Wall Street's wealthiest industrialists, Harvard-trained public health expert, Dr. Leonard Horowitz, and investigative journalist, Sherri Kane, discovered shocking evidence of a conspiracy to commit global genocide by generating diseases and death to advance profitable pharmaceutical depopulation.

Population planners at the highest levels of government and industry conspired to spread diseases, vaccines, drugs, and death most profitably, according to research published in the latest issue of Medical Veritas.

In a related Special Report posted on YouTube, Dr. Horowitz urged humanitarian organizations and activist groups worldwide to issue investigations, alerts, civil complaints, and criminal charges to stop the pharmaceutical depopulation plot because it risks genetic inheritance, new pandemics, and the possible extinction of the human race.

"Corruption in the drug industry is rampant and transparent," Dr. Horowitz explains. "Investment bankers at JPMC and GS, who acquired controlling interests in the largest drug firms during mergers and acquisitions, have placed 'depopulation' near the top of their list of geopolitical priorites. Their depopulation agents are now in top positions of government, finance, and industry.

The depopulation plan is supported by the world's wealthiest people, including Bill Gates, who admittedly funds vaccinations to reduce global populations by 10-15%. Leading population planners and economic developers advance identical plans to cull the world's population to 1 billion.

"Killing 6-out-of-7 people globally, most profitably, requires planning and an unprecedented conspiracy to commit genocide by applying advances in genetic biotechnologies exclusively available and affordable to drug companies controlled by the investment bankers," Dr. Horowitz adds.

The doctor points to the fact that US Treasury Department officials previously operated JPMC and GS on behalf of majority stock holders and their partners in pharmaceutical companies heavily represented in the PFNYC and the trade organizations that negotiate multi-billion dollar government purchases of drugs and vaccines.

Researchers, including vaccination contamination expert Dr. Viera Scheibner, reports in the current issue of Medical Veritas that polio virus vaccines are produced in African green monkey kidney cell cultures routinely contaminated with transmissible cancer viruses.

By reviewing drug company patents, Dr. Horowitz learned that the makers of H1N1 swine flu and rotavirus vaccines use the same cultures risking recombinations, genetic mutations, and unstoppable transmissions of deadly agents threatening new pandemics.

"This best explains why public health officials are preparing for vaccine-transmitted H1N1s cloned in monkey cells to recombine with bird H5N1s currently circulating. This threatening and most deadly recombination of flu viruses, officials herald may happen in the Fall," Dr. Horowitz warned.

Besides the inadequacies of safety testing new vaccines without using placebo controls, it is this issue of reliability of information that concerns more than half of the medical physicians polled since they became aware that the entire medical industry has been hijacked by Wall Street's pharmaceutical profiteers. Now they are learning from famous people, like Gates, that the world's wealthiest people are administering vaccinations for depopulation.

"I love vaccines," Gates stated at a TED conference in February, 2010, while lecturing on ways to reduce global populations to stem environmental pollution.

The links between the directors of major drug companies, mainstream media moguls, and investment bankers at JPMC and GS are so obvious and incriminating, and the dispersion of unsafe vaccines so common and disturbing, only profitable depopulation as a planned outcome of pharmaceutical investments can explain the current situation.

"Complete censorship was the only option officials have had to prevent a meltdown in public opinion about medicine and the pharmaceutical industry," said Ingri Cassel, a leading vaccine risk awareness activist. "This explains why news of this vaccination depopulation plan has been neglected by the special-interest-influenced media."

Investigating conflicting pharmaceutical interests influencing news coverage, Sherri Kane, previously a writer for FOX News in Los Angeles, learned that the majority shareholders in FOX, TimeWarner, News Corp., and the Wall Street Journal, are heavily invested in GlaxoSmithKlein and Merck's CSL Laboratories, both makers of risky drugs and vaccines.

Lloyd Blankfein, the CEO of Goldman Sachs, became a major shareholder in AstraZeneca following his direction of the company's acquisition of the H1N1 FluMist maker, MedImmune. Blankfein has also leveraged ABC-Disney following their merger with money he raised through GS investors. This resulted in Dr. Oz's heavy promotion of H1N1 vaccines on ABC last year, when officials learned that the vast majority of Americans were unwilling to risk the exposure.

Rupert Murdoch and Lloyd Blankfein co-chair the PFNYC, founded by CHASE principal, World Bank ambassador, and America's leading energy industrialist and medical monopolist, David Rockefeller. The PFNYC was chartered by the Royal Family of England–a majority share holder in General Electric–the world's largest company–that controls NBC/Universal/Comcast, and MSNBC with Bill Gates.

The PFNYC was pledged to play a central role in reconstructing Ground Zero following the 9/11 attacks, according to Kathryn Wylde, President & CEO of the Partnership and current Director of The Federal Reserve Bank of New York. The organization compiled the economic report on the damage done, advanced financial plans for reconstructing the World Trade Center, and advised leading financiers regarding reconstruction investments.

According to 911-Truth movement directors, Wylde and other members of the PFNYC are implicated in the treasonous attacks that scientific evidence says involved thermitic explosives used in controlled demolitions.

These allegations and PFNYC connections to 9/11 events implicating investment bankers at Goldman Sachs are additionally scrutinized in a new feature-length film produced by Dr. Horowitz.

PHARMAWHORES: The SHOWTIME Sting of Penn & Teller premieres in theaters across North America this summer. (Quicktime and MP-4 downloadable versions are available through Pharma Whores.com.)

The PFNYC is co-directed by Jeffrey B. Kindler, the Chairman and CEO of Pfizer–the world's largest drug company. Kindler stewards Pfizer through multi-billion dollar acquisitions also involving JPMC and GS financing.

The Pharmaceutical Research and Manufacturers of America (PhRMA), the drug industry's main trade organization, is also directed by Kindler. PhRMA officials engage White House and Pentagon officials in private negotiations determining pricing for stockpiles of drugs and vaccines.

Dr. Horowitz views this covert administration of multi-billion dollar pharmaceutical contracts as symptomatic of the industry's corruption. The "corporate shell game" is played using mergers and acquisitions directed by the same people. Their creation of the PhRMA trade organization provides the illusion of their legitimacy and fair competition. Price fixing occurs behind closed doors, explaining why prices vary so widely internationally.

Another gross example of corrupt government pharmawhores sucking Wall Street's slime, is Congressman Henry Waxman's (D-CA) treason against the American people for sneaking dietary supplement regulation language into 'The Wall Street Reform and Consumer Protection Act of 2009,' (H.R. 4173).

For years, Waxman has attempted to pass legislation restricting consumer access to nutritional supplements on behalf of BigPharma. The FDA, largely controlled by BigPharma, contends regulating vitamins, minerals, herbs, homeopathics, oils, colloidal silvers, and more natural products protects consumers.

During health care reform negotiations with PhRMA, Waxman feigned concern that drug companies were driving too hard a "bargain" on pharmaceutical prices, but still voted in favor of the cartel's freedom to set their own limits.

Most telling and ironic, PhRMA's official negotiator to whom Waxman complained, "PhRMA should contribute more than PhRMA wants to contribute," was Billy Tauzin, the former congressman who held Waxman's job as chair of the Energy and Commerce committee

REUTERS

Pig virus DNA found in Merck rotavirus vaccine

Reuters, 7 May 2010, 2:26 AM GMT+8
https://www.reuters.com/article/business/healthcare-pharmaceuticals/pig-virus-dna-found-in-merck-rotavirus-vaccine-idUSTRE6454N8/

WASHINGTON (Reuters) - Pieces of DNA from two pig viruses were found in Merck & Co Inc's rotavirus vaccine, but there was no evidence of a safety risk, U.S. health officials said on Thursday.

The finding follows a March announcement of an apparently harmless pig virus found in a rival rotavirus vaccine from GlaxoSmithKline Plc.

Merck said in a statement the company's testing found "very low levels" of DNA from porcine circovirus, or PCV, in its Rotateq vaccine.

THE WALL STREET JOURNAL.

Jennifer Corbett-Dooren

FDA Panel Members back use of Merck, Glaxo Rotavirus Vaccines

Wall Street Journal, 7 May 2010, 04:31 PM

https://web.archive.org/web/20100517054410/http://online.wsj.com/article/BT-CO-20100507-716126.html?mod=WSJ_latestheadlinesWASHINGTON
https://web.archive.org/web/20100510171742/http://www.ageofautism.com/2010/05/fda-recommends-us-allow-use-of-rotavirus-vaccines-while-safety-being-studied.html

(Dow Jones) – A Food and Drug Administration panel said Friday fragments of pig viruses found in vaccines used to protect infants against rotavirus didn't appear to cause health risks.

While the panel didn't take a vote on the products, several members of the agency's vaccine panel said the vaccines – Merck & Co.'s (MRK) Rotateq and GlaxoSmithKline PLC's (GSK, GSK.LN) Rotarix – should remain on the U.S. market while additional studies are conducted about the impact of pig viruses.

In the meantime, the panel said parents who are considering whether to vaccinate their infants need to be informed about the findings.

FDA panels are made up of non-FDA medical experts and are called upon to make nonbinding recommendations to the agency.

Karen Midthun, acting director of FDA's Center for Biologics and Research, said the agency would be "very expeditious" in making recommendations about whether either vaccine should be used. n March, the FDA recommended that doctors stop using Glaxo's vaccine after a team of researchers from the University of California in San Francisco found DNA of a porcine circovirus known as PCV1 in the vaccine. Those tests didn't find the same pig virus in Merck's Rotateq.

However, on Thursday the FDA said more sensitive tests subsequently conducted on Rotateq found a "low level" of the same PCV1 virus, as well as a related porcine circovirus known as PCV2. Both viruses are common in pigs -- and neither is known to cause illness in humans -- but PCV2 may cause illness in pigs.

The FDA said it wouldn't decide whether it would recommend that use of Merck's Rotateq be suspended or whether it would lift its suspension recommendation involving Glaxo's Rotarix in advance of the meeting. The panel meeting had originally scheduled to discuss Rotarix but also included Rotateq in light of similar findings about pig virus fragments discovered in the product.

"PCV is not infectious in humans," said Harry Greenberg, a panel member and medical professor at Stanford University. "The benefits far outweigh the risks."

Both the Glaxo and Merck vaccines are designed to protect infants from a gastrointestinal illness caused by rotavirus and have been given to millions of babies. While rotavirus is rarely fatal in the U.S., it contributed to about 70,000 infant hospitalizations annually before Merck's vaccine was approved in 2006 and Glaxo's in 2008.

Umesh Parashar, an epidemiologist at the Centers for Disease Control and Prevention, said the most recent agency data looking at the impact of the vaccines in the U.S. show "almost...a complete wipeout of rotavirus activity." Parashar deemed rotavirus "a major killer" of children in parts of the world that can't adequately treat dehydration from severe diarrhea.

One theory about how pig virus fragments got into the vaccine offered by both the FDA and the companies is that PCV fragments might be in trypsin, an enzyme derived from pigs that is used in the manufacturing process of the vaccine. The enzyme is used to grow viruses used in the vaccines.

Barbara Howe, a GlaxoSmithKline vice president in the company's vaccine division said, "all available data support PCV1 in Rotarix is a manufacturing quality issue, not a safety issue." She said the company is working on ways to remove PCV from the vaccine but that developing a new manufacturing process "is complex and will take time."

Jennifer Corbett Dooren

Merck, Glaxo Vaccines Get Nod

Wall Street Journal, 8 May 2010, 12:01 am ET
https://www.wsj.com/articles/SB10001424052748703338004575230543979941932

Merck, Glaxo Vaccines Get Nod

By Jennifer Corbett Dooren
Updated May 8, 2010 12:01 am ET

WASHINGTON—A Food and Drug Administration panel said fragments of pig viruses found in vaccines used to protect infants against rotavirus didn't appear to cause health risks.

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THE WALL STREET JOURNAL.

Jennifer Corbett-Dooren

FDA Recommends US allow use of Rotavirus Vaccines while safety being studied

Wall Street Journal, 8 May 2010
https://web.archive.org/web/20100517054410/http://online.wsj.com/article/BT-CO-20100507-716126.html?mod=WSJ_latestheadlinesWASHINGTON

(Dow Jones) –A Food and Drug Administration panel said Friday fragments of pig viruses found in vaccines used to protect infants against rotavirus didn't appear to cause health risks.

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George Russell

World Health Organization moving ahead on Billions in Internet and other Taxes

FOX News, 11 May 2010, 1:00 pm EDT
https://www.foxnews.com/world/world-health-organization-moving-ahead-on-billions-in-internet-and-other-taxes

The World Health Organization (WHO), the United Nations' public health arm, is moving full speed ahead with a controversial plan to impose global consumer taxes on such things as Internet activity and everyday financial transactions like paying bills online – while its spending soars and its own financial house is in disarray.

The aim of its taxing plans is to raise "tens of billions" of dollars for WHO that would be used to radically reorganize the research, development, production and distribution of medicines around the world, with greater emphasis on drugs for communicable diseases in poor countries.

The irony is that the WHO push to take a huge bite out of global consumers comes as the organization is having a management crisis of its own, juggling finances, failing to use its current resources efficiently, or keep its costs under control – and it doesn't expect to show positive results in managing those challenges until a year from now, at the earliest.

Comments

Emanuel van den Bemd 2010-05-13 04:59:41

Medical Laboaratory Scientist

The UN has no right to tax us even more, especially since they have lost all credibility by making a complete mess of everything they do. Signature nations should pull out of that organisation if they want to avoid the wealthy elitist's strategy to enslave and cull the masses. A tax grab is further evidence that the UN, through the WHO, is abusing the power that the signature nations have entrusted it with. It's main aim is to destroy us and our Governments by:

1. Imposing crippling taxes.
2. Denaturing the food chain.
3. Prescribing toxic medical drugs of every discription and at every opportunity.
4. Disseminate weaponised viruses.
5. Vaccinate targeted populations with vaccines containing nanochips, destructive adjuvants and additives that destoy immunity and fertility.
6. Creating false flag pandemics.
7. Eventually culling 90% of the global population.

One can only hope that there is a guardian angel in the wings that will act strongly on our behalf and put a stop to this diabolical prospect of an armageddon on our doorstep. I can see nothing but peril looming in the dark underbelly of the UN eugenics strategy which is userping, festering and engulfing every nation on earth.

It is incredible that a strategy of mass enslavement and annihilation has evolved over the heads of the majority of us. If the reader is not concerned, is sceptical and believes this is fiction ...investigate it. Think of your children and grandchildren. Protect them from the totalitarian juggernaught. ... etc.

GlobalResearch.ca
Centre for Research on Globalization
Italian español srpski português العربية Deutsch

Dr. Ilya Sandra Perlingieri

Chemtrails: The Consequences of Toxic Metals and Chemical Aerosols on Human Health

Global Research, Part I, 12 May 2010
https://web.archive.org/web/20100513223941/http://www.globalresearch.ca/index.php?context=va&aid=19047

For decades, we have known that heavy metals and chemicals can cause grave physical harm. Going back to Rachel Carson's "Silent Spring," we have known and been amply warned of the serious consequences of using or being exposed to these poisons in our daily activities. Thousands of these are well-documented carcinogens.

Building on Carson's ground-breaking research, we also know that certain kinds of chemicals can and do disrupt human [and other animals'] entire immune system. Going back 30 years, researchers were investigating what became known as endocrine [hormone] disrupting chemicals and how they were affecting frogs [who sometimes had five legs or hermaphroditic characteristics], other aquatic animals, and mammals. These animals were the proverbial canaries in the coal mine. In another pioneering book, "Our Stolen Future," authors Dr. Theo Colburn, Dianne Dumanoski, and John Peterson Myers clearly demonstrate that 1 + 1 hormone-disrupting chemicals did not equal 2. Rather, in a nightmare of mathematical proportions, these poisons acted synergistically; and 1+1 could equal up to 1,600 times the original dose. We are also exposed to more than 100,000 chemicals regularly. Most of them have never been tested for human safety. So, almost nothing has been done to reduce human exposure to a myriad of hazardous chemicals. In fact, over the past decade, the Bush administration dismantled many environmental laws in existence for 30 years, to let corporations off the proverbial hook. [Just look at what's unfolding in the Gulf with the BP oil spill.]

Although this information, on the dangers of hormone disruption, is now more widely available on Internet sites, it still is not well known by the average person who gets news mostly from mainstream media.(1) Most of these highly toxic chemicals are invisible; and, therefore, are easily off our collective radar. With the high stress level created by the deliberately orchestrated financial crisis --where millions have lost their jobs and homes– a degraded/collapsing environment or serious health problems are not priorities –especially, if very little is reported in mainstream news. This disaster scenario is part of the larger picture of what Naomi Klein writes about in her book "The Shock Doctrine." We have so many major crises, one after another, that it is hard just to keep up with one's daily routine –let alone have time to read and consider the toxicological health ramifications of massive amounts of thousands of heavy metals and chemicals that have poisoned our entire food chain and, thus, our own supposed "health." We are at the very top of this wrecked food chain.

Now, however, there is another far more insidious layer of toxicity that is not being addressed at all in any mainstream, corporate-controlled news, and it is affecting our very survival. It is, however, being addressed more and more by independent researchers who have supporting evidence to back up their Internet reports.

For more than a decade, first the United States and then Canada's citizens have been subjected to a 24/7/365 day aerosol assault over our heads made of a toxic brew of poisonous heavy metals, chemicals, and other dangerous ingredients. None of this was reported by any mainstream media. The US Department of Defense [DOD] and military have been systematically blanketing all our skies with what are known as Chemtrails (also known as Stratospheric Aerosol Geoengineering). ...

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see: https://web.archive.org/web/20100513223941/http://www.globalresearch.ca/index.php?context=va&aid=19047

THE FLU CASE

(Linda Auxer) The Victim**,** (Ashley Belli) Thew Editor

Nanotechnology and Retinoid Therapy must be Stopped

The Flu Case, 16 May 2010, 13:41
https://web.archive.org/web/20100523172112/http://www.theflucase.com/index.php?option=com_content&view=article&id=3497%3Ananotechnology-and-retinoid-therapy-must-be-stopped-&catid=1%3Alatest-news&Itemid=64&lang=en

A severe crime is being committed against women and teenagers and people suffering devastating diseases, including cancer. Pharmaceutical corporations and physicians are luring women to use anti wrinkle creams to prevent wrinkles and having glowing radiant skin.

These agents, known as retinoids (tretinoin, accutane 13 cis isotretinoin, etretinate (banned 1998), acitretin (turns to etretinate in the body), atRA) are poisons and are known as chemo drugs. They are, also, known as Renova 0.05%, Renova 0.02%, Retin-A, Sotaret, Vesanoid, Abenela, Aierol, Aitralin, Avita, Stieva-A, Acitretin, Soriatane, Accutane isotretinoin.

They are the biological derivative of Vitamin A (biological is a living microorganism). They are taken from plants, fungus (ex. xanthomonas, fusarium), bacteria (e.coli bacteriorhodopsin), intestines and liver of animals and humans (Am580 is the membrane of a mus mouse's liver).

They are retinol and retinal and palmitate and caprylic acids that make long chain reactions from the fatty alcohols and acids. They are stereoisomers and used in molecular protein motors, as they have propellars and flagellars. See Stereo isomers Chapter Six (pdf), it will inform you how stereoisomers push and pull and make a steering configuration as they steer in the gas vesicles and miscelles that are used.

These agents are not sterile and any disease or virus the species they came from had will be in these protein membranes and transfected into the human body. TTNPB is a retinoid analogue and is an engineered hepatitis B virus taken from a carcingenic hepatic human flank.

One retinoid is toxic alone and can cause cytotoxicity, opacity of the cornea, Keratitis (stated in Seeger and Weiss Accutane Civil Suits in Atlantic City Superior Courts), coagulase neg. strep., biofilms on the eyes, fusarium, edema of the eyes and brain and lungs, myocardial infarctions, high cholesterol, diabetes, migraines, abdominal pain, irritable bowel syndrome, bone density and fractures, swelling of hands and feet, cancer and secondary tumors when discontinued, perivascular mononuclear infiltrates (leukocytoclastic vascullitis), ground glass opacity of the lungs and infiltrates, respiratory problems, restrictive ventilator defect (PFT will inform of airways being blocked), rashes, skin bites, polymerization of plastic and rubber compounds will cause scleroderma from silicone used, and silicosis, chemical dermatitis, leukemia (from the benzene compounds), the phosphorous compounds in these agents will deteriorate the jaw bone (known as "phossy jaw"), gingervitis, central nervous system problems.

Natural retinoids regulate tissue, bone, vision, feathers etc. in embryo development. Retinoids splice and slice DNA. Using retinoids from other living organism and putting them into the human body to splice and slice human DNA will alter genetics.

The pharmaceutical name for altering genetics is "gene expression", which to the general population would not be known. Photosensitive means carcingenic as stated in the FDA "Photo Safety Toxicity Report", dated 2003 and out on FDA websites. Retinoids are photosensitive agents and can cause cancer.

Synthetic retinoids, like 13-cis isotretinoin are man made using the toxic secretions of these proteins and using zinc salts to create the skeleton structure of their original state. Zinc salts make translucent nano wires that self assemble. Nano technology is a technique that biologists and chemists have known and been experimenting with since 1959. It is a controlling technique.

to reas further part see =>
https://web.archive.org/web/20100523172112/http://www.theflucase.com/index.php?option=com_content&view=article&id=3497%3Ananotechnology-and-retinoid-therapy-must-be-stopped-&catid=1%3Alatest-news&Itemid=64&lang=en

AMERICA NEWS NOW

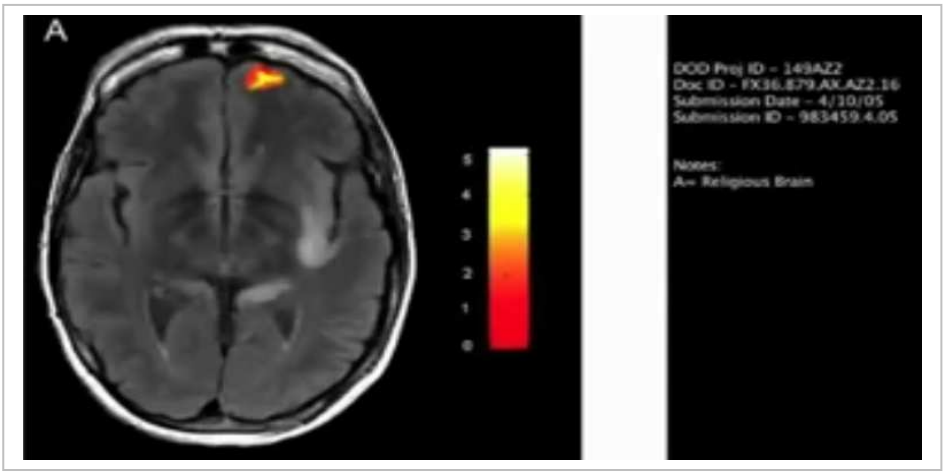
Flu Vaccine Use to Modify Human Behavior

"*Leaked Pentagon Video*"

New America Now, 15 June 2010

https://web.archive.org/web/20131219015629/http://www.youtube.com/watch?v=2MuXgpl2Sxg

What you are about to hear is not science fiction or conspiracy theory but a glimpse of what is going on behind the closed doors of the United States Pentagon. In a small auditorium labeled BC232 a man is presenting a discussion on how the military industrial complex can spread a virus and use a vaccine to extinguish what the pentagon calls undesirable human behavior. Specifically in this case religious behavior. This is dark science my friends. With all the mandatory vaccine programs in the United States do not be deceived for a moment that something like this will not or possibly hasn't already been used on the American public



Vactruth.com
Your child. Your choice.

Christina England

Fact, vaccines have never eradicated anything, ever

Vactruth, 23 July 2010
https://vactruth.com/2010/07/23/fact-vaccines-have-never-eradicated-anything-ever/

Le tribunal de Tournai devait rendre ce mercredi un jugement qui devrait interpeller tous les jeunes parents. Il concerne le vaccin contre la poliomyélite. Le seul vaccin obligatoire en Belgique.

For years now the myth that vaccines can eradicate illnesses has existed. This myth was perpetrated by the pharmaceutical industries and backed up by our governments and has existed purely to trick the general public into having countless vaccines in the ruse that they will live long and healthy lives. I want to examine the facts and attempt to dispel the myth and prove that vaccines cannot and will not eradicate illnesses because many are caused by viruses which can mutate as we have seen with the flu virus, thus rendering the vaccines against it, useless.

I will begin by asking the question: – If vaccines eradicate illnesses, then why do they still exist today? The word eradicate according to many dictionaries, means to eliminate, to wipe out, obliterate. So taking these definitions into account have any of the illnesses we vaccinate against today been truly eradicated from our world? The plain and simple answer to this question is no they have not.

To examine this properly, we have to see if anything has ever been truly eradicated with vaccines, if so, then no child would ever get these illnesses because they would no longer exist.

On Vaccinate Your Baby : History of Disease Eradication the first paragraph states:
"Immunization is one of the most successful public health achievements of the 20th century. Due to systematic vaccination programs, smallpox has been eliminated worldwide, and cases of polio, measles, diphtheria and Hib are at all-time lows. The burden of other diseases has been significantly reduced ."
=> https://web.archive.org/web/20080811083145/http://www.vaccinateyourbaby.org/why/history/index.cfm

Is what they are saying true? The WHO say it is, on their website WHO | Immunization against diseases of public health importance they say:
"Immunization is a proven tool for controlling and even eradicating disease. An immunization campaign carried out by the World Health Organization (WHO) from 1967 to 1977 eradicated the natural occurrence of smallpox. When the programme began, the disease still threatened 60% of the world's population and killed every fourth victim. Eradication of poliomyelitis is within reach. Since the launch by WHO and its partners of the Global Polio Eradication Initiative in 1988, infections have fallen by 99%, and some five million people have escaped paralysis. Between 1999 and 2003, measles deaths dropped worldwide by almost 40%, and some regions have set a target of eliminating the disease. Maternal and neonatal tetanus will soon be eliminated in 14 of 57 high-risk countries."
=> https://web.archive.org/web/20100324210043/http://www.who.int/mediacentre/factsheets/fs288/en/index.html
Significantly reduced perhaps but has any disease or illness been eradicated?

Let us take a look.

According to some doctors Smallpox has been seen to still exist even though the world has been told that vaccines have eradicated it. According to Dr Kris Gaublomme, it has simply been renamed and is now called Monkeypox. In his article Has smallpox really disappeared from the earth? – Dr. Kris Gaublomme he explains: [=> http://www.whale.to/v/gaublomme4.html]

"A new and embarrassing development was the resurgence of pox-family viruses in Africa, known as the 'monkeypox'. This fact has been known for many years but the public was reassured that this had nothing to do with smallpox and that the human species was safe.

Not as safe as we were told,though, since in the Congo in 1970, pox viruses were isolated from humans[2] corresponding to the pox viruses found in captive monkeys in 1958 and identified the next year (3). It was baptised 'monkeypox~. The same virus was isolated from 6 humans in 1959 by Foster. In 1976, Gipsen reported on more cases in Nigeria (4).

The terminology of the disease became ever more confusing, since what were at first simply 'monkeypox' are now introduced into literature as'human monkeypox'. What, now, is the difference between smallpox and 'human monkeypox'? It is interesting to read in a recent article in the Lancet that "Human monkeypox is a systemic exanthem, resembling smallpox, that occurs as a sporadic zoonosis in rural rainforest villages of western and central Africa. The disease is caused by an orthopoxvirus, which is transmitted to human beings by handling infected animals; serosurveys have implicated squirrels ... as the probable reservoir. Secondary human-to-human spread by aerosol or direct contact accounts for about 28% of cases…" (my emphasis)

So, let us make a simple addition. This virus is an 'orthopox'Â virus, which means, literally translated, a 'real pox' virus. This virus spreads among humans causing an exanthem 'resembling' smallpox, and causing disease and death among the infected (between February and August 1996, 71 cases were notified in the Katako-Kombe area in Zaire, 6 of which 4 died from the disease (5)".

From his report in Atlanta Reuters (WS) via Individual Inc December 15, 1997 Monkeypox outbreak in Africa biggest ever – U.S. we see that humans can catch monkeypox and die from it.

"*The largest outbreak of human monkeypox ever reported has caused more than 500 people to become ill in the Democratic Republic of Congo, health officials said Thursday.*

The Centers for Disease Control and Prevention (CDC) said children 16 and under accounted for 85 percent of the 511 human monkeypox cases that have occurred in the former Zaire since February 1996.

The CDC said it was the largest human monkeypox outbreak ever recorded. Five deaths were recorded, all of them of children aged between 4 and 8.

Monkeypox is a sister virus of smallpox and is generally spread by squirrels and monkeys in the rain forests of western and central Africa. Before the outbreak in the Democratic Republic of Congo, cases of monkeypox in humans were rare." => http://www.whale.to/vaccines/monkeypox.htm

So is smallpox really history or is Monkeypox really Smallpox?

Well the article in the Lancet mentioned above, by Dr Gaubloome, according to the Vaccination Information site http://www.whale.to/vaccine/smallpox1.html says:

"A pilgrim returned home to Yugoslavia from Mecca in February, 1972, with a fever… In the 4 weeks since the pilgrim first had his fever, 150 people were infected across the country. It took 4 weeks before doctors, nurses, and health authorities knew they were dealing with smallpox… 175 people contracted smallpox [thereafter] and 35 died… these events occurred in a well-vaccinated population."

Dr. Vivian Virginia Vetrano says in her article Smallpox:

"*The authorities claim that we will be safe from terrorists attacks using the pox virus because there are adequate stockpiles of cultivated smallpox viruses in Russia and in the USA to make most all the vaccines "needed."* => https://rense.com/general31/pox.htm

It is claimed by medical historians that the vaccination process wiped out smallpox throughout the world. However, the truth is that compulsory vaccination was abandoned because more deaths were caused by the vaccinations than there were cases of smallpox. A slight of the hand trick was used to foster the claim that smallpox was eradicated by the vaccination practice. Everyone who had been vaccinated and who developed smallpox was diagnosed as having chicken pox!

The doctors who were interviewed on recent television shows admit that the vaccine may cause many serious side-effects and that a certain number of persons will develop painful and sometimes lethal sequelae. Yet, they advise that it is better to take the chance and be vaccinated in spite of these dangers."

So have we all been party to an elaborate hoax, has Smallpox existed all along and we have had the wool pulled over our eyes by our governments and the drug companies to push vaccines? Well it is certainly a possibility. Bearing this in mind, let us now examine other illnesses, how well are vaccines doing in eradicating these? Not too well it seems.

The whooping cough or the pertussis infection which is a an infection involving the – respiratory tract and is caused by the bacterium – *Bordetella pertussis*. This is a highly contagious illness known to last for a duration of approximately 6 weeks before subsiding. The disease derives its name from the "whoop" sound made from the inspiration of air after a cough. Although many medical sources describe the whoop as "high-pitched", this is generally the case with infected babies and children only, not adults. On occasions a child may vomit after a bout of severe coughing.

The first vaccine to combat this infection was brought out in 1930's and was given as part of the triple vaccine the DTP.

In 1991, DTaP vaccine was licensed in the United States. The pertussis component of this vaccine is a more purified "acellular" version, which produces fewer side effects as the original vaccine was identified as having a high rate of side effects which included brain injury and even death.

Harold Stearley said this about the DTP vaccine in an article – (4/18/97) The Tainted History of the DPT Vaccine => http://www.albionmonitor.com/free2/dpt.html

"There's no question that DPT vaccinations save lives; they have lowered the annual pertussis deaths from about 1000 annually to less than ten. Unfortunately, as reported by the National Vaccine Information Center (NVIC), the form of the vaccine used and sanctioned by the Centers for Disease Control also kills as many as 900 children per year, and leaves one of every 62,000 children immunized with permanent brain damage."

This makes me wonder if we are swapping one problem for another and if vaccination has been proven not to completely eradicate Smallpox, then do the risks of the vaccines outweigh it's benefits?

Professor Gordon Stewart an M.D and a Emeritus professor of Public Health wrote much on this in his extensive range of papers on the subject. He certainly felt that there were extremely worrying side effects linked to this vaccine and this included death.

In the article **The lies the Government tell when it comes to vaccines** written by myself, I have detailed his work along with an expose of a few of his extremely worrying letters written to the UK Government, proving concern about this vaccine, existed, as early as the 70's and 80's.

=> https://vactruth.com/2010/06/01/government-lies-about-vaccines/

What Professor Stewart was saying and the vast majority of media reports that appeared at the time on the side effects of this vaccine, was worrying many parents and so in 2005, two new tetanus toxoid-diphtheria-acellular pertussis (Tdap) vaccines were licensed. These vaccines are the first acellular pertussis-containing vaccines and made it possible to vaccinate adolescents and adults against pertussis.

So if these vaccines have been so effective, then why are so many children still being infected today, whether they are vaccinated or unvaccinated?

Dr Mercola says in his article on the 15th July 2010 Whooping Cough Kills 5 in California the following:

"After the deaths of five infants, California health authorities have declared an epidemic of whooping cough, also known as pertussis.

The announcement came after authorities noticed a sharp spike in reports of pertussis, which often is mistaken for a cold or the flu and is highly contagious.

A CDC study suggests that the resurgence of whooping cough is due to the vaccine causing an increased and more virulent toxin" => https://www.nytimes.com/2010/06/24/us/24cough.html

Of course many scientists and the pharmaceutical industry would argue that this was because not every person has been vaccinated and that if they had, then this disease would no longer exist. However, this simply is untrue because *vaccinated* people *are still getting the infection*?

In July 2006 a whole year after the latest vaccine promising to keep children safe from this infection and three decades after the original whooping cough vaccine was introduced, the Sunday Times journalist Nigel Hawkes the Health Editor wrote an extremely alarming article called: **Whooping cough still infecting millions of vaccinated children** … which began:

"Millions of British children have probably been infected with whooping cough even though they have been immunised against it.

A study has found that nearly two in five children who went to their GP with a persistent cough had suffered from whooping cough, though very few doctors diagnose it. The results suggest that the whooping cough vaccine is ineffective at preventing infection, but makes symptoms less severe â€" thereby concealing just how common it remains".

=> https://web.archive.org/web/20070618194900/http://www.timesonline.co.uk/tol/news/uk/article684270.ece

Nigel quoted a BMJ study saying:

"In BMJ online, a team from the University of Oxford, the University of Auckland in New Zealand and the Health Protection Agency report that in 85.9per cent of the cases they saw, the children had been vaccinated. But blood samples tested positive for antibodies to Bordetella pertussis, the cause of whooping cough, indicating recent infection.

The team studied 172 children aged 5-16 who visited their family doctor with a cough lasting 14 days or more. Immunisation records were checked, notes made on the symptoms and duration of cough, and blood samples taken for testing. They found that 37.2 per cent of the children had evidence of a recent pertussis infection. The results suggest that the condition is "endemic among younger school-age children", they say, and that doctors should consider a diagnosis of whooping cough even if the child has been immunised."

=> https://www.thetimes.com/article/whooping-cough-still-infecting-millions-of-vaccinated-children-np6p6srntmx

So if this study is correct and one presumes that it is, especially as it was allowed to be reported in the BMJ, a massive proportion of the children who had been vaccinated still went on to contract the illness, thus proving that whooping cough has not been eradicated even for those children who have had the vaccine. This renders this vaccine as somewhat useless in my eyes.

In an article by Barbara Loe Fisher National -Vaccine Information Center she gives a possible explanation: **NVIC Vaccine News** – Whooping Cough Outbreaks & Vaccine Failures

"Pertussis vaccination rates are very high in the U.S. According to the CDC, 84 percent of children under age three have received four DTaP shots.17 By the time American children enter kindergarten nearly every child has gotten all the CDC recommended pertussis shots.18 In 2009, the CDC said that the proportion of totally unvaccinated children in America is only six hundredths of one percent (0.06).19

Even with super high pertussis vaccine coverage in America and other countries like the Netherlands, Australia, Finland and Canada, whooping cough disease cannot be prevented.20 There are two main reasons for this fact.

First, pertussis vaccines widely used since the 1950's have not prevented whooping cough disease from circulating in vaccinated populations. Unknown numbers of children and adults, who have gotten all government recommended pertussis shots, can and do develop whooping cough or are carriers without symptoms.21,22

Because pertussis vaccine immunity is only temporary and does not last, health officials are now telling teenagers and adults to get more booster shots.23 But that is not going to matter if scientific evidence that B. pertussis organisms have mutated and become vaccine-resistant turns out to be correct.24

A second important reason is that another Bordetella organism - parapertussis - also can cause whooping cough.25 B. parapertussis symptoms, while often milder, can look exactly like B. pertussis. But doctors rarely recognize or test for parapertussis.26 And there is NO vaccine for parapertussis."

I am now going to look at how effective the Measles vaccine has been in eradicating the Measles virus. The Measles vaccine first became available in 1963. An improved measles vaccine became available in 1968 and then later in 1971 a combination measles-mumps-rubella (MMR) vaccine became available.

Unlike the Whooping Cough the Measles is a virus and is caused by paramyxovirus and is the most unpleasant and the most dangerous of the children's diseases.

Measles has some very serious side effects and it is these side effects that worry doctors the most and include these taken from NHS website-

- meningitis,
- pneumonia (lung infection)**,** signs of which are fast, difficult breathing, chest pain and deteriorating condition,
- hepatitis (liver infection),
- encephalitis (inflammation of the brain), which can be fatal, so watch for drowsiness, headache and vomiting,
- low platelet (white blood cell) count, known medically as thrombocytopenia, which affects the blood's ability to clot,
- bronchitis and croup (infection of the airways), characterised by a hacking or barking cough, and
- squint, if the virus affects the nerves and muscles of the eye.
- serious eye disorders, such as an infection of the optic nerve (the nerve that transmits information from the eye to the brain), known as optic neuritis, which can lead to blindness,
- heart and nervous system problems,
- serious brain complication known as subacute sclerosing panencephalitis (SSPE), which can sometimes occur several years after measles. Although the condition is fatal, it is very rare, occurring in only 1 in every 100,000 cases of measles.

So how is the measles vaccination doing in eradicating the measles virus? Again let us examine the vaccinated children. Well, according to recent reports this vaccine also can not guarantee that if a child is vaccinated they will not get the measles infection.

In a report MEASLES *: The Real Facts – by* Hilary Bulter the spokesperson for Immunisation Awareness Society she wrote: [=> http://www.whale.to/a/butler9.html]

"FACT. *Vaccinated children still get measles. Deaths and hospitalisations have been recorded for 120 years. The measles death decline graph provided shows that the measles vaccine had nothing to do with the decline in deaths, and has not affected the number of children hospitalised during epidemic years since its introduction. (Appendices to Parliamentary Journals, Official Year Book, Health Department publications such has "Health Trends" and Immunisation Handbook. Also, graphs provided to Herald and Metro in the past) Parents Have a Right to Know That,"*

She goes on to then state some very worrying and proven facts

*"*** A similar campaign vaccinating 7.1 million schoolchildren in England has resulted in a legal firm called Dawbarns (dawbarns @paston.co.uk) (0044 1553 764373) taking legal action against the British Health Department on behalf of the following cases:*

Autism (202), Crohn's disease and other serious chronic stomach problems (110) Epilepsy (97) Hearing and vision problems (40) Arthritis (42) chronic fatigue syndrome (24) Diabetes (9) Guillain-Barre syndrome (9) chronic Thrombocytopenia (5) subacute sclerosing panencephalitis SSPE {3) Wegener's Granulomatosis (2) Multiple Sclerosis (1) Death (14) (Dawbarns fact sheet)

*** The childrens' doctors and specialists have come out in the media in support of the children*

*** The New Zealand, and British Health Departments deny the existence of these cases. (NZ H Dept media release, and BMJ article) and maintain that OPERATION SAFEGUARD eliminated measles from UK. In October 1996, UK started another MMR booster campaign.*

**** Deaths from Measles were virtually wiped out in every <developed country before the vaccine was even used.(See disease decline graph*

*** Using the Health Department statistics on vaccinating 540,000 children, would result in:*

Up to 81,000 cases of rash and fever.

Up to 5,400 cases of parotid (mumps) swelling

Up to 216 cases of febrile seizures

Up to 18 cases of thrombocytopenia (red-blood cell destruction)

Up to cases of chronic thrombocytopenia.

Up to 5 cases of Aseptic Meningitis.

Up to 1 case of Central Nervous system damage.

Up to 15,420 cases of transient joint arthralgia some of these becoming chronic. (pg 95, H. Dept Handbook)

*** Germany does not routinely use the measles vaccine because their reporting system found 1 per 2,500 vaccinees had a neurological complication, and 1 per 17,500 vaccinees had abortive encephalopathy. (FDA Technical Report, 1980)*

*The Germans considered the risks too high in light of the fact that deaths and disease severity had decreased without any reference to a vaccine. * THE SAME IS TRUE OF NEW ZEALAND, but parents are not told that.*

*** That in the pre vaccine era, mothers' antibodies protected babies for around 15 months, measles was mainly an infection of 5 – 9 year olds, and by 15 yrs, 99% had antibodies. By 1985, 14 % of 15 year olds lacked antibody.(NZ Med J. 27 May, 1987) No-one knows what the level is now, but evidence from America shows that adult measles, which can be very serious, is now quite common.*

*** that vaccinated mothers cannot give protective antibodies to their babies, so that young babies, for whom measles is serious are no longer protected. (Washington Post, Sun Nov 22, 1992, and others)*

*"** that in the 1991 USA measles outbreak, over half the deaths were vaccinated, and most deaths were in immunocompromised people. (Washington Post June 14, 1991, BMJ, 11 May, 1991)*

*** that New Zealand doctors and hospitals do not prescribe or use Vitamin A for measles, and as a result, many cases are far more serious than they should be.*

*"** that in Africa, children who have a natural measles infection have half the asthma, allergies and eczema compared with their vaccinated peers. (Lancet, June 29, 1996)*

*** that if children with mild to moderate psoriasis get a natural dose of measles, the psoriasis is often cured. (3 med studies)*

*** that babies vaccinated who have maternal antibodies, or people who have measles suppressed with gammaglobulin go on to have a higher rate of immunoreactive diseases, sebaceous skin diseases, degenerative cartilage and bone disease and certain tumours. (Lancet, 5 Jan 1985) If you revaccinate children who already have antibodies what will happen to them in later life?*

*** that you have the right to take home the PRODUCT INSERT, and read it carefully before you make any decision".*

Scary isn't it? However she is not alone in her findings.

In the Indian Journal of Science a study was carried out and reported by Munesh K Sharma, Vikas Bhatia, HM Swami. **Outbreak of measles amongst vaccinated children** in a slum of Chandigarh

The abstract of this study says [https://pubmed.ncbi.nlm.nih.gov/14993716/] :

"*Background*: An outbreak of measles was reported from a slum, UT, Chandigarh in April 2003. Similar outbreak was also reported in less than three years from the same and adjoining areas. The present study was conducted to investigate and assess various epidemiological features associated with measles outbreak.

Material and Methods: Three cases of measles were admitted in Deptt. of Paediatrics, Govt. Medical College & Hospital, Chandigarh and were reported to the Deptt. of Community Medicine for an outbreak investigation. A trained team investigated the slum having a population of 25,000 and studied various features associated with epidemic between the period of April 22 to May 10, 2003.

Results: The study covered 484 houses having 1130 children. Among the children who developed measles 32.76% were vaccinated ones. In them attack rate was 3%. Attack rate in vaccinated children went on increasing as age increased. An overall attack rate of 5.13% (Peak incidence 6% in 1-4 years age group) was recorded. Among measles cases, one-fifth had post measles complications. As much as 32.76% children with measles had received measles vaccination in the past. Therefore something more than immunization by single dose of vaccine is required. Measles was reported to be higher amongst the children without Vitamin A supplementation (P<0.001).

Conclusion: There is need to store vaccine properly and to strengthen routine immunization coverage, Vitamin A supplementation and health infrastructure in underprivileged population. Serological studies among vaccinated children against measles should be undertaken to explore the possibility of second dose of measles in older children."

In another study by Russell W. Currier II, DVM; George E. Hardy, Jr., MD; J. Lyle Conrad, MD Measles in Previously Vaccinated Children they came to the conclusion that the measles vaccine was failing to protect children against measles, as in this study they also found cases of vaccinated children who contracted measles.

"Investigation of 37 cases of measles in an Alabama elementary school revealed that 25 patients (68%) had been vaccinated, suggesting measles vaccine failure. Attack rates based on a measles history and immunization survey indicated that 16.2% (six of 37) of measles susceptibles who responded acquired disease compared with only 4.0% (20 of 505) of vaccinated respondents. Analysis showed that 17.6% (12 of 68) of children vaccinated at less than 12 months of age contracted measles compared with only 1.9% (eight of 419) of those vaccinated at 12 or more months of age. It is inferred that vaccination at less than 1 year of age may not be effective, because maternal antibody may persist and interfere with immune response to vaccine virus. This would explain the higher incidence in this epidemic of measles among children vaccinated as infants."

If the conclusion that they came to was correct and ***that vaccination at less than 1 year of age may not be effective, because maternal antibody may persist and interfere with immune response to vaccine virus*** then surely this would indicate that the maternal antibody may have been enough to protect these infants and that the vaccine was counteracting a normal antibody passed from mother to infant.

One thing that is for certain it seems that at what ever age a child is given a vaccine it does not protect them from this illness and certainly vaccines have done very little to eradicate illnesses as we can clearly see.

I believe it is time that the world woke up to the fact that vaccinate or not, these illnesses are here to stay and the only thing that is being eradicated is the public's confidence in vaccinations.

rtbf.be info

Acquittement dans le procès du vaccin poliomyélite

RTBF Info, 16 mars 2011 à 11h35
https://web.archive.org/web/20110320023738/http://www.rtbf.be/info/societe/detail_acquittement-dans-le-proces-du-vaccin-poliomyelite?id=5781463

Le tribunal de Tournai devait rendre ce mercredi un jugement qui devrait interpeller tous les jeunes parents. Il concerne le vaccin contre la poliomyélite. Le seul vaccin obligatoire en Belgique.

Le père et la mère d'Olivier, 4 ans, étaient poursuivis devant le Tribunal Correctionnel pour avoir refusé de vacciner leur fils contre la polio, la poliomyélite, une maladie infectieuse et contagieuse qui s'attaque à la moelle épinière et qui peut provoquer la paralysie.

Ce vaccin est le seul obligatoire, en Belgique, et ne pas le faire représente un délit.
Chaque année des centaines de parents oublient ou se font tirer l'oreille pour finalement obtempérer, mais les parents d'Olivier, eux, n'ont pas voulu céder. Leur avocat, Philippe Vanlangendonck, explique qu'ils exigent avant tout des informations sur le produit qu'on injectera à leur enfant. "*Ils demandent des précisions et surtout des assurances permettant d'être rassurés par rapport à certaines craintes concernant la composition du vaccin puisqu'il contient certains produits comme de la formaldéhyde qui sont à considérer comme produits toxiques et cancérigènes".*

Et puis il y a ces effets secondaires que d'autres scientifiques soulèvent régulièrement enfin, les parents ne s'expliquent pas pourquoi ce vaccin est obligatoire en France, en Belgique, mais ne l'est plus en Allemagne ou au Pays Bas.

Pour Yves Vanlaethem, infectiologue et membre du conseil supérieur de la santé, ce vaccin est sans danger, il reste utile, même si on n'a plus relevé aucun cas de poliomyélite en Belgique depuis 1979. "*C'est une vaccination que l'on fait de manière altruiste, dans la mesure où, effectivement, actuellement le risque est nul chez nous mais le fait de continuer à protéger la population de manière suffisante qui permet que la réintroduction du virus sur notre continent par un voyageur venant d'Afrique ou d'Inde par exemple ne puisse provoquer une épidémie localement*".

Les parents d'Olivier eux ont donc enfreint une loi de 1966. Ils devaient connaître leur sort ce mercredi. Le tribunal a prononcé leur acquittemment.

Un jugement qui pourrait faire jurisprudence

Si le parquet ne va pas en appel, l'affaire pourrait faire jurisprudence. Le tribunal a donc acquitté la maman du petit garçon, considérant que le droit du patient, était prioritaire sur la loi de 1966, la loi qui rend ce vaccin obligatoire. Le droit du patient lui est inscrit dans une loi de 2002, il consacre le droit à l'information nécessaire pour obtenir le consentement éclairé du patient ou de sa famille avant tout acte médical. Et c'est bien ce que demandait la maman d'Olivier, une information complète sur la nature du produit injecté et sur les conséquences, les effets secondaires du vaccin. Ce qu'elle n'a pas pu obtenir. Le tribunal ordonne aussi qu'on apporte des réponses aux différentes questions que les parents se posent légitimement. Cet acquittement pourrait donc mettre un terme à l'obligation de vacciner contre la polio, une maladie qu'on n'a plus détecté en Belgique depuis 1979.

L'Allemagne, les Pays-Bas et la Grande Bretagne ont déjà retiré le vaccin contre la polio de la liste des vaccins obligatoires, ce qui n'est pas le cas de la France et de l'Italie.

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Catherine J. Frompovich

Belgian Court Rules AGAINST Compulsory Vaccination

Vactruth, 28 April 2011
https://vactruth.com/2011/04/28/belgian-court-rules-against-compulsory-vaccination/

The Belgium court at Tournai recently ruled in favor of individual human rights when it rescinded Belgium's long-time mandatory polio vaccination law. That is a rather bold concession to and enforcement of individual human rights especially since the World Health Organization (WHO) in May 1974 initiated its Expanded Program on Immunization (EPI) to vaccinate all the children of the world.

Probably one of the issues authorities had to grapple with was: Children in Belgium are unlikely to get polio these days except when they receive the polio vaccine. What?

Yes, those children who do contract polio are getting it from the very vaccine that's supposed to 'immunize' them against it. That is not an anomaly in Belgium; it also has been happening in the United Kingdom.

Mad Cow Disease Connection to Polio Vaccine

Apparently, nvCJD, a new variant Creutzfeldt-Jakob disease [mad cow disease], was suspected as being connected to the polio vaccine in five males in Southampton, UK. Notices went out to the medical profession and the polio vaccine was withdrawn. Word about that problem spread throughout the European Union and parents became concerned about getting their children vaccinated against polio.

Parents Get Jail Sentence for Not Vaccinating Child Furthermore, parents in Belgium received jail sentences and fines in the past for not getting their children vaccinated with the mandatory polio vaccine. In February 2008, the British Medical Journal published the article "Belgian parents are sentenced to prison for not vaccinating children" [BMJ 2008; 336: 348]. According to the BMJ article, two sets of parents [four people] were fined $8,000 (U.S.) for each individual and sentenced to five months in prison early in February 2008. The judge convicted the parents on the basis of police reports. Even though there was a jail sentence handed down, colleagues in Belgium say they don't believe parents actually spent time behind bars.

The recent Belgian polio vaccine case regarding a four-year-old male child, Oliver Comblet, seems to be the impetus for the court's rescinding the mandatory polio vaccine law. Oliver's mother, Madame Comblet, asked :

"J'ai voulu obtenir des garanties avant de procéder à la vaccination et je voulais que mon petit garçon ne souffre pas d'effets secondaires liés à cette vaccination. Et c'est la raison pour laquelle j'avais posé toute une série de questions auxquelles même à ce jour, je n'ai malheureusement toujours pas pu obtenir de réponse;"

The parents' lawyer, Philippe Vanlangendonck, said they required the product information on what would be injected into their child. Basically, their attorney said, 'They ask for clarifications and assurances especially for reassurance over fears about the composition of the vaccine because it contains products such as formaldehyde that are considered toxic and carcinogenic.' Colleagues in

Belgium say Oliver's parents never received what they had asked for. However, there was acquittal in the trial.

=> https://web.archive.org/web/20111001000000*/http://beyondvaccination.com/showthread.php?2156-Polio-vaccine-probably-soon-no-more-compulsory-in-Belgium

Belgian Court's Acquittal

Apparently, the Belgian court realized the child's parents had every right to question formaldehyde being injected into their child. Personally, I applaud both the parents for standing their legal ground on protecting their child from physical medical abuse and the Belgian court for ruling as it did: Acquittal. When will that happen in the United States of America ?

According to the U.S. EPA, formaldehyde is a recognized carcinogen. It should not be an ingredient in any vaccine, nor should it be injected into any infant, toddler, teenager, adult, or senior citizen anywhere in the world. That is a similar version of mad science Adolph Hitler played around with in the 1930s and '40s, which the United States condemned, as did other countries of the world – even to fighting a war about it – and here we are in 2011 doing the same thing : Injecting carcinogens and other toxins like mercury, aluminum, polysorbate 80, industrial chemicals, foreign DNA, human diploid cells [aborted fetus cells] into humans under the guise of 'immunizing' them . Talk about mad science.

The Belgian court acquittal impacted the Royal Decree of 1966 that mandated vaccination against polio between the first 3 and 17 months of a child's life. That law, in effect, was canceled. The Patient Rights Law of August 22, 2002 prevails as a result. Vaccination now is elective NOT mandatory. That's the way it should be in a free society, especially when neurotoxins, carcinogens, poisons, foreign DNA, and industrial chemicals make up the vaccine—not salt water, as some physicians would have you believe. However, the Belgian government has decided to appeal the Tournai court ruling.

Furthermore, physicians in Belgium have legal and professional obligations to tell parents that there may be a problem with vaccination. Hallelujah! Hear that U.S. HHS, CDC, and FDA.

The Belgian case [Comblet] illustrates just how powerful parents' rights are and parents should not cave in to draconian pseudo-scientific pressuring by physicians who are tutored by Big Pharma. Parents have moral and legal rights to protect their children from physical harm and abuse, which jabbing neurotoxins and poisons into them definitey IS.

Patients' Rights

My highest compliments go to the Belgian court for its decision in favor of human rights.

April 18, 2011 was the European Day of Patients' Rights. Ironically, Belgium and France will celebrate the European Week of Vaccination from April 26 to May 2, 2011, which seems like either an anachronism or a paradox considering vaccinations are mandatory in both countries.

Needless to say, there are Belgian health consumer issues regarding patients' rights that are enumerated at http://www.initiativecitoyenne.be/ext/http://www.destinationsante.com/Quels-droits-pour-les-patients.html , which is in French.

Basically, there are Fourteen Patient Rights that Belgians want secured:

Right 1 : The Right of/to preventive measures
Right 2 : The Right of/to access
Right 3 : The Right of/to information
Right 4 : The Right of/to informed consent
Right 5 : The Right of/to free choice
Right 6 : The Right of/to privacy and confidentiality
Right 7 : The Right of/to immediate care for treatment
Right 8 : The Right of/to standards of quality
Right 9 : The Right of/to security
Right 10 : The Right of/to innovative procedures
Right 11 : The Right of/to avoidance of suffering and pain
Right 12 : The Right of/to treatment of one's personal choice
Right 13 : The Right of/to voice and file complaints
Right 14 : The Right of/to compensation

What an inspiration the people of Belgium should be for healthcare consumers in the United States. Personally, I think we should get our act together and work for the USA Day of Patient Rights AND fifty states individual State's Day of Patient Rights.

VANITY FAIR

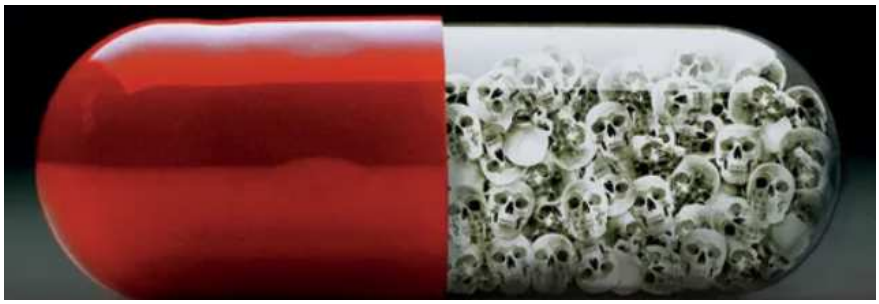
Donald L. Barlett, James B. Steele

Deadly Medicine

Vanity Fair, 2 December 2010 // January 2011 Issue
https://www.vanityfair.com/news/2011/01/deadly-medicine-201101?srsltid=AfmBOoqMq08rvrMD9qKKw8M9Fr_bjWCXq7VsS-XkmpX5Wk_W8Msstxtu

Prescription drugs kill some 200,000 Americans every year. Will that number go up, now that most clinical trials are conducted overseas – on sick Russians, homeless Poles, and slum-dwelling Chinese – in places where regulation is virtually nonexistent, the F.D.A. doesn't reach, and "mistakes" can end up in pauper's graves? The authors investigate the globalization of the pharmaceutical industry, and the U.S. Government's failure to rein in a lethal profit machine.

You wouldn't think the cities had much in common. Iaşi, with a population of 320,000, lies in the Moldavian region of Romania. Mégrine is a town of 24,000 in northern Tunisia, on the Mediterranean Sea. Tartu, Estonia, with a population of 100,000, is the oldest city in the Baltic States; it is sometimes called "the Athens on the Emajõgi." Shenyang, in northeastern China, is a major industrial center and transportation hub with a population of 7.2 million.



These places are not on anyone's Top 10 list of travel destinations. But the advance scouts of the pharmaceutical industry have visited all of them, and scores of similar cities and towns, large and small, in far-flung corners of the planet. They have gone there to find people willing to undergo clinical trials for new drugs, and thereby help persuade the U.S. Food and Drug Administration to declare the drugs safe and effective for Americans. It's the next big step in globalization, and there's good reason to wish that it weren't.

Once upon a time, the drugs Americans took to treat chronic diseases, clear up infections, improve their state of mind, and enhance their sexual vitality were tested primarily either in the United States (the vast majority of cases) or in Europe. No longer. As recently as 1990, according to the inspector general of the Department of Health and Human Services, a mere 271 trials were being conducted in foreign countries of drugs intended for American use. By 2008, the number had risen to 6,485 – an increase of more than 2,000 percent. A database being compiled by the National Institutes of Health has identified 58,788 such trials in 173 countries outside the United States since 2000. In 2008 alone, according to the inspector general's report, 80 percent of the applications submitted to the F.D.A. for new drugs contained data from foreign clinical trials. Increasingly, companies are

doing 100 percent of their testing offshore. The inspector general found that the 20 largest U.S.-based pharmaceutical companies now conducted "one-third of their clinical trials exclusively at foreign sites." All of this is taking place when more drugs than ever – some 2,900 different drugs for some 4,600 different conditions – are undergoing clinical testing and vying to come to market.

Some medical researchers question whether the results of clinical trials conducted in certain other countries are relevant to Americans in the first place. They point out that people in impoverished parts of the world, for a variety of reasons, may metabolize drugs differently from the way Americans do. They note that the prevailing diseases in other countries, such as malaria and tuberculosis, can skew the outcome of clinical trials. But from the point of view of the drug companies, it's easy to see why moving clinical trials overseas is so appealing. For one thing, it's cheaper to run trials in places where the local population survives on only a few dollars a day. It's also easier to recruit patients, who often believe they are being treated for a disease rather than, as may be the case, just getting a placebo as part of an experiment. And it's easier to find what the industry calls "drug-naïve" patients: people who are not being treated for any disease and are not currently taking any drugs, and indeed may never have taken any – the sort of people who will almost certainly yield better test results. (For some subjects overseas, participation in a clinical trial may be their first significant exposure to a doctor.) Regulations in many foreign countries are also less stringent, if there are any regulations at all. The risk of litigation is negligible, in some places nonexistent. Ethical concerns are a figure of speech. Finally – a significant plus for the drug companies – the F.D.A. does so little monitoring that the companies can pretty much do and say what they want.

Consent by Thumbprint

Many of today's trials still take place in developed countries, such as Britain, Italy, and Japan. But thousands are taking place in countries with large concentrations of poor, often illiterate people, who in some cases sign consent forms with a thumbprint, or scratch an "X." Bangladesh has been home to 76 clinical trials. There have been clinical trials in Malawi (61), the Russian Federation (1,513), Romania (876), Thailand (786), Ukraine (589), Kazakhstan (15), Peru (494), Iran (292), Turkey (716), and Uganda (132). Throw a dart at a world map and you are unlikely to hit a spot that has escaped the attention of those who scout out locations for the pharmaceutical industry.

The two destinations that one day will eclipse all the others, including Europe and the United States, are China (with 1,861 trials) and India (with 1,457). A few years ago, India was home to more American drug trials than China was, thanks in part to its large English-speaking population. But that has changed. English is now mandatory in China's elementary schools, and, owing to its population edge, China now has more people who speak English than India does.

While Americans may be unfamiliar with the names of foreign cities where clinical trials have been conducted, many of the drugs being tested are staples of their medicine cabinets. One example is Celebrex, a non-steroidal anti-inflammatory drug that has been aggressively promoted in television commercials for a decade. Its manufacturer, Pfizer, the world's largest drug company, has spent more than a billion dollars promoting its use as a pain remedy for arthritis and other conditions, including menstrual cramps. The National Institutes of Health maintains a record of most – but by no means all – drug trials inside and outside the United States. The database counts 290 studies involving Celebrex. Companies are not required to report—and do not report—all studies conducted overseas. According to the database, of the 290 trials for Celebrex, 183 took place in the United States, meaning, one would assume, that 107 took place in other countries. But an informal, country-by-country accounting by *VANITY FAIR* turned up no fewer than 207 Celebrex trials in at least 36 other countries. They ranged from 1 each in Estonia, Croatia, and Lithuania to 6 each in Costa Rica, Colombia, and Russia, to 8 in Mexico, 9 in China, and 10 in Brazil. But even these numbers understate the extent of the foreign trials. For example, the database lists five Celebrex trials in Ukraine, but just "one" of those trials involved studies in 11 different Ukrainian cities.

The Celebrex story does not have a happy ending. First, it was disclosed that patients taking the drug were more likely to suffer heart attacks and strokes than those who took older and cheaper

painkillers. Then it was alleged that Pfizer had suppressed a study calling attention to these very problems. (The company denied that the study was undisclosed and insisted that it "acted responsibly in sharing this information in a timely manner with the F.D.A.") Soon afterward the *Journal of the Royal Society of Medicine* reported an array of additional negative findings. Meanwhile, Pfizer was promoting Celebrex for use with Alzheimer's patients, holding out the possibility that the drug would slow the progression of dementia. It didn't. Sales of Celebrex reached $3.3 billion in 2004, and then began to quickly drop.

"Rescue Countries"

One big factor in the shift of clinical trials to foreign countries is a loophole in F.D.A. regulations: if studies in the United States suggest that a drug has no benefit, trials from abroad can often be used in their stead to secure F.D.A. approval. There's even a term for countries that have shown themselves to be especially amenable when drug companies need positive data fast: they're called "rescue countries." Rescue countries came to the aid of Ketek, the first of a new generation of widely heralded antibiotics to treat respiratory-tract infections. Ketek was developed in the 1990s by Aventis Pharmaceuticals, now Sanofi-Aventis. In 2004 – on April Fools' Day, as it happens – the F.D.A. certified Ketek as safe and effective. The F.D.A.'s decision was based heavily on the results of studies in Hungary, Morocco, Tunisia, and Turkey.

The approval came less than one month after a researcher in the United States was sentenced to 57 months in prison for falsifying her own Ketek data. Dr. Anne Kirkman-Campbell, of Gadsden, Alabama, seemingly never met a person she couldn't sign up to participate in a drug trial. She enrolled more than 400 volunteers, about 1 percent of the town's adult population, including her entire office staff. In return, she collected $400 a head from Sanofi-Aventis. It later came to light that the data from at least 91 percent of her patients was falsified. (Kirkman-Campbell was not the only troublesome Aventis researcher. Another physician, in charge of the third-largest Ketek trial site, was addicted to cocaine. The same month his data was submitted to the F.D.A. he was arrested while holding his wife hostage at gunpoint.) Nonetheless, on the basis of overseas trials, Ketek won approval.

As the months ticked by, and the number of people taking the drug climbed steadily, the F.D.A. began to get reports of adverse reactions, including serious liver damage that sometimes led to death. The F.D.A.'s leadership remained steadfast in its support of the drug, but criticism by the agency's own researchers eventually leaked out (a very rare occurrence in this close-knit, buttoned-up world). The critics were especially concerned about an ongoing trial in which 4,000 infants and children, some as young as six months, were recruited in more than a dozen countries for an experiment to assess Ketek's effectiveness in treating ear infections and tonsillitis. The trial had been sanctioned over the objections of the F.D.A.'s own reviewers. One of them argued that the trial never should have been allowed to take place – that it was "inappropriate and unethical because it exposed children to harm without evidence of benefits." In 2006, after inquiries from Congress, the F.D.A. asked Sanofi-Aventis to halt the trial. Less than a year later, one day before the start of a congressional hearing on the F.D.A.'s approval of the drug, the agency suddenly slapped a so-called black-box warning on the label of Ketek, restricting its use. (A black-box warning is the most serious step the F.D.A. can take short of removing a drug from the market.) By then the F.D.A. had received 93 reports of severe adverse reactions to Ketek, resulting in 12 deaths.

During the congressional hearings, lawmakers heard from former F.D.A. scientists who had criticized their agency's oversight of the Ketek trials and the drug-approval process. One was Dr. David Ross, who had been the F.D.A.'s chief reviewer of new drugs for 10 years, and was now the national director of clinical public-health programs for the U.S. Department of Veterans Affairs. When he explained his objections, he offered a litany of reasons that could be applied to any number of other drugs: "Because F.D.A. broke its own rules and allowed Ketek on the market. Because dozens of patients have died or suffered needlessly. Because F.D.A. allowed Ketek's maker to experiment with it on children over reviewers' protests. Because F.D.A. ignored warnings about fraud. And because F.D.A. used data it knew were false to reassure the public about Ketek's safety."

Trials and Error

To have an effective regulatory system you need a clear chain of command – you need to know who is responsible to whom, all the way up and down the line. There is no effective chain of command in modern American drug testing. Around the time that drugmakers began shifting clinical trials abroad, in the 1990s, they also began to contract out all phases of development and testing, putting them in the hands of for-profit companies. It used to be that clinical trials were done mostly by academic researchers in universities and teaching hospitals, a system that, however imperfect, generally entailed certain minimum standards. The free market has changed all that. Today it is mainly independent contractors who recruit potential patients both in the U.S. and – increasingly – overseas. They devise the rules for the clinical trials, conduct the trials themselves, prepare reports on the results, ghostwrite technical articles for medical journals, and create promotional campaigns. The people doing the work on the front lines are not independent scientists. They are wage-earning technicians who are paid to gather a certain number of human beings; sometimes sequester and feed them; administer certain chemical inputs; and collect samples of urine and blood at regular intervals. The work looks like agribusiness, not research.

What began as a mom-and-pop operation has grown into a vast army of formal "contract-research organizations" that generate annual revenue of $20 billion. They can be found conducting trials in every part of the world. By far the largest is Quintiles Transnational, based in Durham, North Carolina. It offers the services of 23,000 employees in 60 countries, and claims that it has "helped develop or commercialize all of the top 30 best-selling drugs."

Quintiles is privately owned – its investors include two of the U.S.'s top private-equity firms. Other private contractors are public companies, their stock traded on Wall Street. Pharmaceutical Product Development (P.P.D.), a full-service medical contractor based in Wilmington, North Carolina, is a public company with 10,500 employees. It, too, has conducted clinical trials all around the world. In fact, it was involved in the clinical trials for Ketek – a P.P.D. research associate, Ann Marie Cisneros, had been assigned to monitor Dr. Anne Kirkman-Campbell's testing in Alabama. Cisneros later told the congressional investigating committee that Kirkman-Campbell had indeed engaged in fraud. "But what the court that sentenced her did not know," Cisneros said, was that "Aventis was not a victim of this fraud." Cisneros said she had reported her findings of fraud to her employer, P.P.D., and also to Aventis. She told the congressional committee, "What brings me here today is my disbelief at Aventis's statements that it did not know that fraud was being committed. Mr. Chairman, I knew it, P.P.D. knew it, and Aventis knew it." Following her testimony the company released a statement saying it regretted the violations that occurred during the study but was not aware of the fraud until after the data was submitted to the F.D.A.

The F.D.A., the federal agency charged with oversight of the food and drugs that Americans consume, is rife with conflicts of interest. Doctors who insist the drug you take is perfectly safe may be collecting hundreds of thousands of dollars from the company selling the drug. (ProPublica, an independent, nonprofit news organization that is compiling an ongoing catalogue of pharmaceutical-company payments to physicians, has identified 17,000 doctors who have collected speaking and consulting fees, including nearly 400 who have received $100,000 or more since 2009.) Quite often, the F.D.A. never bothers to check for interlocking financial interests. In one study, the agency failed to document the financial interests of applicants in 31 percent of applications for new-drug approval. Even when the agency or the company knew of a potential conflict of interest, neither acted to guard against bias in the test results.

Because of the deference shown to drug companies by the F.D.A. – and also by Congress, which has failed to impose any meaningful regulation—there is no mandatory public record of the results of drug trials conducted in foreign countries. Nor is there any mandatory public oversight of ongoing trials. If one company were to test an experimental drug that killed more patients than it helped, and kept the results secret, another company might unknowingly repeat the same experiment years later, with the same results. Data is made available to the public on a purely voluntary basis. Its accuracy

is unknown. The oversight that does exist often is shot through with the kinds of ethical conflicts that Wall Street would admire. The economic incentives for doctors in poor countries to heed the wishes of the drug companies are immense. An executive at a contract-research organization told the anthropologist Adriana Petryna, author of the book *When Experiments Travel:* "In Russia, a doctor makes two hundred dollars a month, and he is going to make five thousand dollars per Alzheimer's patient" that he signs up. Even when the most flagrant conflicts are disclosed, penalties are minimal. In truth, the same situation exists in the United States. There's just more of a chance here, though not a very large one, that adverse outcomes and tainted data will become public. When the pharmaceutical industry insists that its drugs have been tested overseas in accordance with F.D.A. standards, this may be true – but should provide little assurance.

The F.D.A. gets its information on foreign trials almost entirely from the companies themselves. It conducts little or no independent research. The investigators contracted by the pharmaceutical companies to manage clinical trials are left pretty much on their own. In 2008 the F.D.A. inspected just 1.9 percent of trial sites inside the United States to ensure that they were complying with basic standards. Outside the country, it inspected even fewer trial sites – seven-tenths of 1 percent. In 2008, the F.D.A. visited only 45 of the 6,485 locations where foreign drug trials were being conducted.

The pharmaceutical industry dismisses concerns about the reliability of clinical trials conducted in developing countries, but the potential dangers were driven home to Canadian researchers in 2007. While reviewing data from a clinical trial in Iran for a new heart drug, they discovered that many of the results were fraudulent. "It was bad, so bad we thought the data was not salvageable," Dr. Gordon Guyatt, part of the research group at McMaster University in Hamilton, told Canada's *National Post.*

In addition to monitoring trials abroad, which it does not really do, the F.D.A. is responsible for inspecting drug-manufacturing plants in other countries, which it also does not really do. In 2007 and 2008, hundreds of patients taking the blood thinner heparin, which among other purposes is used to prevent blood clots during surgery and dialysis, developed serious allergic reactions as a result of a contaminant introduced at a Chinese manufacturing facility. It took months for the F.D.A., its Chinese counterpart, and Baxter International, the pharmaceutical company that distributed the drug, to track the source of contamination to Changzhou, a city of 3.5 million on the Yangtze River.

The delay was perhaps understandable, given the manufacturing process. The raw material for Baxter's heparin comes from China's many small pig farms. To be precise, it's derived from the mucous membranes of the intestines of slaughtered pigs; the membranes are mixed together and cooked, often in unregulated family workplaces. By the time the source of the contaminant was pinpointed, many more patients in the United States had experienced severe reactions, and as many as 200 had died. It later turned out that the F.D.A. had indeed inspected a Chinese plant – but it was the wrong one. The federal regulators had confused the names.

The good news was that, in this instance, the F.D.A. at least knew which country the heparin had come from. The bad news is that it does not always know where clinical trials are being conducted, or even the names or types of drugs being tested, or the purpose for which they will be prescribed once approved. Companies may withhold the foreign test data until they actually submit the application to the F.D.A. for approval. By then the agency has lost the ability to see whether the trials were managed according to acceptable standards, and whether the data collected was manipulated or fabricated.

$350 per Child

If the globalization of clinical trials for adult medications has drawn little attention, foreign trials for children's drugs have attracted even less. The Argentinean province of Santiago del Estero, with a population of nearly a million, is one of the country's poorest. In 2008 seven babies participating in drug testing in the province suffered what the U.S. clinical-trials community refers to as "an adverse event": they died. The deaths occurred as the children took part in a medical trial to test the safety of a new vaccine, Synflorix, to prevent pneumonia, ear infections, and other pneumococcal

diseases. Developed by GlaxoSmithKline, the world's fourth-largest pharmaceutical company in terms of global prescription-drug sales, the new vaccine was intended to compete against an existing vaccine. In all, at least 14 infants enrolled in clinical trials for the drug died during the testing. Their parents, some illiterate, had their children signed up without understanding that they were taking part in an experiment. Local doctors who persuaded parents to enroll their babies in the trial reportedly received $350 per child. The two lead investigators contracted by Glaxo were fined by the Argentinean government. So was Glaxo, though the company maintained that the mortality rate of the children "did not exceed the rate in the regions and countries participating in the study." No independent group conducted an investigation or performed autopsies. As it happens, the brother of the lead investigator in Santiago del Estero was the Argentinean provincial health minister.

In New Delhi, 49 babies died at the All India Institute of Medical Sciences while taking part in clinical trials over a 30-month period. They were given a variety of new drugs to treat everything from high blood pressure to chronic focal encephalitis, a brain inflammation that causes epileptic seizures and other neurological problems. The blood-pressure drugs had never before been given to anyone under 18. The editor of an Indian medical journal said it was obvious that the trials were intended to extend patent life in Western countries "with no consequence or benefit for India, using Indian children as guinea pigs." In all, 4,142 children were enrolled in the studies, two-thirds of them less than one year old. But the head of the pediatrics department at the All India Institute maintained that "none of the deaths was due to the medication or interventions used in clinical trials."

For years, American physicians gave anti-psychotic medicines to children "off label," meaning that they wrote prescriptions based on testing for adults, sometimes even for different conditions. That didn't work out so well for the children, who, when it comes to medicine, really are not just little adults. To provide the pharmaceutical industry with an incentive to conduct clinical trials on children's versions of adult drugs, Congress in 1997 enacted legislation, known as the Pediatric Exclusivity Provision, extending the patent life of certain drugs by six months. It worked so well that the industry has, in the ensuing years, been able to put younger and younger children on more and more drugs, pocketing an extra $14 billion. Between 1999 and 2007, for instance, the use of anti-psychotic medications on children between the ages of two and five more than doubled.

A study of 174 trials under the Pediatric Exclusivity Provision found that 9 percent of them did not report the location or number of sites of the clinical trials. Of those that did, two-thirds had been conducted in at least one country outside the United States, and 11 percent were conducted entirely outside the United States. Of the 79 trials with more than 100 subjects participating, 87 percent enrolled patients outside the United States. As is the case with adult studies, many children's trials conducted abroad are neither reported nor catalogued on any publicly accessible government database. There is no public record of their existence or their results.

In the mid-90s, Glaxo conducted clinical trials on the antidepressant Paxil in the United States, Europe, and South America. Paxil is a member of a class of drugs called selective serotonin re-uptake inhibitors. The class includes Zoloft, Prozac, and Lexapro. In the United Kingdom, Paxil is sold as Seroxat. The clinical trials showed that the drug had no beneficial effect on adolescents; some of the trials indicated that the placebo was more effective than the drug itself. But Glaxo neglected to share this information with consumers; annual sales of the drug had reached $5 billion in 2003. In an internal document obtained by the *Canadian Medical Association Journal,* the company emphasized how important it was to "effectively manage the dissemination of these data in order to minimize any potential negative commercial impact." The memo went on to warn that "it would be commercially unacceptable to include a statement that efficacy had not been demonstrated." After the document was released a Glaxo spokesperson said that the "memo draws an inappropriate conclusion and is not consistent with the facts."

"Smoke and Mirrors"

It may be just a coincidence, but as controversy swirls around new drugs, and as the F.D.A. continues to slap medicines with new warning labels – especially the black-box warnings that

indicate the most serious potential reactions – most of the problematic drugs have all undergone testing outside the United States. Clinical-trial representatives working for GlaxoSmithKline went to Iaşi, Romania, to test Avandia, a diabetes drug, on the local population. Glaxo representatives also showed up in other cities in Romania – Bucureşti, Cluj-Napoca, Craiova, and Timişoara – as well as multiple cities in Latvia, Ukraine, Slovakia, the Russian Federation, Poland, Hungary, Lithuania, Estonia, the Czech Republic, Bulgaria, Croatia, Greece, Belgium, the Netherlands, Germany, France, and the United Kingdom. That was for the largest of the Avandia clinical trials. But there have been scores of others, all seeking to prove that the drug is safe and effective. Some took place before the drug was approved by the F.D.A. Others were "post-marketing" studies, done after the fact, as the company cast about for ways to come up with more positive results so it could expand Avandia's use for other treatments. Based on the initial evaluations, Avandia was expected to – and did – become another Glaxo multi-billion-dollar best-seller.

While sales soared, so, too, did reports of adverse reactions – everything from macular edema to liver injury, from bone fractures to congestive heart failure. In 2009 the Institute for Safe Medication Practices, a Pennsylvania-based nonprofit group that monitors the prescription-drug field, linked the deaths of 1,354 people to Avandia, based on reports filed with the F.D.A. Studies also concluded that people taking the drug had an increased risk of developing heart disease, one of the very conditions that doctors treating diabetics hope to forestall. The risk was so high that worried doctors inside and outside the F.D.A. sought to have the drug removed from the market, an incredibly difficult task no matter how problematic the medicine. As always, the F.D.A. was late to the party. In 2008 the American Diabetes Association and the European Association for the Study of Diabetes had warned against using Avandia. The Saudi Arabian drug-regulatory agency yanked it from the market, and the Indian government asked Glaxo to halt 19 of its Avandia trials in that country. In September 2010 the European Medicines Agency pulled Avandia from the shelves all across Europe. The F.D.A. still could not bring itself to take decisive action. This even though the F.D.A. knew that Glaxo had withheld critical safety information concerning the increased risk of heart attacks, and the F.D.A. itself had estimated that the drug had caused more than 83,000 heart attacks between 1999 and 2007. The agency settled for imposing new restrictions on the availability of the drug in the United States. Glaxo released a statement saying that it "continues to believe that Avandia is an important treatment for patients with type 2 diabetes," but that it would "voluntarily cease promotion of Avandia in all the countries in which it operates."

The Avandia case and others like it have prompted the U.S. Justice Department to mount an investigation under the Foreign Corrupt Practices Act. While it is legal for doctors in this country to accept money from drug companies for acting as consultants, this is not the case abroad, where doctors often are government employees, and such payments can be considered bribes. There are other legal issues. So far, Glaxo has paid out more than $1 billion to settle lawsuits arising from claims against Avandia and other drugs. The Senate Finance Committee calculates that, since May 2004, seven drug companies have paid out more than $7 billion in fines and penalties stemming from unlawful drug dealings. Pfizer paid the largest such fine in history – $2.3 billion for promoting off-label uses of the arthritis drug Bextra.

In theory, pharmaceutical companies are barred from selling a drug for any purpose other than the one that the F.D.A. has approved on the basis of clinical testing. But the reality is different. The minute a drug receives the green light from the F.D.A. for a specific treatment, the sponsoring company and its allies begin campaigns to make it available for other purposes or for other types of patients. The antidepressant Paxil was tested on adults but sold off-label to treat children. Seroquel, an anti-psychotic, was marketed as a treatment for depression. Physicians, often on retainer from pharmaceutical companies, are free to prescribe a drug for any reason if they entertain a belief that it will work. This practice turns the population at large into unwitting guinea pigs whose adverse reactions may go unreported or even unrecognized.

To secure the F.D.A.'s approval for Seroquel, which ultimately would go to treat schizophrenia, bipolar disorders, and manic episodes associated with bipolar disorder, AstraZeneca, the fifth-

largest pharmaceutical company, conducted clinical trials across Asia, Europe, and the United States. Among the sites: Shenyang and more than a dozen other cities in China, and multiple cities in Bulgaria, Estonia, Hungary, Latvia, Lithuania, Croatia, Indonesia, Malaysia, Poland, the Russian Federation, Serbia, Ukraine, and Taiwan. The F.D.A. initially approved the drug for the treatment of schizophrenia. But while schizophrenia may have opened the door, off-label sales opened the cash register. Money poured in by the billions as AstraZeneca promoted the drug for the treatment of any number of other conditions. It was prescribed for children with autism-spectrum disorders and retardation as well as for elderly Alzheimer's patients in nursing homes. The company touted the drug for treatment of aggression, anxiety, anger-management issues, attention-deficit hyperactivity disorder, dementia, and sleeplessness. Up to 70 percent of the prescriptions for Seroquel were written for a purpose other than the one for which it had been approved, and sales rose to more than $4 billion a year.

It turned out, however, that AstraZeneca had been less than candid about the drug's side effects. One of the most troubling: patients often gained weight and developed diabetes. This meant a new round of drugs to treat conditions caused by Seroquel. In an internal e-mail from 1997 discussing a study comparing Seroquel with an older anti-psychotic drug, Haldol, a company executive praised the work of the project physician, saying she had done a great "smoke-and-mirrors job," which "should minimize (and dare I venture to suggest) could put a positive spin (in terms of safety) on this cursed study." After the e-mail was disclosed, in February 2009, the company said that the document cannot "obscure the fact that AstraZeneca acted responsibly and appropriately as it developed and marketed" the drug. In April, AstraZeneca reached a half-billion-dollar settlement with the federal government over its marketing of Seroquel. The U.S. attorney in Philadelphia, where the settlement was filed, declared that the company had "turned patients into guinea pigs in an unsupervised drug test." Meanwhile, the company was facing more than 25,000 product-liability lawsuits filed by people who contended the drug had caused their diabetes.

Death Toll

The only people who seem to care about the surge of clinical trials in foreign countries are the medical ethicists – not historically a powerhouse when it comes to battling the drug companies. A team of physician-researchers from Duke University, writing last year in the *New England Journal of Medicine,* observed that "this phenomenon raises important questions about the economics and ethics of clinical research and the translation of trial results to clinical practice: Who benefits from the globalization of clinical trials? What is the potential for exploitation of research subjects? Are trial results accurate and valid, and can they be extrapolated to other settings?" The Duke team noted that, in some places, "financial compensation for research participation may exceed participants' annual wages, and participation in a clinical trial may provide the only access to care" for those taking part in the trial. In 2007, residents of a homeless shelter in Grudziadz, Poland, received as little as $2 to take part in a flu-vaccine experiment. The subjects thought they were getting a regular flu shot. They were not. At least 20 of them died. The same distorting economic pressures exist for local hospitals or doctors, who may collect hundreds of dollars for every patient they enroll. In theory, a federal institutional review board is supposed to assess every clinical trial, with special concern for the welfare of the human subjects, but this work, too, has now been outsourced to private companies and is often useless.

In 2009 the Government Accountability Office conducted a sting operation, winning approval for a clinical trial involving human subjects; the institutional review board failed to discover (if it even tried) that it was dealing with "a bogus company with falsified credentials" and a fake medical device. This was in Los Angeles. If that is oversight in the U.S., imagine what it's like in Kazakhstan or Uganda. Susan Reverby, the Wellesley historian who uncovered the U.S. government's syphilis experiments in Guatemala during the 1940s, was asked in a recent interview to cite any ongoing experimental practices that gave her pause. "Frankly," she said, "I am mostly worried about the drug trials that get done elsewhere now, which we have little control over."

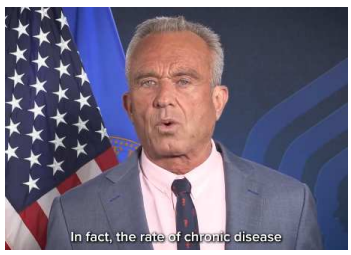
The pharmaceutical industry, needless to say, has a different view. It argues that people participating in a clinical trial may be getting the highest quality of medical care they have ever received. That may be true in the short term. But, unfortunately, the care lasts only until the trial is completed. Many U.S. medical investigators who manage drug trials abroad say they prefer to work overseas, where regulations are lax and "conflict of interest" is a synonym for "business as usual." Inside the United States, doctors who oversee trials are required to fill out forms showing any income they have received from drug companies so as to guard against financial biases in trials. This explains in part why the number of clinical-trial investigators registered with the F.D.A. fell 5.2 percent in the U.S. between 2004 and 2007 while increasing 16 percent in Eastern Europe, 12 percent in Asia, and 10 percent in Latin America. In a recent survey, 70 percent of the eligible U.S. and Western European clinical investigators interviewed said they were discouraged by the current regulatory environment, partly because they are compelled to disclose financial ties to the pharmaceutical industry. In trials conducted outside the United States, few people care.

In 2009, according to the Institute for Safe Medication Practices, 19,551 people died in the United States as a direct result of the prescription drugs they took. That's just the reported number. It's decidedly low, because it is estimated that only about 10 percent of such deaths are reported. Conservatively, then, the annual American death toll from prescription drugs considered "safe" can be put at around 200,000. That is three times the number of people who die every year from diabetes, four times the number who die from kidney disease. Overall, deaths from F.D.A.-approved prescription drugs dwarf the number of people who die from street drugs such as cocaine and heroin. They dwarf the number who die every year in automobile accidents. So far, these deaths have triggered no medical crusades, no tough new regulations. After a dozen or so deaths linked to runaway Toyotas, Japanese executives were summoned to appear before lawmakers in Washington and were subjected to an onslaught of humiliating publicity. When the pharmaceutical industry meets with lawmakers, it is mainly to provide campaign contributions.

And with more and more of its activities moving overseas, the industry's behavior will become more impenetrable, and more dangerous, than ever.

HHS Announces Transformation to Make America Healthy Again

U.S. Department of HHS, 27 March 2025
https://www.youtube.com/watch?v=O8qQxLYTyV8



"We are streamlining HHS to make our agency more efficient and more effective. We will eliminate an entire alphabet soup of departments, while preserving their core functions by merging them into a new organization called the Administration for a Healthy America or AHA. This overhaul will improve the health of the entire nation — to Make America Healthy Again." - Secretary Kennedy

"Our department is filled, for the most part, with competent, conscientious public servants," the secretary said, noting that while HHS' budget and staffing have experienced tremendous increases, "*all that money has failed to improve the health of Americans*":

In fact, the rate of chronic disease and cancer increased dramatically. *As our department has grown, our lifespan has dropped*. So, *Americans now live six years shorter than Europeans*. *We have the sickest nation in the world, and we have the highest rate of chronic disease*.

US ranks last among 40 developed nations in terms of health, but we spend two to three times more per capita than those nations.

As Secretary, I now understand why all this money is not improving our health: HHS is a sprawling bureaucracy that encompasses literally hundreds of departments, committees and other offices.

Rachel Windeer

Depopulation Through Forced Vaccination The Zero Carbon Solution!

The Sovereign Independent, June 2011, p. 1, 10
https://www.daily-sun.com/post/515893/Depopulation-through-force
https://www.slideshare.net/slideshow/the-sovereign-independent-june-2011-4th-edition/250621828

The SOVEREIGN INDEPENDENT

4th Edition - June 2011 www.sovereignindependent.com editor@sovereignindependent.com Price: €100/£1.00 where sold

Depopulation Through Forced Vaccination: *The Zero Carbon Solution!*

"The world today has 6.8 billion people. That's headed up to about 9 billion. Now if we do a really great job on new vaccines, health care, reproductive health services, we lower that by perhaps 10 or 15 percent."
Billy 'The Kid Killer' Gates

By Rachel Windeer

On April 26th, the Irish Independent published an article titled 'Concern for Children's Health as Parents ignoring vaccines'. Edel Kennedy, you should be ashamed of yourself! This is nothing less than an attempt by government, through their puppets in the media, to remove the rights of parents to determine the life choices of their offspring and removes any doubt that we now live in a dictatorship.

This is an OUTRAGEOUS insult to every parent in the country who has the common sense to research the efficacy of vaccines themselves by simply looking at the historical record rather than trust politicians whose lies in the media, including those perpetrated by the Dept. of Health under Mary Harney regarding the farce of 'swine flu' and the dangerous myth of HPV vaccination, have led the country into the abyss of utter poverty and sold the country into the communist grasp of European bureaucrats whose sole aim is the destruction of every member nation's sovereignty leaving them clutching at the bailout begging bowl of the IMF.

Vaccines are a fraud; pure and simple! The historical record PROVES this for anyone with a little patience and the courage to investigate the FACTS for themselves, and it does take courage, especially for those in the medical profession whose careers will be at risk if they dare expose this danger to our children. It also shatters their illusions that they're part of an organisation which is far from beneficial to those they believe they're protecting from illness.

However, their hypocratic oath should compel them to investigate such wild claims put out by pharmaceutical giants and their drug dealer sales representatives instead of taking the word of an industry well known as being utterly corrupt and ruthless in its business practices.

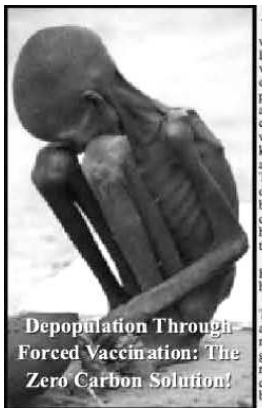
The Irish haemophiliac scandal, where patients were knowingly infected with HIV through contaminated blood products should be enough to convince anyone of Big Pharma's murderous intent.

This brings us to the real reasons for vaccinations. I'm not even going to prove to readers that they don't work. I'll simply urge you to look up the historical record. One simple example is the demise of measles.

The measles death rate had declined by 98% from 1915-1958 prior to any vaccination being introduced. In 1988 and 1989, 69% and 89% for measles cases in American school-aged children had been vaccinated! In 1995 56% of ALL measles cases in America were vaccinated.

These figures come from medical journals.

Those 3 simple examples PROVE that unvaccinated children are less likely to contract measles and that the vaccine



....Continued from page 1

was useless!
Look that up for yourself! All other vaccine claims that they've cured or eliminated disease follow a similar pattern. Better hygiene, clean water and good healthy food was the cause of the decline and any doctor worth his smelling salts should know that. If they don't then they are misinformed on a grand scale.
Therein lies the problem. Why have doctors been 'indoctrinated' to believe that vaccines are the sacred cow of medicine when the historical record clearly shows that they are virtually useless?

Hold onto your sanity because I have some bad news for you.

The real reason for vaccinations, apart from the massive profits to the manufacturers, is to ensure that you get sick throughout your life, again not only to enrich these same corporations that made you sick, but to ensure that many, if not all of you die before you ever receive your pension and when you are no longer any use to society. That's why they want you retiring later in life and are forcing you through economic terrorism to work longer regardless of your age or health. They want to work you to death.

You will be classed as a burden to society, a financial cost which society has to bear and therefore you will be stigmatised as a 'useless eater'; a consumer of resources needed for the rest of society. When Big Pharma can no longer profit from the illness they gave you, you will be left to die.

This is the depopulation agenda promoted under the United Nations Division of Population under the Department Economic and Social Affairs.
We only need look at Africa, the nation which the United Nations has said themselves, could feed the world. Why then are millions in Africa starving to death on that continent? It's meant to be that way folks!
All of us at one time or another have been led to believe in the efficacy of vaccines. I was one of them and had my child vaccinated nearly 30 years ago. I wouldn't even dream of it now!

I think it's safe to say that we're all aware of the real pandemic, as opposed to the fake pandemics of the past. It's called 'CANCER'. Prior to mass vaccination, cancers were extremely rare, as in almost non-existent. Today in the western, so called developed world, we face a crisis of cancer to the extent that, between one in five to one in two will suffer, many dying, from one form of cancer or another.

What's happened to cause this pandemic?

We only have to look back at the Jonas Salk polio vaccine that went around the world in the full knowledge that it contained the SV40 virus which had no other purpose than causing cancer yet it was pushed as a vaccine for polio when, as with measles, polio was well in decline prior to any vaccine due to the same factors.

Enter stage right at the TED 2010 conference, Mr. Bill Gates, head of Microsoft, the biggest computer firm on the planet. What has Bill gates to do with vaccines you're wondering?

See the quote on the front page. Those are his EXACT words

Are you beginning to get the picture?

The globalist elite care nothing for humanity; ordinary men, women and children must be eliminated in their delusional minds to ensure that their superior types go into the future with the best of breeding being the only criteria worthy of saving. You and I are no longer required and that is why we are seeing the loss of our economy, our wealth, our health, our happiness and ultimately, OUR

Depopulation Through Forced Vaccination The Zero Carbon Solution!

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"The world today has 6.8 billion people. That's headed up to about 9 billion. Now if we do a really great job on new vaccines, health care, reproductive health services, we lower that by perhaps 10 or 15 percent." Billy 'The Kid Killer' Gates.

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The SOVEREIGN INDEPENDENT

Philantropy ?
Beware Billionairs Bearing Gifts!

The Sovereign Independent, June 2011, p. 10
https://www.daily-sun.com/post/515893/Depopulation-through-force

Philanthropy?
Beware Billionaires Bearing Gifts!

International media carried reports in 2010 of the Bill Gates-Warren Buffett philanthropic scheme called 'The Giving Pledge'. On 4 August the Giving Pledge revealed the names of 40 individuals and families who pledged to give away at least half of their fortunes during their lifetimes or at death. Buffett and Gates have thrown down the gauntlet to 70 to 80 of the Forbes 400. They plan to approach the remainder and to take this challenge beyond the US. They held a dinner in Beijing in October 2010 to persuade Chinese billionaires to participate in this venture.

News of the initial gathering of this group (curiously called 'The First Supper') appeared in a report by New York publisher, Niall O'Dowd, on 18 May 2009. Participants included the Davids Rockefeller Snr and Jr, George Soros, Ted Turner, Michael Bloomberg, Chuck Feeney and Oprah Winfrey. A media blackout ensured that two subsequent dinners were unreported and shy billionaires were able to speak openly about their fortunes and ideas for philanthropy. Fortune magazine published a Gates-Buffett informed article on 16 June 2010.

The Giving Pledge promises a massive increase in the money going to philanthropy. Forbes magazine estimated the 2009 net worth of the Forbes 400 at $1.2 trillion. Fifty percent of the net worth of those 400 would be $600 billion. That is the minimum amount Buffett and Gates are targeting.

Philanthropists who made the pledge posted a letter saying why they did it. The common denominator was a belief that the lives of the very rich can be empty if their wealth does nothing to advance the greater good.

Warren Buffett makes it clear that although the amounts being pledged are large, we are not talking about the widow's mite. In pledging to divest himself of 99% of his own fortune, Buffett says that he and his family will give up nothing they need or want. He says that his pledge will "leave my lifestyle untouched and that of my children as well."

The Giving Pledge has not been universally welcomed. US taxpayers have been compelled to commit much more than $600 billion to bailouts and stimulus plans to protect an economy which has caused them much hardship and which have not worked, but which have profited the billionaires. Many comments posted on Fortune's website are critical and angry. Some suggest that the billionaires were giving, fearing Obama would take wealth from them. One poster said that the billionaires' lifetimes of successful greed could not be offset by controlling who and what cause would get assistance. Suggestions were made that the philanthropic billionaires should act independently so that there would be diversity in the causes that would benefit.

There is considerable merit in this last suggestion. One very particular obsession of Messrs Gates, Buffett and Turner is population control. The Sunday Times reported on 24 May 2010 that the 'First Supper' was a secret meeting to consider how the billionaires' wealth could be used to "slow the growth of the world's population and speed up improvements in health and education." The paper reported that the philanthropists discussed joining forces to overcome political and religious obstacles to change. Taking their cue from Gates, the first supper decided to focus on overpopulation, and " a consensus emerged that they would back a strategy in which population growth would be tackled as a potentially disastrous environmental, social and industrial threat."

Bill and Melinda Gates have given millions of dollars to abortion providers like International Planned Parenthood (of which Gates has said his father is a former head). Bill Gates is on record as supporting population reduction programmes. The Gates Institute for Population and Reproductive Health provides abortion fellowships at Johns Hopkins University.In an extraordinary statement at the TED conference in February 2010, Gates suggests that vaccines have a role in population reduction. He is a huge supporter of vaccination programmes.

The Population and Family Health Sciences Department at Bloomberg School of Public Health in Baltimore MD also provides abortion fellowships.

Ted Turner is on the record calling for a worldwide one child policy similar to the one in China that practises forced abortion and coercive sterilization. Turner has given over $1 billion for UN programmes.

Warren Buffett has never spoken publicly about his views on abortion. The Wall Street Journal reported that in the 1990s, the Buffett Foundation helped to finance the research and development of the pills that induce abortion. His foundation also helped finance a lawsuit to overturn the ban on partial-birth abortion in Nebraska. The New York Times revealed in August 2010 that the Kenneth J. Ryan Residency Training Programme, which gives two or three years of seed money for abortion training for OB-GYN residents at medical schools on 58 campuses in the US and Canada, and the Family Planning Fellowship, are both entirely funded by Buffett's foundation. In 2006 Buffett gave the foundation about $3 billion. Tax returns indicate that total giving by the foundation increased from $202 million in 2007 to $347 million in 2008. In 2008 the foundation gave Planned Parenthood and its US affiliates about $45 million. Planned Parenthood International got approximately $8 million. The foundation paid out around $50 million to universities with either the Ryan or the Family Planning Fellowship. Tax records show that most of the spending goes on abortion and contraception matters. Buffett also gave in excess of $30 billion's worth of stock to the Bill and Melinda Gates Foundation in 2006.

The Financial Times has described Bill Gates' stated vision of the function of the billionaires as one of decision-making in a new constitutional order. Does wealth gives the unelected Gates and his associates the right to decide who may live or die and the size or complexion of any population?

Beware billionaires bearing gifts. They distort democracy.

Here are refs so you can see above is accurate.
http://www.timesonline.co.uk/tol/news/world/us_and_americas/article6350303.ece Billionaire Club in bid to curb overpopulation. The Sunday Times.

http://www.youtube.com/watch?v=WUJMR3BUm2s Bill Gates suggests vaccines and reproductive health may reduce populations...

http://www.pharmacy.vcu.edu/sub/research/docs/ellertson_fellowship.pdf List of abortion fellowships

http://www.nytimes.com/2010/07/18/magazine/18abortion-t.html nine page article from New York Times which describes (on page 4) Warren Buffett's funding of abortion related litigation and programmes in medical schools.

http://www.medicalnewstoday.com/articles/45993.php. Buffett Foundation "quiet force" in population control – gave $3billion to the Buffett Foundation and more than $30 billion to the Bill and Melinda Gates Foundation.

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E. Bazelon. **The New Abortion Providers**. – NYT, 14 July 2010. – Nine page article from New York Times which describes Warren Buffer's funding of abortion related litigation and programmes in medical schools. => http://www.nytimes.com/2010/07/18/magazine/18abortion-t.html

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https://web.archive.org/web/20080407094639/http://www.medicalnewstoday.com/articles/45993.php

The Guardian

Oliver Milman

AIDS Conference says 100 researchers may have been on flight MH17

The Guardian, 18 July 2014, 02.53 EDT
https://www.theguardian.com/world/2014/jul/18/aids-conference-says-100-researchers-may-have-been-on-board-crashed-plane

As many as 100 of the world's leading HIV/Aids researchers and advocates may have been on the Malaysia Airlines flight that crashed in Ukraine, in what has been described as a "devastating" blow to efforts to tackle the virus.

Delegates to a plenary session held ahead of the Aids 2014 conference were told that email exchanges showed about 100 attendees were booked on the MH17 flight. The plane was downed in eastern Ukraine by what the US and Australian governments have described as a surface-to-air missile.

There was no official confirmation of the number of researchers on board.

There were no survivors among the 298 people on the flight, which was bound for Kuala Lumpur from Amsterdam. The Aids 2014 conference, due to start on Sunday, is being held in Melbourne.

"There's a huge feeling of sadness here, people are in floods of tears in the corridors," Clive Aspin, a veteran HIV researcher who attended the pre-conference plenary session in Sydney, told Guardian Australia. "These people were the best and the brightest, the ones who had dedicated their whole careers to fighting this terrible virus. It's devastating."

Prof. Richard Boyd, director of the Monash Immunology and Stem Cell Laboratories, told Guardian Australia he was "gutted" by the losses.

"There were some serious HIV leaders on that plane," he said. "This will have ramifications globally because whenever you lose a leader in any field, it has an impact. That knowledge is irreplaceable.

"We've lost global leaders and also some bright young people who were coming through. It's a gut-wrenching loss. I was involved in the aftermath of 9/11 in New York and it brings back that level of catastrophe.

"But the Aids community is very close-knit, like a family. They will unite and this will galvanise people to strive harder to find a breakthrough. Let's hope that, out of this madness, there will be new hope for the world."

Trevor Stratton, an HIV/Aids consultant, told the ABC: "The cure for AIDS may have been on that plane, we just don't know. You can't just help but wonder about the kind of expertise on that plane."

A number of leading scientists, including a former president of the International AIDS Society (IAS) who has led HIV research efforts since 1983, are believed to be among the dead.

Organisers of Aids 2014, which is set to welcome about 14,000 delegates from around the world, said they were unable to officially confirm the number of people on MH17 who were due to attend the conference. The organisation said in a statement: “The IAS is hearing unconfirmed reports that some of our friends and colleagues were on board the flight and if that is the case this is truly a sad day.”

The president of the IAS, Françoise Barré-Sinoussi, told a prearranged event in Canberra that the deaths “will be a great loss to the HIV/Aids communities. If confirmed, it would be a terrible loss for all of us. I have no words really to try to express my sadness; I feel totally devastated if it is confirmed.”

IAS said the conference would go ahead as scheduled. Former US president Bill Clinton and activist Bob Geldof are due to speak.

The executive director of the Australian Federation of Aids Organisations, Rob Lake, said: "This morning's news is absolutely tragic and will be felt throughout the conference and worldwide.

“The people we have lost have played critical roles in the global fight against HIV.”

The Washington Post

Caelainn Hogan, Ariana Eunjung Cha

Top AIDS researcher and other scientists perished on MH17

The Washington Post, 18 July 2014
https://www.washingtonpost.com/national/health-science/top-aids-researcher-and-others-in-field-perished-on-mh17/2014/07/18/2aa31972-0e85-11e4-8341-b8072b1e7348_story.html

Members of the international HIV research community were in a state of shock after the death of world-renowned scientist Joep Lange and at least several other activists who perished when Malaysia Airlines Flight 17 was shot down Thursday over eastern Ukraine.

In an address to the nation Friday at noon, President Obama said "nearly 100" of those killed – *one third of the 298 people on board* – may have been en route to the 2014 International Aids Conference in Melbourne, which is scheduled to begin this weekend. The White House said the figure came from remarks made by Australian Prime Minister Tony Abbott.

But conference organizers said they have only been able to confirm seven names.

"We have been working hard to try and confirm how many people were on the flight. We've been speaking to a number of different authorities, and we think the actual number is much smaller," said Chris Beyrer, who will take over the presidency of the International AIDS Society at the end of the global conference next week.

Their efforts have been complicated by the fact that the airline has not released a passenger manifest so they have been relying on information from colleagues, friends, family members and authorities from various countries. He said that while there may be some people who were on the flight and headed to the conference that they do not know about, it appears that the numbers are "an order of magnitude smaller than what has been reported."

The Dark History of Vaccines, Natural Healing Clinic

13 March 2015

https://teachingyourselftoheal.wordpress.com/2015/03/13/the-dark-history-of-vaccines/

Stats Regarding Vaccines

A good place to start research is on the internet. Go to National Vaccine Center's website and start learning about various vaccines. Judicial Watch is another website. These are watchdogs to help keep us informed about truths being kept from us. There are many others.

Polio Vaccine

Attempts to make a polio vaccine in early 1900's failed. Finally Jonas Salk developed the "Salk" vaccine in 1952. To make the vaccine, the polio is injected into the kidney of a monkey, allowed to develop and then extracted and injected to humans as the vaccine. Two mistakes were made: First the vaccine was suppose to contain 'killed' virus, instead it contained the live virus. The vaccine reportedly gave polio to healthy people, many children died, it was pulled from the market. Secondly, despite government coverups, in 1960 a Dr. Ratner found the monkey virus (a cancer causing agent) in the 1955 Salk vaccine – Salk had used the Rhesus monkey as the host to incubate the virus and that particular monkey contained another virus – today we call it retrovirus.

The U.S. government was aware of the deadly vaccine, but they allowed it to remain on the shelves of pharmacies for another 1 1/2 years then quietly replaced the old stock with a newer version of the vaccine using the Green African monkey.

Between 1955-1963 as many as 98 million Americans received the contaminated SV-40 polio vaccines.

The World Health Organization (WHO) proclaimed that polio was eliminated from the Western Hemisphere in 1994 and the only cases of polio occurring in the US for the past 17 years have been caused by the vaccine itself.

The National Vaccine Information Center reports the vaccine kills as many as 900 children per year and leaves one of every 62,000 children with permanent brain damage. There is a reaction free vaccine produced in other countries, but it costs more and U.S. drug companies have lobbied to delay the use of the purified vaccine as long as possible.

That's not the end of the story. In the early 1990's, Michele Carbone, Asst. Prof. of Pathology, Loyola University, isolated fragments of SV-40 in human cancers. The viral contaminate from the 1950's appeared in up to 40% of bone cancers and 60% of mesotheliomas, a particularly nasty form of lung cancer usually caused by asbestos exposure.

Senior epidemiologist at the National Institute of Health, Dr. Howard Strickler, help confirm the link between cancers and the tainted vaccine. People who lived in Massachusetts and Illinois who received identified lot numbers of the contaminated vaccine administered in the 1950's are now demonstrating 10 times the rate of osteosarcoma bone tumors as those who received vaccine free of the SV-40 contaminate in other parts of the country. Italian researchers has found the monkey virus in between 14-83% of human brain tumors.

Studies looking for the virus in normal individuals (people free of disease at the time of testing) found SV-40 23% of blood samples and almost half of all sperm tested – the virus could be transmitted

sexually and through blood transfusions. Being a blood borne organism, it is alsosuspected that it passes from mother to fetus.

This led to discover of the worst news of all: SV40 has appeared in 61% of all new cancer patients. Patients too young to have received the contaminated vaccine administered 40 years ago.

DPT Vaccine (Diphtheria, Pertussis (whooping cough) and Tetanus).

Vaccine consists usually of 5 doses between 2 months old – 15 years old. Side effects include seizures, serious allergic reactions, decrease in consciousness, permanent brain disease, death. Journal Pediatrics in 2009 concluded the largest risk among unvaccinated children is the disease the vaccination is designed to protect against.

In 1986 The major vaccine manufactures lobbied Congress to pass the National Childhood

Vaccine Injury Act (NCVIA) to absolve them of all liability related to adverse reactions caused by their products. With this Act, the National Vaccine Injury Fund was established by levying a user fee against citizens for immunizing their children. Since its creation the fund has compensated 579 vaccine induced deaths adjudicated through the Federal Court of Claims to the tune of $700 million dollars . 40% (227) of these vaccine induced deaths were originally misdiagnosed as sudden infant death syndrome (SIDS). The American taxpayer compensated the victims of these defective products, the major manufacturer and supplier of DPT in the U.S. (Wyeth-Lederle), watched its profits soar 300% since the passage of this Act. Wyeth-Lederle earned $350 million in sales of DPT last year.

There is a great difference between filing a malpractice case and having damages awarded to the victims of medical malpractice. All told, the dollar amount associated with litigation for negligent practice totals up to only 1% ($10 billion dollars) of the total annual health care tab. This is for all malpractice litigation and vaccine litigation is but a small portion of this amount.

A Harvard Medical Practice Study revealed that of the 1% of patients estimated to be injured as a result of negligence, and only 1/8 ever discovered they were victimized and filed suit, and only1/16 of those filing suits ever recovered any monetary damages.

MMR Vaccine (Measles, Mumps and Rubella)

For years people have been complaining about the finally admitted to now causing autism in children, permanent brain damage and death. In the year 2009 a court case finally got them to admit the truth. http://www.whale.to/vaccine/mmr2.html is a site you can visit, but there are many.

PNEUMOVAX admits to 1295 hospitalizations and 40 deaths. Pneumovax is produced by Merck & Co. They were all females. See http://www.whale.to/vaccines/pneumovax1.html.

Smallpox Vaccine

Many feel smallpox vaccine did not save lives, it spread it around the world with other infections such as leprosy. Whether that is true or not, In 1880 the smallpox vaccine was killing 25,000 babies in england/Wales. In 1921 the number was down to 6,000 deathsfrom the vaccine. It is thought that smallpox vaccine wiped out smallpox from the planet, but many statistics show it was leaving of its own natural cycle. Prior to U.S. taking over the Philippines, the mortality rate from smallpox was 10%, after commencement of vaccinations, an epidemic occurred and the mortality rate went up as high as 50% in different parts of the islands.

In 1918-19 with over 95% of its population vaccinated, the worst epidemic occurred, resulting in a case mortality of 65% with the highest percentage occuring where the most thorough vaccinations took place and vice-versa.

In 1918 the US Army forced vaccinations of 3,285,376 natives in the Philippines when no epidemic was brewing. Of those vaccinated, 47,369 came down with smallpox and of these 16,477 died – and the next year they doubled the experiment, vaccinating 7,670,252 natives – 65,180 victims came down with small-pox and 44,408 died. So in the first experiment 1/3 died, in the second 2/3 died.

Erysipelas – acute strep bacterial infection.
During the 22 years from 1859 to 1880 (22 years), 390 people died from the vaccine, increasing nearly 8 fold in 30 years.

VAERS – Yellow Fever Vaccine.
From 1996-2006 they are admitting to 21 deaths.
Those people are listed http://www.whale.to/vaccie/vaers_yf.html.

Gardasil- Cervarix:
29 deaths in 2 years, 5,000 visits to E.R., causing seizures, strokes, heart problems. More than 1,300 girls in the United Kingdom have experienced negative reactions to the government-mandated Cervarix vaccine for the human papillomavirus (HPV), according to adverse events reports collected from doctors by the Medicines and Healthcare products Regulatory Agency (MHRA).

Cervarix, manufactured by GlaxoSmithKline, inoculates patients against strains 16 and 18 of HPV, which are believed to be responsible for 70 percent of cervical cancer cases. The British government began a program to vaccinate all secondary school girls in September 2008, and 700,000 have received the injections so far. The government's plan is to have all girls under the age of 18 vaccinated by 2011.

Critics have objected that the government based its decision on studies of women under the age of 26, rather than studies conducted on school-age girls. In addition, while the vaccine has been shown to prevent against HPV infection in the short term, there is no evidence of its long-term efficacy or that it actually lowers cancer rates.

The MHRA reports show a total of 2,891 adverse events reported in 1,340 girls. The majority were minor and short-lived problems, such as swelling, rashes, pain or mild allergies to the vaccine. A number of cases were more severe, however, including 20 cases of blurred vision, four cases of convulsions, one case of seizures and one epileptic fit. Five cases of partial paralysis were reported, including Bell's palsy (face), Guillain-Barre syndrome (legs), hyopaesthesia (loss of sense of touch) and hemiparesis (severe weakening or paralysis of half the body).

On June 8, 2006, the Food and Drug Administration (FDA) approved the drug Gardasil. Gardasil is a vaccine against certain types of human papillomavirus (HPV) which is the primary cause of cervical cancer in women. Several state and local governments have proposed requiring the vaccine for school girls entering the 6th grade.

Gardasil is approved for girls as young as nine years old, despite the fact that the youngest girls participating in clinical trials were 11-12 years old. A recent study, published in the New England Journal of Medicine, also questioned the general effectiveness of Gardasil. Additionally, there has not been a chance to study long term side effects of the vaccine.

A Judicial Watch Special Report gives an analysis of records obtained from the Food and Drug Administration (FDA) concerning a recent vaccine called Gardasil. Gardasil helps protect against four types of human papillomavirus (HPV). The vaccine was approved in May 2006 and was created and marketed by Merck & Company Inc.

The records include Merck's patent and drug information submitted to the FDA, transcripts and briefing material from approval meetings, and reports documenting health, safety, and efficacy test results, as well as Vaccine Adverse Event Reporting System (VAERS) documents detailing 8,864 cases of adverse effects experienced by people after receiving the Gardasil vaccine. VAERS reports show that at least eighteen people have died after receiving Gardasil.1 Many health officials believe that adverse reactions to medications are widely under-reported, therefore the actual number of adverse events occurring after vaccination with Gardasil is likely to be higher.

Judicial Watch uncovered thousands of pages of material pertaining to Gardasil, which is designed to prevent cervical cancer. The controversial vaccine was fast-tracked for approval by the FDA despite

concerns about Gardasil's safety and long-term effects. The vaccine is still in the testing stages (final report due September 30, 2009), but it is already being administered to thousands of young girls and Merck has waged an aggressive lobbying campaign with state governments to mandate this HPV vaccine for young girls.

Gardasil was recommended for pregnant women also but was immediately halted when women started losing their babies, having miscarriages and babies were born malformed.

SARS (Severe Acute Respiratory Syndrome) 2003.

Wikepedia reports Conavirus is the basis of this disease. 8,096 known infected cases and 774 deaths (rate of 9.6%) reported worldwide. It started in Guangdong province of China, rapidly infecting individuals in 37 countries around the world. Mortality rate is usually about .6% primarily amongst the elderly but can rise as high as 33%. Viral pneumonia mortality rate is about 70%.

The Sars vaccine developed in China's laboratories was never used. by the time it was discovered, the outbreak had subsided.

Chickenpox Vaccine – 2006.

The vaccine didn't work and was reported unsuccessful. Health experts reported the vaccine was 85-97% effective. Children still got chicken pox after mass immunization at schools. Mandatory vaccines at schools are still being demanded.

MMR (Measles, Mumps, Rhubella) Vaccine –

At a time when health officials are quietly admitting that there could be a link between the MMR (measles-mumps-rubella) vaccine and autism, a new study has also discovered that the vaccine doesn't work. Researchers investigating a large outbreak of mumps in 2006, when 6,584 cases were reported among college students, have discovered that virtually every sufferer had been vaccinated twice against the disease. The Centers for Disease Control (CDC) reveals that at least 84 per cent of young adults aged between 18 and 24 years had received two-dose vaccines against mumps. And in 2006 – when the outbreak occurred – the national two-dose coverage among adolescents reached 87 per cent, the highest in US history, and just one point below that needed for 'herd immunity'

Incidents of meningitis linked to the measles, mumps, rubella (MMR) vaccine in Japan are far higher than first thought, affecting around one in 1044 vaccinations. The Japanese Ministry of Health withdrew the vaccine in April 1993.

A recent study published in PloS titled "Difficulties in eliminating measles and controlling rheubella and mumps: a cross-sectional study of a first measles and rubella vaccination and a second measles, mumps and rubella vaccination" has brought to light the glaring ineffectiveness of two measles vaccines (measles-rubella (MR) or measles-mumps-rubella (MMR) in fulfilling their widely claimed promise of preventing outbreaks in highly vaccine compliant populations. In China 99% are vaccinated but still continues to have measles outbreaks (Sayer Ji, Why is China Having Measles Outbreaks When 99% are Vaccinated? GreenMedInfo 10 September 2014)

Swine Flu 1996

There were 500 cases of Gullian-Barre paralysis, including 25 deaths – not due to the swine flu itself, but as a direct result of the vaccine. At the time President Gerald Ford, on advice from the CDC, called for vaccination of the entire population of the United States.

CBS " 60 MINUTES" did a documentary on the swine flu epidemic of 1976 in the U.S. It went on air only once and was never shown again. Watch this video documentary on You Tube and listen to testimony of people who caught Gullian-Barre paralysis because of the swine flu vaccine. They sued the US government for damages.

Finally in 2009 it was announced that more people died of the Swine Flu vaccine than died of the actual flu. There were 500 cases of Gullian-Barre paralysis, including 25 deaths – not due to the swine

flu itself, but as a direct result of the vaccine. At the time President Gerald Ford, on advice from the CDC, called for vaccination of the entire population of the United States.

2006 Scandal. The Baxter company has been associated with two deadly scandals. The first event occurred in 2006 when hemophiliac components were contaminated with HIV virus and injected in tens of thousands of people, including thousands of children. Baxter continued to release the HIV contaminated vaccine even after the contamination was known.

World Health Organization maintains an agreement with Baxter Pharmaceuticals to produce the world's pandemic vaccine. Novartis, the second contender, also has an agreement with WHO for a pandemic vaccine. Novartis appears to have won the contract, since their vaccine is near completion.

Dr. Russel Blaylock, a renounced neurosurgeon is terrifed because these pandemic vaccines contain ingredients, called immune adjuvants that a number of studies have shown cause devastating autoimmune disorders, including rheumatoid arthritis, multiple sclerosis and lupus.

Animal studies using this adjuvant have found them to be deadly. A study using 14 guinea pigs found that when they were injected with the special adjuvant, only one animal survived. A repeat of the study found the same deadly outcome.

What is this deadly ingredient? It is called squalene, a type of oil. The Chiron company, maker of the deadly anthrax vaccine, makes an adjuvant called MF-59 which contains two main ingredients of concern—squalene and gp120. A number of studies have shown that squalene can trigger all of the above-mentioned autoimmune diseases when injected.

The MF-59 adjuvant has been used in several vaccines. These vaccines, including tetanus andvdiphtheria, are the same vaccines frequently associated with adverse reactions.

Dr. Blaylock reviewed a number of studies on this adjuvant and found something quite interesting.
Several studies done on human test subjects found MF-59 to be a very safe immune adjuvant. But when he checked to see who did these studies, he found that they were done by the Novartis
Pharmaceutical Company and Chiron Pharmaceutical Company, which have merged. They were all published in "prestigious" medical journals. Also, a great number of studies done by independent laboratories and research institutions all found a strong link between MF-59 and autoimmune diseases.

Squalene in vaccines has been strongly linked to the Gulf War Syndrome. On August 1991, Anthony Principi, Secretary of Veterans Affairs admitted that soldiers vaccinated with the anthrax vaccine from 1990 to 1991 had an increased risk of 200 percent in developing the deadly disease amyotrophic lateral sclerosis (ALS), also called Lou Gehrig's disease. The soldiers also suffered from a number of debilitating and life-shortening diseases, such as polyarteritis nodosa, multiple sclerosis (MS), lupus, transverse myelitis (a neurological disorder caused by inflammation of the spinal cord), endocarditis (inflammation of the heart's inner lining), optic neuritis with blindness and glomerulo-nephritis (a type of kidney disease).

Because squalene, the main ingredient in MF-59, can induce hyperimmune responses and induce autoimmunity, a real danger exists for prolonged activation of the brain's immune cells, the microglia. This type of prolonged activation has been strongly associated with such diseases as multiple sclerosis, Alzheimer's disease, Parkinson's disease, ALS and possibly vaccine-related encephalitis. It has been shown that activation of the systemic immune system, as occurs with vaccination, rapidly activates the brain's microglia at the same time, and this brain inflammation can persist for long periods.

How does gp120 get into the brain? Studies of other immune adjuvants using careful tracer techniques have shown that they routinely enter the brain following vaccination. What most people do not know, even the doctors who recommend the vaccines, is that most such studies by pharmaceutical companies observe the patients for only one to two weeks following vaccination – these types of reactions may take months or even years to manifest.

It is obvious that the vaccine manufacturers stand to make billions of dollars in profits from this WHO/government-promoted pandemic. Novartis, the maker of the new pandemic vaccine, recently announced that they would not give free vaccines to impoverished nations – everybody pays.

One must keep in mind that once the vaccine is injected, there is little you can do to protect yourself – at least by conventional medicine. It will mean a lifetime of crippling illness and early death.

Avian Flu Vaccine

Toronto Sun reported not long ago (2009) that Baxter International r*eleased seasonal flu virus material from a plant in Austria containing live H5N1 Avian Flu Virus*. It was sent to sub-contractors in the Czech Republic, Slovenia and Germany.

The contamination incident, which is being investigated by four European countries, came to light when the subcontractor in the Czech Republic inoculated ferrets with the product and they died.

Ferrets shouldn't die from exposure to human H3N2 flu viruses.

Accidental release of a mixture of live avian H5N1 and human H3N2 viruses could have resulted in dire consequences. H5N1 doesn't easily infect people, H3N2 viruses does. If someone exposed to a mixture of the two had been simultaneously infected with both strains, he or she could have served as an incubator for a hybrid virus able to transmit easily to and among people. That mixing process, called reassortment, is one of two ways pandemic viruses are created.

Mike Adams, the Health Ranger, Natural News Editor writes in Vaccines as Biological Weapons? Live Avian Flu Virus Placed in Baxter Vaccine Materials Sent to 18 Countries:

Deerfield, Illinois-based pharmaceutical company Baxter International Inc. has just been caught shipping live avian flu viruses mixed with vaccine material to medical distributors in 18 countries.

The 'mistake' was discovered by the National Microbiology Laboratory in Canada. The World Health Organization was alerted and panic spread throughout the vaccine community as health experts asked the obvious question: How could this have happened?

Or put another way, Baxter is acting a whole lot like a biological terrorism organization these days, sending deadly viral samples around the world. If you mail an envelope full of anthrax to your Senator, you get arrested as a terrorist. So why is Baxter – which mailed samples of a far more deadly viral strain to labs around the world – getting away with saying, essentially, "Oops?"

But there's a bigger question in all this: How could this company have accidentally mixed LIVE avian flu viruses (both H5N1 and H3N2, the human form) in this vaccine material?

Was the viral contamination intentional?

The shocking answer is that this couldn't have been an accident because Baxter International adheres to something called BSLE (Biosafety Level 3) – a set of laboratory safety protocols that prevent the cross-contamination fo materials.

Laboratory personnel have specific training in handling pathogenic and potentially lethal agents and are supervised by competent scientists who are experienced in working with these agents.

This is considered a neutral or warm zone. All procedures involving the manipulation of infectious materials are conducted within biological safety cabinets or other physical containment devices, or by personnel wearing appropriate personal protective clothing and equipment. The laboratory has special engineering and design features.

It is bad enough that governments all over the world have been warning about the likely pandemic flu. Now we find out we cannot trust Big Pharma to handle such bio-hazardous material in a safe manner.

Who knows whether it was intentional? But I sure would like to know what really happened? And I sure would like to see the people responsible fired!

Paul J. Watson adds in "Accidental' Contamination of Vaccine with Live Avian Flu Virus Virtually Impossible: Czech newspapers are questioning if the shocking discovery of vaccines contaminated with the deadly avian flu virus which were distributed to 18 countries by the American company Baxter were part of a conspiracy to provoke a pandemic.

The claim holds weight because, according to the very laboratory protocols that are routine for vaccine makers, mixing a live virus biological weapon with vaccine material by accident is virtually impossible.

"The company that released contaminated flu virus material from a plant in Austria confirmed Friday that the experimental product contained live H5N1 avian flu viruses," reports the Canadian Press.

Baxter flu vaccines contaminated with H5N1 – otherwise known as the human form of avian flu, one of the most deadly biological weapons on earth with a 60% kill rate – were received by labs in the Czech Republic, Germany, and Slovenia.

Initially, Baxter attempted to stonewall questions by invoking "trade secrets" and refused to reveal how the vaccines were contaminated with H5N1. After increased pressure they then claimed that pure H5N1 batches were sent by accident. This was seemingly an attempt to quickly change the story and hide the fact that the accidental contamination of a vaccine with a deadly biological agent like avian flu is virtually impossible and the only way it could have happened was by wilful gross criminal negligence.

According to a compiled translation from Czech newspaper stories, the media over there is asking tough questions about whether the contamination was part of a deliberate attempt to start a pandemic.

"Was this just a criminal negligence or it was an attempt to provoke pandemia using vaccination against flu to spread the disease – as happened with the anti-B hepatitis vaccination with vaccines containing the HIV virus in US? – and then cash for the vaccines against H5N1 which Baxter develops? How could on Earth a virus as H5N1 come to the ordinary flu vaccines? Don't they follow even basic precautions in the American pharma companies?" states the translation.

The fact that Baxter mixed the deadly H5N1 virus with a mix of H3N2 seasonal flu viruses is the smoking gun. The H5N1 virus on its own has killed hundreds of people, but it is less airborne and more restricted in the ease with which it can spread. However, when combined with seasonal flu viruses, which as everyone knows are super-airborne and easily spread, the effect is a potent, super-airbone, super deadly biological weapon.

Spreading bird flu would create an instantaneous surge of demand for bird flu vaccines. The profits that vaccine companies such as Baxter International could reap out of such a panic are astronomical.

In addition, as we have previously reported, those that have a stake in the Tamiflu vaccine include top globalists and BIlderberg members like George Shultz, Lodewijk J.R. de Vink and former Secretary of Defense Donald Rumsfeld.

Authorities in both Europe and the U.S. have openly detailed plans for martial law, quarantine and internment should a bird flu pandemic occur.

The other motivation, as we have exhaustively documented on this website for years, is the fact that elites throughout history have openly stated that they want to see a world population reduction of around 80 per cent. Shocking stories like this take the plausibility of that narrative out of the realms of conspiracy theory and into the dangerous reality of conspiracy fact.

This is not the first time that vaccine companies have been caught distributing vaccines contaminated with deadly viruses. In 2006 it was revealed that Bayer Corporation had discovered that their injection drug, which was used by hemophiliacs, was contaminated with the HIV virus.

Internal documents prove that after they positively knew that the drug was contaminated, they took it off the U.S. market only to dump it on the European, Asian and latin American markets, knowingly

exposing thousands, most of them children, to the live HIV virus. Government officials in France went to prison for allowing the drug to be distributed. The documents show that the FDA colluded with Bayer to cover-up the scandal and allowed the deadly drug to be distributed globally. No Bayer executives ever faced arrest or prosecution in the United States.

Tamiflu.

President Bush sought to instill panic in this country by telling us a minimum of 200,000 people will die from the avian flu pandemic, but it could be as bad as 2 million deaths in this country alone," writes Joseph Mercola. "This hoax is then used to justify the immediate purchase of 80 million doses of Tamiflu, a worthless drug that in no way shape or form treats the avian flu, but only decreas es the amount of days one is sick and can actually contribute to the virus having more lethal mutations."

In response to this hype – or rather, the reason for the hype – the United States placed an order for 20 million doses of this worthless drug at a price of $100 per dose. It cost the taxpayers around $2 billion.

Seasonal Flu Vaccine

Many people have one flu shot and swear they will never have another after feeling even worse that when they get the flu. Common reactions are pain, soreness, swelling where the short was administered, and systemically fever, malaise, aching muscles. If allergic to eggs, there can be hives and anaphylaxis. Flu shots contain several strains of virus, as well as heavy metals such as aluminum, and mercury, and formaldehyde. Reactions only last a few days (about the same as if you had the flu)

In 1996 it was reported the flu shot raises the risk of Guillain-Barre (CTV News), which causes paralysis and death, affects one in a million – not good if you are that one.

2006 Israel Health Minister removed flu vaccines from the market after 3 people die within 3 days of receiving the vaccine.

2008: reported unsuccessful and stopped. Dr. Russell Blaylock, neurosurgeon: It is helpful to recall that the Centers for Disease Control with the collusion of the media, constantly tell us that 36,000 people die from the flu each year, a figure that has been shown to be a lie. In this case, we are talking about 300 plus deaths for the entire world. Aluminum is used in the seasonal flu vaccine that also is toxic to the brain, causing long term damage.

Swine Flu Vaccine aka N1H1 2009:

Doctor in Calgary says he's not getting flu shots as he was informed only 115 people were tested in the preliminary testing. Lots of misinformation: preliminary research suggests seasonal flu shot may increase your probability of getting swine flu.

Media is told that many are dying from swine flu in 2009, when in fact very very few have died, and the ones the are using as stats have died of pneumonia and complications to alreadydiseased respiratory conditions.

Side effects to swine flu vaccine (admitted) are mild fever, aching muscles, nausea, headache, fainting, soreness/redness/swelling at injection site, runny nose or congestion if using nasal spray vaccine.

In Denmark after death in an individual occurred, the vaccine was stopped. Retired Minister of Health suggests it is an act of terrorism to deplete the numbers of people on the planet.

Pregnancy

Dr. Russell Blaylock, retired neurosurgeon is researching and revealing information regarding the vaccines. He predicts long term problems and warns about pregnant women getting vaccines which can cause brain damage to the fetus. He says the mercury used in the vaccine also is the type that damages brain. He reminds mothers that when the baby is getting its vaccines is just the time when the brain is developing rapidly. Highest admission to hospital is from birth to 2 years old which is when children get their MMR shots etc.

Studies reveal that the virus doesn't get through the placenta to infect the baby but it is the immune reaction in the mother and these immune cytokines pass through the placenta causing the baby's brain to develop abnormally (eg. autism). So any immune stimulation of the mother can produce abnormalities of the baby with no vrus whatsoever – you can just stimulate the immune system and get the reaction – which is what a viral reaction does, and it is what the vaccines do.

Certainly the Government wouldn't do anything to Hurt US!

Watch the documentary "Deadly Deception" by Nova on educational channel. You will learn that in Alabama for 40 years between 1932 and 1972 a *deadly experiment took place* where government doctors promised black men free treatment for 'bad blood' or syphillis (Tuskegee study).

In fact what almost 400 black men were getting was actually syphillis. When they began showing symptoms all doctors to told to refuse any treatment for them so they could be studied to see how they reacted. They had no idea of what was being done to them, most died terrible deaths. For years it was denied, finally an apology was issued May 16, 1997.

In the 1960's at the Kingston Prison for women, experiments were conducted on 23 inmates using LSD. The prison's superintendent and federal corrections officials had full knowledge of the experiment. Very few atrocities are revealed when it comes to coverups by professionals.

In the National News, March 31 2005: Institutional detainees subjected to vaccine trials in the 1950s and 60s have been ignored by the Government's compensation commission and now a lobby group has threatened to take the issue to the European Court of Human Rights.

Last night, the Irish Survivors of Institutional Abuse International (ISIAI) confirmed that they've been informed the Ryan Commission – which continued the work of the Laffoy Commission – is unlikely to be able to process complaints from institutional detainees who were subjected to vaccine trials without permission.

The commission – which is already struggling to cope with the volume of claims to be processed – believes that it does not have the technical or research facilities to properly examine the vaccine issue.

However, the ISIAI argued that the vaccine trials for pharmaceutical companies were amongst the most upsetting and exploitative of the abuses suffered by those in state and Church institutions. ISIAI chairman Tom Cronin said: "It is almost as if this issue is too damaging for anyone to deal with".

etc. =>
Page – I: https://teachingyourselftoheal.wordpress.com/tag/the-dark-history-of-vaccines/
Page – II: https://teachingyourselftoheal.wordpress.com/page/2/

BEFORE IT'S NEWS

Secret Society Kills TI Doctor (Videos)

Before It's News, 1 April 2015, 14:48
https://beforeitsnews.com/alternative/2015/04/secret-society-hacks-to-death-targeted-individual-doctor-3131626.html

Targeted Individuals typically experience computer hacking. Emails never arrive, passwords are stolen and emails are sent to appear coming from them. These are prime ways that the secret world government, that President J. F. Kennedy both warned about and vowed to end, uses to ruing the lives of innocent people of integrity, such as the very attractive, compassionate, well-loved doctor who had communicated with Deborah Dupré and was eventually secretly persecuted to death.

"I am pretty sick now and constantly assaulted so not much chance for recovery anymore. I wrote you a long email and then it disappeared so I just sent a short reply the other night," the doctor had written to her friend, asking him to contact Dupré for help.

"I am in an unfamiliar email on an unfamiliar computer…" she'd expalined.

By first isolating the target from friends', family members' and online support, the secret society can apply more lethal tactics with impunity.

Beware of Covert Attacks

A web of inter-connected cults under the umbrella commonly called "intelligence service," is working in communities around the globe, day and night, to covertly ruin lives of thousands if not millions of innocent, law-abiding people, each of whom knows first hand secret "service" terror. Think you're immune? One major commonality among all people being covertly persecuted, communicating with Deborah Dupré about hell on Earth they endure as Targeted Individuals, is their integrity, obviously a thorn in the side of today's ruling cabal.

A tragic example of TIs' persecution is described in the following email by the friend of the covertly persecuted doctor. The friend is remaining anonymous, according to family wishes. The TI had explained thatt her emails being hacked were among other biological and technological assaults she experienced, as well as what she called "gangstalking." Her friend wrote to me:

"I have a close friend who claims to have been, and still is a victim of "gang stalking". The reason that I am writing to you is because of your article "Collateral Damage USA" My friend claims to be a victim of covert surveillance and DEWs, which has been going on for several years. Her life has turned completely upside down. The stalking has been systematically orchestrated in an attempt to rob her of family, friends, reputation, home and economic stability and even her physical health.

She has gone to the local police and the FBI, but both claim they are unable to help due to lack of evidence and I believe she is not being taken seriously. Since she has been unable to receive any help in this situation, it was my idea to bring this out in the open, to bring awareness to the subject and hopefully help her and perhaps others in a similar plight. And in all honesty, she simply doesn't know what else to do or where to go to get help and / or put her life back on track.

President Kennedy, one of the highest profile Targeted Individuals (TIs) in modern history, knew and spoke about the "intelligence service," a "secret society" serving the New World Order elite. In describing its secretive satanic activities, Kennedy stated that the very word "secrecy" is "repugnant in a free and open society." He said much more in attempt to educate the public about the secret society working in direct opposition to human rights, to kill one way or another most humans and to control survivors.

"We decided long ago, that the dangers of excessive and unwarranted concealment of pertinent facts far outweigh the dangers which are cited to justify it,"

Kennedy referred to the secret cabal as a "monolithic and ruthless conspiracy" that "relies on primarily covert means," and is "opposing" America's high ideals, such as freedom, integrity and compassion – ideals most Targeted Individuals exhibit, according to their communications with Dupré and her research.

Leading EU Targeted Individual Magnus Olson recently reported to Deborah Dupré in a telephone conversation that he refers to TIs as "online targets," due to the high impact of the intelligence service's technologically generated assaults on innocent targets.

No doubt, "surveillance technology" is in hands of secret society terrorists. There also is no doubt that they are targeting innocent people, as Leonid Bershidsky told *Bloomberg* in 2013, and as Australian surveillance issues expert Paul Baird, had reported years before that.

To frame the target for criminal activity or at least, make the target appear to be an undesirable or mentally unstable, the intelligence service is hacking emails of not only "activists" and whistle-blowers, as the popular Washington's Blog reports. It's been doing the same in a myriad of ways to innocent targeted individuals for years.

Now add to that list the endless possibilities since car computers can be hacked. It is believed that's how Michael Hastings met is early death.

Is Big Brother targeting you through your emails?

"You send an email to a reporter saying that you've got proof of criminal wrongdoing by a government official … or a big bank. You never receive a response," reports Washington's Blog. "Or you send an email to an expert on monetary policy asking if the Federal Reserve's policies help the rich at the expense of the little guy … or an expert on radiation asking if the Fukushima accident might endanger public health. You never receive a response."

Washington Blog says there might be another reason for no response: Your email ended up in their spam folder; They're busy; They're not interested enough to reply, They think you're a bore or a crank.There could be, however, "another explanation," one known all too well by targeted individuals.

China has blocked Gmail for its citizens. Yahoo has blocked emails relating to Occupy protests. Bahrain has been using British software allowing government to frame political activists by *creating* messages from that person that they never typed. 35 other countries use the same software. Not only activists, but innocent targeted individuals from around the globe are reporting these problems.

Tunisia monitored and blocked the emails of activists, so they were never delivered. For example:

There is also technical surveillance whereby downloading or adding attachment to an email must go through a central server. Under the pretext of protecting public order and national security, a 1998 post and telecommunications law enables the authorities to intercept and check the content of email messages and in fact electronic surveillance such as filtering of email messages of government opponents have been reported. Global Voices Advocacy Director and Tunisia Activist Sami Ben Gharbia conducted a test from the Netherlands with two Tunisia-based activists and confirmed by logging to their email accounts from the Netherland that what he sees is not what they receive when they login from Tunisia, and that they cannot access some of the messages they receive.

The Tunisian government used software from Western companies to block emails of political dissidents.

"A prominent American political writer said that – if Tunisia is doing it – you can bet that Western countries are, as well," Washington's Blog reports. Long after innocent targeted individuals were reporting these issues and receiving no aid from human or civil rights organizations, Snowden revealed that the British spy agency GCHQ has developed numerous offensive digital tools, including:

Ability to deny functionality to send/receive email or view material online.
***
Ability to spoof any email address and send email under that identity.
***
Mass delivery of email messaging to support an Information Operations campaign.

"The potential for stifling dissent is staggering," Washington's Blog reports. The number of activists impacted pales in comparison to the number of Targeted Individuals. Activists only comprise one of many cohorts identified as typical targets.

The potential for ruining the lives of any ordinary guy or gal and their families through email hacking is staggering. At the very least, it keeps targets isolated from friends and family members who might offer support. It is also a time waster for the target, who continually has to contact servers to complain and to create new passwords.

Imagine being behind your desk at work, finally completing the master document you'd been working on for six months and you click "send" to email it to your boss, only to find the email was never sent. You not only missed the deadline, but your work was altered so it is filled with errors – unbeknown to you until the boss fires you for such sloppy work.

Exposing hacking provides another glimpse into the human rights to privacy being abused to help ruin the lives of tens of thousands of innocent targeted individuals. It is only, however, one of many ways Targeted Individuals are being persecuted to death, while the public misunderstands or chooses to look the other way.

https://web.archive.org/web/20150421222624/https://www.youtube.com/embed/IxNw8OhmVZE

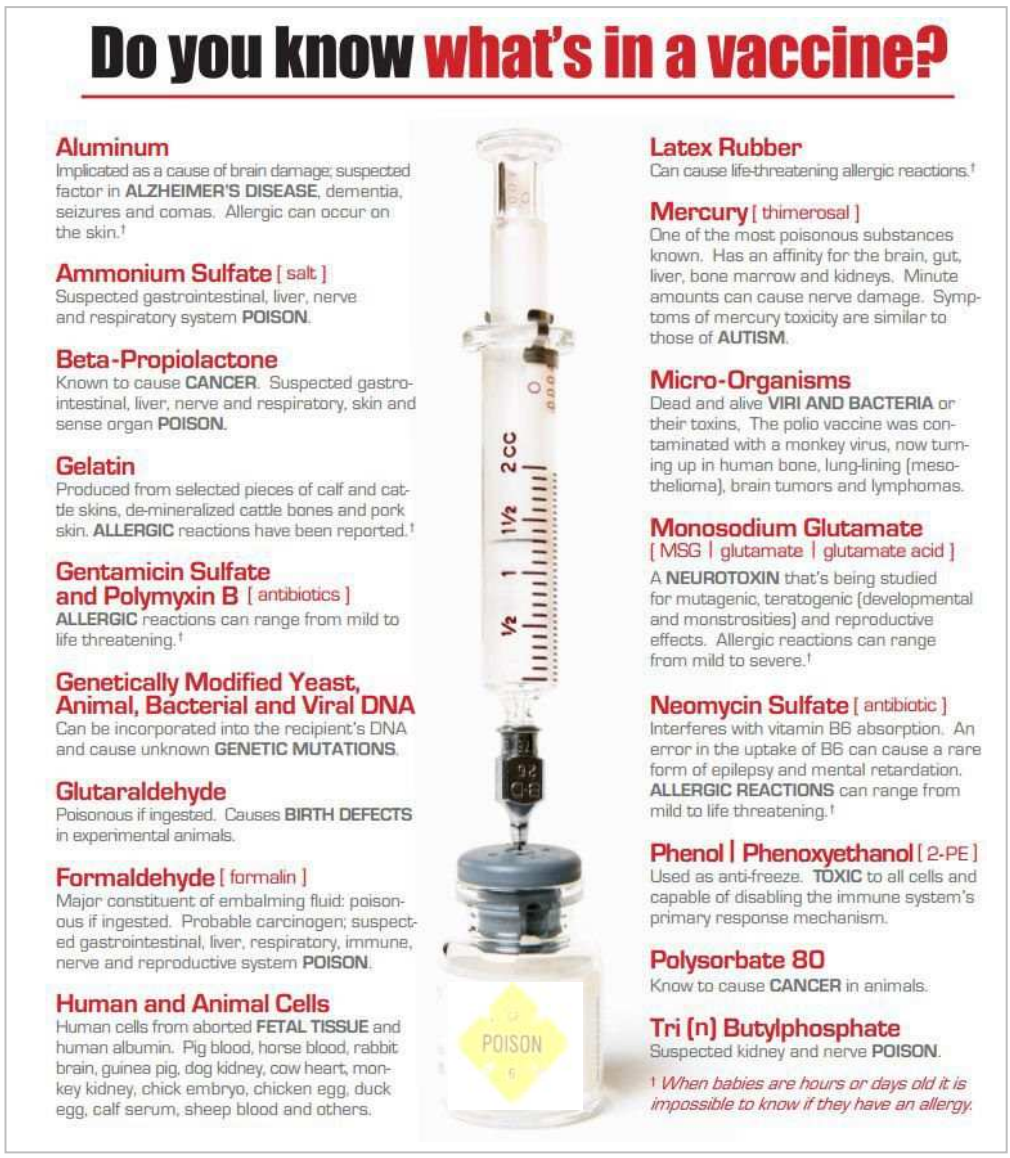
The TI doctor, who'd written to Dupré for help, whose friend had also written to this author, asking for the same and to expose the hellish assaults on his lovely friend, died in October. She was not considered to be an activist. She was a highly intelligent and beautiful soul, with a lovely spirit, adored by all who met her, according to published accounts and her communications. Her name was Dr. Deborah Gilmaker. RIP.

Joe Dubs

Health & Healing Vaccines: Did They Really Save Us From Dis-ease?

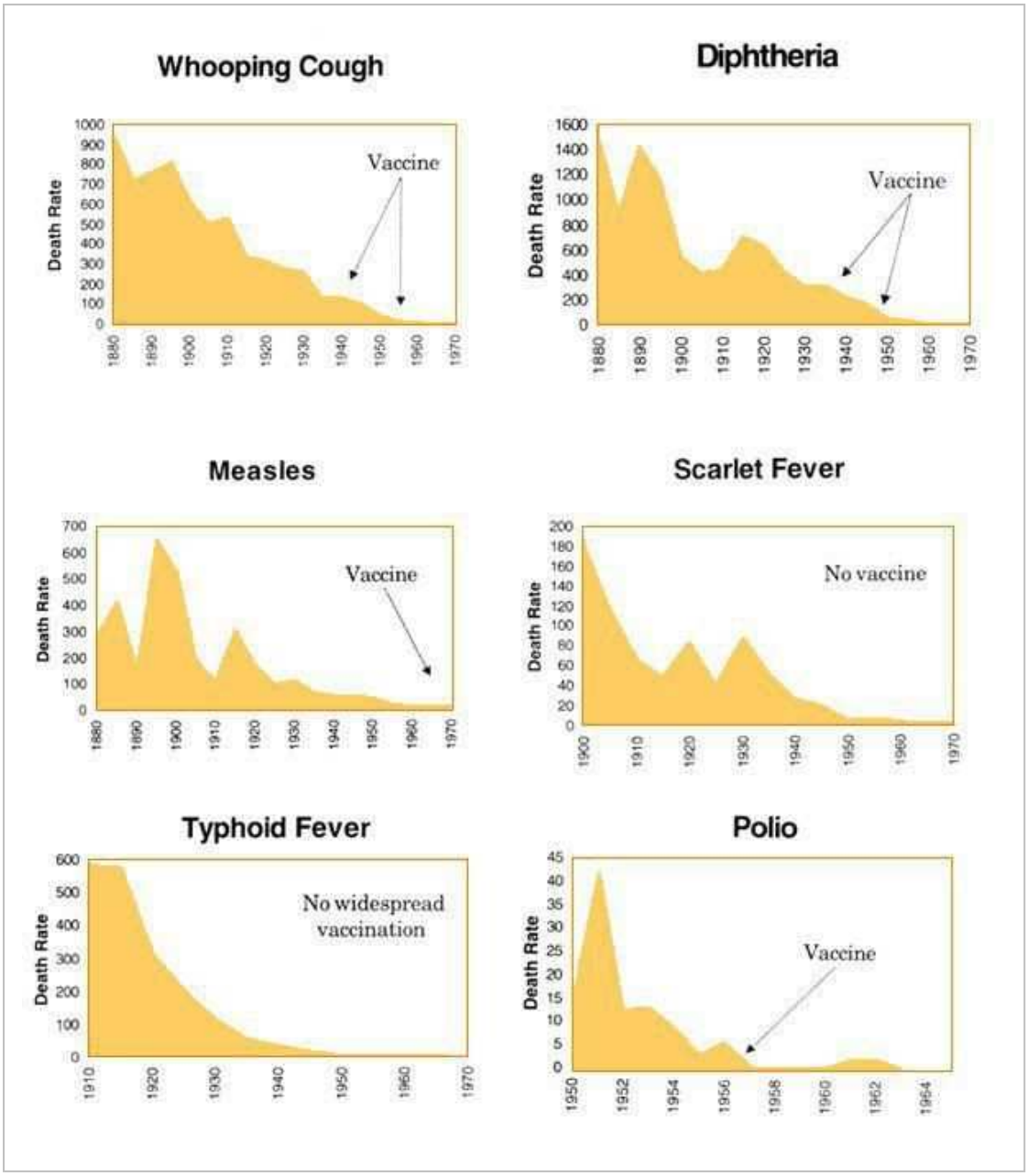
Health & Healing, 15 June 2015
https://joedubs.com/vaccines-they-didnt-really-save-us-from-disease/

Most people believe that vaccines saved us from deadly diseases. We actually don't have any scientific evidence to prove this, but nevertheless we still believe this is the case. It *would be unethical to conduct a double-blind, placebo controlled study to prove the efficacy of vaccines* since we already ostensibly know they work and wouldn't want to put innocent children (the control group) at risk of disease.


Do you know what's in a vaccine?
Aluminum
Implicated as a cause of brain damage; suspected factor in ALZHEIMER'S DISEASE, dementia, seizures and comas. Allergic can occur on the skin.†
Ammonium Sulfate [salt]
Suspected gastrointestinal, liver, nerve and respiratory system POISON.
Beta-Propiolactone
Known to cause CANCER. Suspected gastrointestinal, liver, nerve and respiratory, skin and sense organ POISON.
Gelatin
Produced from selected pieces of calf and cattle skins, de-mineralized cattle bones and pork skin. ALLERGIC reactions have been reported.†
Gentamicin Sulfate and Polymyxin B [antibiotics]
ALLERGIC reactions can range from mild to life threatening.†
Genetically Modified Yeast, Animal, Bacterial and Viral DNA
Can be incorporated into the recipient's DNA and cause unknown GENETIC MUTATIONS.
Glutaraldehyde
Poisonous if ingested. Causes BIRTH DEFECTS in experimental animals.
Formaldehyde [formalin]
Major constituent of embalming fluid; poisonous if ingested. Probable carcinogen; suspected gastrointestinal, liver, respiratory, immune, nerve and reproductive system POISON.
Human and Animal Cells
Human cells from aborted FETAL TISSUE and human albumin. Pig blood, horse blood, rabbit brain, guinea pig, dog kidney, cow heart, monkey kidney, chick embryo, chicken egg, duck egg, calf serum, sheep blood and others.
POISON
Latex Rubber
Can cause life-threatening allergic reactions.†
Mercury [thimerosal]
One of the most poisonous substances known. Has an affinity for the brain, gut, liver, bone marrow and kidneys. Minute amounts can cause nerve damage. Symptoms of mercury toxicity are similar to those of AUTISM.
Micro-Organisms
Dead and alive VIRI AND BACTERIA or their toxins. The polio vaccine was contaminated with a monkey virus, now turning up in human bone, lung-lining (mesothelioma), brain tumors and lymphomas.
Monosodium Glutamate
[MSG | glutamate | glutamate acid]
A NEUROTOXIN that's being studied for mutagenic, teratogenic (developmental and monstrosities) and reproductive effects. Allergic reactions can range from mild to severe.†
Neomycin Sulfate [antibiotic]
Interferes with vitamin B6 absorption. An error in the uptake of B6 can cause a rare form of epilepsy and mental retardation. ALLERGIC REACTIONS can range from mild to life threatening.†
Phenol | Phenoxyethanol [2-PE]
Used as anti-freeze. TOXIC to all cells and capable of disabling the immune system's primary response mechanism.
Polysorbate 80
Know to cause CANCER in animals.
Tri (n) Butylphosphate
Suspected kidney and nerve POISON.
† When babies are hours or days old it is impossible to know if they have an allergy.

The foundation of medical science is built upon assumptions. We assume that the polio vaccine eradicated the disease, but it was in steady decline well before it was developed.

There is *no scientific evidence* to show that vaccines are safe and effective, but we do know that after the introduction of vaccines, the death rates attributed to these diseases plummeted. But there is an inherent problem with this logic.



Measles was 99% gone before the vaccine came out, but the pharmaceutical companies were still deemed the saviours, due largely to a powerful propaganda campaign.

Since *correlation does not imply or promise causation*, the disappearance of these diseases could be attributed to better hygiene, improved sanitation, as well as a number of other technological advances, all of which came to the scene at the same time as vaccines.

=> https://en.wikipedia.org/wiki/Correlation_does_not_imply_causation

All of a sudden we had flushing toilets and clean running water. We became aware of the importance of nutrition and food sanitation. We covered cesspools and cleaned up the stables and the streets. Better technology, hygiene, and sanitation allowed us to live more salubrious lives, free of dis-ease.

These changes were made well before vaccines were introduced and as a result death rates for these diseases dropped significantly. It just so happens that after these vaccines were introduced, they continued to drop.

Around the same time that vaccines were hailed as the magical bullet for health, we also decided to stop feeding our children 'swill milk', or milk that came from cows that were fed 'swill', which a waste product of alcohol distilleries. They used to park CAFO dairy farms next to distilleries. These disillusioned dairy farmers would feed their cows this toxic sludge that's left over from making booze in an attempt to save some cash on cattle feed. We have moved away from this idiotic practice, but have still not learned our lesson, as today's cows are on antibiotics and growth hormones.

There was never a vaccine for Tuberculosis or Scarlet Fever, yet these diseases disappeared. Measles was 99% gone before the vaccine came out. Polio was well on its way out too. It was not vaccines, but drastically improved hygiene, clean water, better nutrition, sanitation and living conditions that got rid of the "vaccine preventable diseases".

The proponents of vaccination and the germ theory never show us the data before the vaccines were introduced. It might seem like the vaccines worked if we only are shown the data from after the time they were introduced. What caused the steep decline in deaths attributed to Pertussis before the vaccine came out? Maybe we should be more concerned with this data.

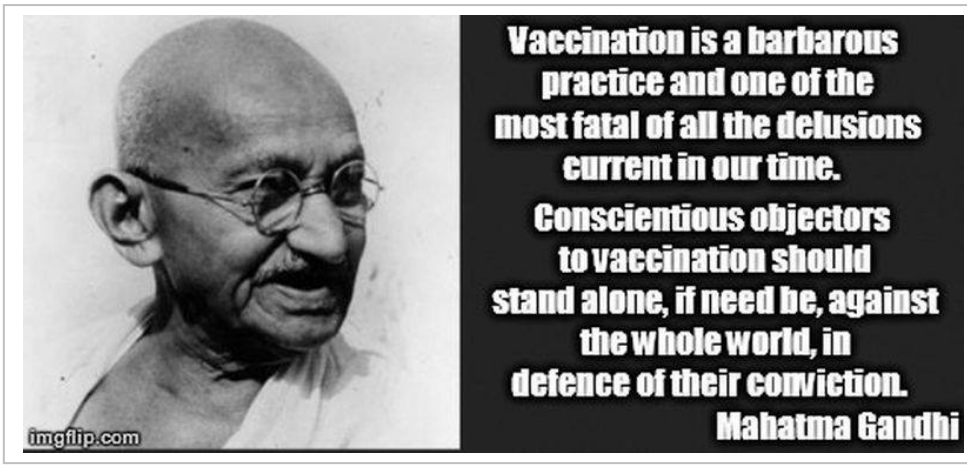
Defenders of vaccination often use logical fallacies or flaws in reasoning. A good example is the 'appeal to emotion' fallacy. "Have you ever seen a kid with iron lungs? Why didn't you vaccinate Timmy?", they'd incorrectly argue. Defenders of vaccines will often use this type of logic to try to win their argument. They are sometimes successful, but only with conversations and debates with people ignorant of these logical fallacies. Another popular one is the appeal to authority fallacy. Though the course of history we are constantly reaffirmed that the experts don't know best.

The Latin phrase "post hoc ergo propter hoc" means, literally, "after this therefore because of this." The post hoc fallacy is committed when it is assumed that because one thing occurred after another, it must have occurred as a result of it. People who argue that the polio vaccine saved us from polio don't understand that their opinion is based on this fallacy in reasoning.

Take the recent cholesterol myth as a prime example. The American Heart Association has long recommended low fat meals, and replacing saturated fats with trans fats and toxic vegetable oils. They changed their minds in 2014, now recognizing their faults, and the tens of thousands of deaths attributed to their bad advice. Listening to the ostensible experts can literally kill you.

...

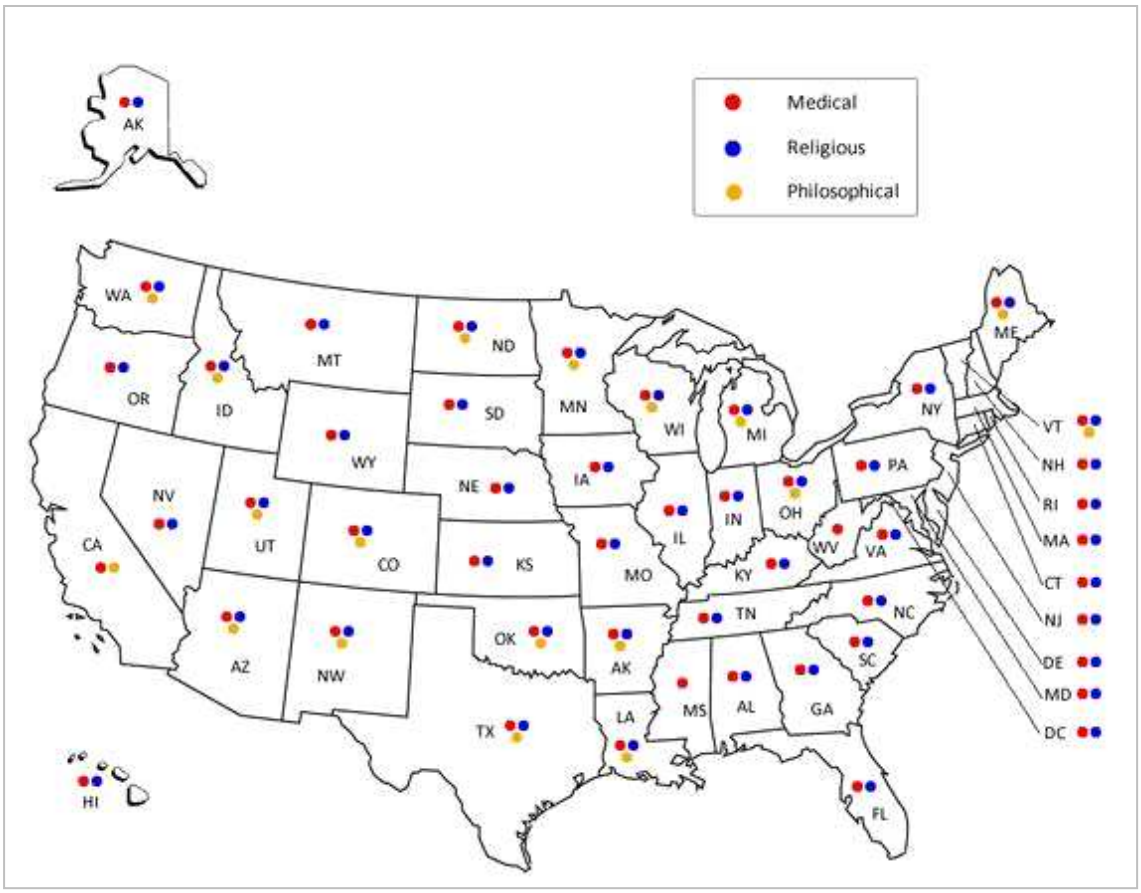
The authorities have been wrong before. For this reason we can never rely on them. We must investigate these issues in depth on our own. etc. ...


Vaccination is a barbarous practice and one of the most fatal of all the delusions current in our time.
Conscientious objectors to vaccination should stand alone, if need be, against the whole world, in defence of their conviction.
Mahatma Gandhi
imgflip.com

> Vaccination is a barbarous practice, and it is one of the most fatal of all the delusions current in our time, not to be found even among the so-called savage races of the world. Its supporters are not content with its adoption by those who have no objection to it, but seek to impose it with the aid of penal laws and rigorous punishments on all people alike. The practice of vaccination

Mahatma Gandhi, A Guide to Health.
Translated from Hindi by A. Rama Iyer. – Madras: S. Ganesan, Publisher, 1921, p. 106
https://archive.org/details/guidetohealth00gandrich

Vaccines are NOT mandatory.
Every state in the US offers at least one form of exemption.



sdpnoticias

Alicia Bonilla

They confirm the murder of a lawyer and 3 missing doctors in Guerrero

SDPpnoticias 24 June 2015, 14:11 GMT-5
https://www-sdpnoticias-com.translate.goog/local/guerrero/asesinato-confirman-abogado-3.html?_x_tr_sl=auto&_x_tr_tl=en&_x_tr_hl=en

The three doctors and the lawyer were recent graduates of the Autonomous University of Guerrero, and worked in Acapulco.

Mexico.- After three doctors and a lawyer who worked at a community hospital were reported missing on June 19, they were found this Wednesday, a relative confirmed that one of the four bodies found in Santa Bárbara corresponds to one of these three people.

The three doctors and the missing lawyer were graduates of the Autonomous University of Guerrero (UAG) , the state attorney general, Miguel Ángel Godínez Muñoz confirmed that they were murdered at kilometer 42 that leads to the community of Santa Bárbara .

The doctors are Marvin Hernández **Ortega**, José Oswaldo **Ortega Saucedo** and Raymundo **Tepeque**, and the lawyer Julio César Mejía **Salgado**, according to Marvín's uncle, Romualdo Hernández Albines , all worked in Acapulco.

Until now, there is information that they were murdered between the communities of Chilpancingo, Santa Bárbara and Santa Mónica; their relatives hoped to find them alive.

The bodies were taken to Chilpancingo for an autopsy, and then they will be handed over to their relatives to be buried.

NDTV WORLD

4 Bodies Found in Car in Southern Mexico

NDTV World, 25 June 2015, 6:56 am IST
https://www.ndtv.com/world-news/4-bodies-found-in-car-in-southern-mexico-775022

Acapulco, Mexico: Authorities found four bodies inside a pick-up truck in Mexico's troubled southern state of Guerrero on Wednesday and relatives fear they might be three missing doctors and a lawyer.

The vehicle was abandoned in Santa Barbara, a community between the Pacific beach resort of Acapulco and the state capital Chilpancingo, officials said.

Families of the missing doctors and lawyer said the state prosecutor's office told them that their relatives were the victims.

Officials contacted by AFP would not confirm the identities.

"We had hoped to find them alive. We are all very sad," Romualdo Hernandez, uncle of one of the missing, told a news conference.

An official in the prosecutor's office said the four young men were kidnapped by an armed group on the federal highway linking Mexico City to Acapulco as they headed to Chilpancingo.

Guerrero is one of Mexico's poorest and most violent states. On Monday, 10 bodies were found in clandestine graves on the outskirts of Acapulco.

Dr. Teresa Sievers
Established Patients: 239.948.7291 Fax: 239.948.0179

Meet the Doctor

Dr. Teresa Sievers, 2015
https://web.archive.org/web/20150813072632/https://www.drteresasievers.com/about_us.php#.VcxGq3nP32d

In 1996 Dr. Sievers graduated with honors from Ross University School of Medicine. After completing her residency at the University of Florida in Jacksonville, where she was awarded resident of the year, she became board certified in Internal Medicine. While she initially practiced conventional medicine, Dr. Sievers believed there was more to medicine than prescribing pills. Despite everything conventional medicine had to offer, patients were not getting better.

At the same time, she noticed the correlation between her healthy lifestyle and good health. She realized she needed to take this same approach with patients. And while that was not part of her conventional training, she knew it worked. She immediately began exploring other healing modalities, and ultimately went back to school.

In 2008, Dr. Sievers completed a board certification and fellowship at the American Academy of Anti-Aging, Regenerative & Functional Medicine.* Four years later, she obtained a Medical Master of Science Degree in Metabolic & Nutritional Medicine through the University of South Florida. To date it is the only program of its kind offered through a medical school and it's what sets her apart in her field. This healing perspective uses an integrated approach to metabolic and nutritional medicine, providing solutions to current biomedical problems, including biomedical aging.

Armed with formal training and education in integrative and functional medicine, Dr. Sievers was now able to help many patients, offering treatments largely unavailable with conventional medicine. With a strong foundation in nutrition, toxin removal and hormone balancing, Dr. Sievers could now diagnosis and treat disease that in the past eluded her, including fibromyalgia, autoimmune diseases, depression, and weight loss.

Yet even though she was helping patients age gracefully, preventing much feared age-related illness, such as diabetes, cancer, heart disease, dementia and osteoporosis, she still had conventional-minded patients who were looking for the 'holy grail' in the perfect pill. At the same time, Dr. Sievers was also baffled with some patients who still were not getting well. She knew there was still something missing, and she was determined to find out what it was. After receiving private certification from the American Board of Integrative and Holistic Medicine, her eyes were once again opened.

Intrigued by Eastern medicine, Dr. Sievers began exploring this ancient discipline and found the last piece of the puzzle: the mind, body and spirit connection and energetic healing. She jumped at the chance to study with one of the fathers of holistic medicine, Dr. Norman Shealy, MD, PhD and became certified in transcutaneous acupuncture.

Focusing on the role quantum energy healing plays in connecting the mind, body and spirit, Dr. Sievers was able to take her practice to the next level. This ancient healing is offered at her practice by Lenka Spiska, LMT, Intuologist, Medical Intuitive and Quantum Energy Healer. Lenka sees clients in Sievers' office and helps release energetic blockages to bring about the emotional and spiritual healing that is required to heal on the physical level.

Dr. Sievers holds regular speaking engagements, seminars and workshops alone and with Spiska. She has been a contributing author to several SWFL publications including *eBella, Fit Nation* and *SWFL Health and Wellness* magazines. She has been a guest on local radio shows, featured on local news and appeared on TV shows including *Dialogue with a Doc* and Doug Kaufmann's *Know the Cause*. She is currently in the process of writing a book detailing how, as a conventionally trained MD, she made the quantum leap to energy healing.

News-Press.

Michael Braun, Ben Brasch

Friends, family mourn Estero doctor Teresa Sievers

The News-Press, 29 June 2015
https://www.news-press.com/story/news/local/bonita-springs/2015/06/29/the-sheriffs-office-investigating-death-in-bonita-springs/29474437/

The killing of a popular Estero doctor has left family and friends puzzled and saddened.

The body of Dr. Teresa Ann Sievers, 46, was found Monday morning at her Jarvis Road home after she didn't arrive at work.

"We don't know anything but that she was murdered," said Sievers' sister, Annie Lisa, 52. She said Sievers, her husband and children had come to Connecticut for a gathering and her sister flew home alone Sunday. "She called her husband and told him she got there safely," Lisa said. "We don't know what happened."

Lisa said she and other family members were making preparations to come to Florida.

The Lee County Sheriff's Office declined to discuss the case, saying it was an ongoing homicide investigation, but assured neighbors that there was no threat in the area, but they reminded residents to lock their doors.

Tiffany Wood, a sheriff's office spokeswoman, said the neighborhood, south of East Terry Street, rarely has any problems.

The neighborhood remained taped off Tuesday with crime lab vans and other sheriff's units parked in front of the home at 27034 Jarvis Road.

"Certainly, people wonder about their safety because that's not a bad neighborhood," said Sharon Hood, founder and publisher of the Naples-based eBella Magazine.

Sievers appeared on the May cover of eBella Magazine and spoke at conferences the magazine held.

"She always wanted to empower women," Hood said.

Sievers was well-known in Southwest Florida for writing about women's health issues and concerns. She wrote for several publications, including The News-Press, and appeared on local television.

"When you were in her presence, there were a zillion ideas that could come out," Hood said. "She never lacked in ideas, she always had new project."

Sievers had a profound commitment to the blending of traditional and holistic medicines, Hood said.

"To her there was room for both," she said. "She felt they could compliment one another."

Hood said her staff was saddened by the death of their friend since they heard Monday night.

"Somebody who's been cut down in their prime, it brings everybody back to their mortality," she said. "... She was small in stature but large in spirit ... a real spitfire."

What Hood remembers most is that Sievers was always seemingly in motion.

"She didn't let a lot of grass grow under her feet," Hood said.

Sievers leaves behind her husband Mark and their two daughters, ages 8 and 10, which is especially tragic, she said. "It's hard to know somebody who had so much life and know you're never going to see them again," Hood said.

Sievers was particularly interested in helping people avoid age-related disorders.

She described the type of medicine she practiced on her LinkedIn page: "Often when patients come to see me they have seen several conventional medical doctors and are not getting the answers they want or more importantly they are not getting better. My goal is to prevent age-related illnesses such as diabetes, heart disease, dementia, cancer, osteoarthritis, osteoporosis as well as look for root causes of problems."

Sievers operated the Restorative Health & Healing Center in the Estero Medical Center off Three Oaks Parkway and Coconut Road. A sign was placed on her office's door informing patients of her death Tuesday, but employees at the Arco Road practice in Estero declined comment.

Lisa said her sister was board certified in internal medicine, held a medical master of science degree in metabolic and nutritional medicine, and obtained numerous private certifications in anti-aging, functional, integrative and holistic medicine, and transcutaneous acupuncture.

"After nearly 20 years of clinical experience and years of additional training, she is one of the first medical doctors in Southwest Florida to openly embrace and offer energetic healing, allowing her to offer her patients a complete healing toolkit at "Restorative Health and Healing," Lisa said in an information email about her sister's writings sent to The News-Press before the killing.

In 1996, Sievers graduated with honors from Ross University School of Medicine. She became board certified in internal medicine after completing her residency at a University of Florida in Jacksonville, where she was awarded resident of the year.

A spokeswoman for Naples Community Hospital, Debbie Curry, said Sievers had community affiliation privileges with the hospital. Sievers also held clinical faculty status at the University of South Florida College of Medicine in Tampa.

Sievers has done endocrinology work for those who identify as transgender individuals.

Sievers volunteered with Our Mother's Home, a transitional home for teen mothers and their babies near San Carlos Park.

"She wanted to make a difference for young girls who needed that," Hood said.

"Dr. Sievers had so much more life to live and many more contributions I know she would want to give," Hood said. "She will be greatly missed and we can only hope to help fill in some of the gap by staying involved in Our Mother's Home in her honor."

Karen Watson, director of Our Mother's Home, said she knew Sievers as a caring person who had been active with the house since 2007, resigning in March from the board to focus on her practice.

"She was a loving, kind person," Watson said.

About Dr. Teresa Sievers

• Dr. Teresa Sievers was born in Ansonia, Connecticut, and moved in 1996 during her internal medicine residency at UF Health Jacksonville. She moved to Bonita Springs in 2005 and completed further post doctoral training in anti-aging and functional medicine.

• She was the founder of Restorative Health and Healing Center, an integrative practice, in Estero. She volunteered with Our Mother's home and headed a weekly parenting and mentoring class at Our Mother's Home.

• She was married with two children. She was a vegetarian and self-proclaimed chef.

• Sievers was a 2012 top five finalist in the Apex Awards presented by the Fort Myers Chamber of Commerce Women in Business.

WeAre GreenBay.com

Door County search for missing Fox Valley doctor

We are Green Bay, 1 July 2015
https://web.archive.org/web/20150709021338/https://www.wearegreenbay.com/1fulltext-news/d/story/the-door-county-sheriffs-department-needs-the-pub/22208/JUE7QWRMRUyuyon95geVLQ

Ephraim, WI (WFRV) – The Door County Sheriff's Department is looking for a missing person who was last seen in the Ephraim area of northern Door County on 06-29-15:

Dr. Jeffrey R. Whiteside M/W DOB: 05-07-52 Age: 63
Height 5'09" Weight 185 lbs Hair: Brown Eyes: Brown
He was last seen wearing a maroon colored polo shirt and gray shorts. He wears eye glasses.

Dr. Whiteside is a physician in the Fox Valley area and lives in Grand Chute, Wisconsin. He has a boat slip and vacation cabin in Ephraim. Dr. Whiteside was with family on 06-29-15 at the boat slip in Ephraim when he walked away. He is believed to be on foot and still in the northern Door Co. area to the best of our knowledge. His family and office have not heard from him and are very concerned about his well-being.

The Door Co. Sheriff's Department was notified that Dr. Whiteside was missing on 07-01-15 at 0906 hrs. The Door Co. Sheriff's Dept. along with Ephraim Fire Department volunteers and others continue to look for Dr. Whiteside and search efforts are concentrated in the Ephraim area.

The Door Co. Sheriff's Department asks for the public's assistance in finding Dr. Whiteside. If anyone has seen Dr. Whiteside, please call the Door Co. Sheriff's Department at 920-746-2416.

count on 2 first
ON-LINE | ON-AIR | ON-THE-GO

Jaclyn Bevis

Neighbors say hammer used in Bonita doctor's murder

NBC-2, 4 July 2015, 10:36 AM CUT
https://web.archive.org/web/20150706125823/http://www.nbc-2.com/story/29472864/neighbors-say-hammer-used-in-bonita-doctors-murder#.VZp7eXnP32c

Onita Springs, FL - The family of a Bonita Springs doctor murdered inside her home says they hope to carry on her legacy. Dr. Teresa Sievers, a wife and mother of two young girls, was found dead on Monday.

Investigators won't say how she was killed or if they have any suspects, but neighbors say a hammer was used in the crime.

Detectives were back at Sievers's home for the fifth straight day Friday collecting evidence. Neighbors tell us they heard from law enforcement that this was a gruesome murder scene, some even say it involved a hammer.

Neighbors also reported to detectives that a tan-colored pickup truck was parked at the home the morning Dr. Sievers was found dead.

Meanwhile, her family prepares for the first holiday without her, and her funeral early next week.

"I didn't think it was possible. My sister had a spirit I thought would go on forever and ever," said Annie Tottenhan-Lisa, Sievers' sister.

The crime was one Annie Tottenhan-Lisa never anticipated – hearing that law enforcement is searching for her sister's killer.

"I tried to find reasons. I'm angry, of course. But I'm trying to think of the big picture. I don't want her death to be in vain," said Tottenhan-Lisa.

Dr. Sievers was a mother of two young girls and married to Mark Sievers.

"He adored Teresa. He worshiped the ground she walked on. He did anything and everything so that Teresa could tirelessly work," said Tottenhan-Lisa.

Sievers' work as a holistic doctor focused not just on healing the body, but the mind and spirit as well, according to her close friend and colleague.

"After every session with them, which was never less than an hour, she would up with a prayer with them," said Lanka Spiska, who worked alongside Dr. Sievers for four years.

A van was taken out of the family's garage on Friday and towed away. Fingerprint ink covered the side fence outside the home.

As investigators continue to search for Sievers' killer, her family is focusing on the legacy she leaves behind.

"Life goes on. That's what she would want us to do. Carry her passion and her work," said Spiska. "She would be very angry with me if she knew I was just sitting down and crying and giving up."

Neighbors say the street would usually be covered with kids playing and riding bikes on a holiday weekend. But with a killer on the loose, that is not the case.

Medscape

Alicia Ault

Questions Surround Death of Controversial Autism Physician

Med Scape, 10 July 2015
https://www.medscape.com/viewarticle/847772?form=fpf

There is still little that is definitive about the death of Jeffrey James Bradstreet, MD, a physician who employed unorthodox techniques in treating the children who came to his autism-focused practice in Georgia.

Dr Bradstreet's body was found June 19 in the Rocky Broad River in Chimney Rock, North Carolina, with "a gunshot wound to the chest, which appears to be self-inflicted," according to the Rutherford County Sheriff's Office.

The sheriff's office said that his body would be sent for an autopsy, which was to be conducted on June 23. Results have not yet been made public.

Meanwhile, the US Food and Drug Administration (FDA) and the Georgia Drugs and Narcotics Agency reportedly searched Dr Bradstreet's clinic in Buford, Georgia, in the days before his death. The Georgia agency investigates the diversion of controlled substances and inspects any facility that is licensed to handle, possess, distribute, or dispense pharmaceuticals.

According to a search warrant issued on June 16 by the US District Court for Northern Georgia, the two agencies went to Dr Bradstreet's office to shut down the illegal use of globulin component macrophage-activating factor (GcMAF). That unapproved agent has been studied as a potential immune booster and anticancer drug.

Mother Nature And You ~ Cancer cure alternatives

Now 8 Disappeared, Dead Doctors: Wrong corpses, frightening Links

Mother Nature and You, 11 July 2015
https://mothernatureandyou.org/2015/07/11/now-8-disappeared-dead-doctors-wrong-corpses-frightening-links/

Adding to mysterious deaths and disappearances of three American holistic anti-vaccine doctors in one state over the past two weeks plus three Mexican doctors and their two employees recently disappeared, supposedly found dead in the back of a pickup on June 19, are two more doctors missing, possibly disappeared in the US. Earlier this year, another holistic doctor met an untimely death after months of pleading for help as a self-identified Targeted Individual, as reported by Deborah Dupré. It has emerged that most of these had at least one common link.
=> https://beforeitsnews.com/alternative/2015/04/secret-society-hacks-to-death-targeted-individual-doctor-3131626.html

Dr. Patrick Fitzpatrick, a retired opthalmologist who had practiced in North Dakota, went missing in neighboring Montana around July 3rd. Fitzpatrick, 74, is an MD specializing in Ophthalmology. NBC reports that the vehicle and trailer of Bismark resident Dr. Fitzpatrick were found abandoned next to a pea field Saturday, south of Willow Creek, near Three Forks, sheriff's officials reported.

"Officials believe Fitzpatrick could have abandoned his vehicle as early as Friday. He is described as 6' tall and over of 220 lbs. He has white hair and a goatee, and speaks with an Irish accent." Anyone with information about Dr. Fitzpatrick is asked to call the Sheriff's Office: 406-582-2100." https://web.archive.org/web/20150706125823/http://www.nbc-2.com/story/29472864/neighbors-say-hammer-used-in-bonita-doctors-murder#.VZp7eXnP32c

Also mysteriously missing as of June 29 is physician and preventive health advocate **Dr. Jeffery Whiteside**, in Fox Valley area, residing in Grand Chute, Wisconsin. Door County Sheriff's Department is reportedly looking for Dr. Whiteside, last seen in the Ephraim area of northern Door County at a family vacation home and boat slip in Ephraim. He was last seen walking away from his boat slip at the family gathering.

WFRV reports on Dr. Whiteside, saying he is M/W DOB: 05-07-52 Age: 63, Height 5'09" Weight 185 lbs Hair: Brown Eyes: Brown, He was last seen wearing a maroon colored polo shirt and gray shorts. He wears eye glasses.

https://web.archive.org/web/20150709021338/https://www.wearegreenbay.com/1fulltext-news/d/story/the-door-county-sheriffs-department-needs-the-pub/22208/JUE7QWRMRUyuyon95geVLQ

Dr. Whiteside's boat slip and vacation cabin is in Ephraim. Officials say he is believed to be on foot and still in the northern Door Co. area. Door Co. Sheriff's Department was notified that Dr. Whiteside was missing on 07-01-15 at 09:06 hrs. The Door Co. Sheriff's Dept. along with Ephraim Fire Department volunteers and others continue looking for Dr. Whiteside, with search efforts concentrated in the Ephraim area. The Sheriff's Department asks for the public's assistance in finding Dr. Whiteside. If anyone has seen Dr. Whiteside, please call the Door Co. Sheriff's Department at 920-746-2416.

Whiteside is a doctor at Fox Valley Pulmonary Medicine, serves as ThedaCare Board of Trustees secretary and is an Executive Committee member. He was previously president of Appleton Medical Center and ThedaClark Medical Center staff.

"Thousands of employees worked and work with (Dr. Whiteside) and the same number of patients have been helped by him," said Megan Mulholland, spokeswoman for ThedaCare. "He has never stopped caring and developed long-term relationships with those patients."

"The longer he remains missing the more suspicious it is," said Chief Deputy Pat McCarty, Door County Sheriff's Department.

The second doctor, also holistic in his anti-vaccine advocacy, is **Dr. Bruce Hedendal** DC PhD of Boca Roton area (E Coast, North of Miami).

=> https://www.legacy.com/us/obituaries/palmbeachpost/name/bruce-hedendal-obituary?id=16020662

Dr. Hedendal suddenly died on Father's day. His body was found in his car, but there was no accident nor was the car running. Hedendal held a PhD in nutrition from Harvard and a colleague of his said he was in great shape, "very healthy."

Bradstreet's family have established a GoFundMe campaign, asking for donations to assist them in pressing for a thorough investigation into what happened to him. Their GoFundMe web page says the need support "To find the answers to the many questions leading up to the death of Dr Bradstreet, including an exhaustive investigation into the possibility of foul play. Thank you for your support!."

Holisitic **Dr. Teresa Ann Sievers** MD, 46, also in Florida, in the Naples area of the South West coast in Bonita Springs, was found dead on June 29 in what has been ruled a homicide.

=> https://www.news-press.com/story/news/local/bonita-springs/2015/06/29/the-sheriffs-office-investigating-death-in-bonita-springs/29474437/

She was a well loved, popular holistic medical doctor, according to her clients, website and close associate. "Sievers' work as a holistic doctor focused not just on healing the body, but the mind and spirit as well, according to her close friend and colleague," NBC reported.

Dr. Sievers lived in a safe area where neighbors said problems are rare, if ever. That is no deterrent, however, to dangerous stalkers, including multi- or gangstalkers who work in organized groups. She was murdered in her home while her husband and children were with relatives in Connecticut. She'd flown home alone the night before. Her body was found Monday morning at her Jarvis Road home after she didn't arrive at work. Sievers' neighbors, however, describe hearing screams on day of death. Her murder has reportedly left family and friends puzzled.

"We don't know anything but that she was murdered," said Sievers' sister, Annie Lisa, 52. She said Sievers, her husband and children had come to Connecticut for a gathering and her sister flew home alone Sunday, according to News Press.com.

"The 46-year-old victim's relatives remained mystified as to who would want to harm the beloved physician who dedicated her life to helping women and girls," the Daily Mail reports.

The professional's neighbors said they are now concerned for their own safety, especially because authorities have remained tight-lipped about the circumstances surrounding her murder.

'I'm very scared for my safety,' resident Donetta Contreras told WINK News, based in southwest Florida.

Lee County Sheriff's Office said Wednesday they were pursuing several leads in connection with the slaying. They reassured locals that no threat to the general population exists and that the murder was targeted, not random, (no reassurance whatsoever to the thousands of self-denitrified targeted individuals).

Sievers's husband Mark, office manager at Sievers' Restorative Health & Healing Center clinic, is said to have adored his wife and worked hard for her tireless contribution to clients. Neighbors say they heard from law enforcement that this was a "gruesome murder scene," some saying it involved a hammer. Neighbors reported to a tan-colored pickup truck was parked at the home the morning Dr. Sievers was found dead.

"It's a very complicated case; there are details I wish I could share, but I can't." Lee County Sheriff Mike Scott.

CBS reports on Dr. Sievers's death and a donation site on CBS's official website.
=> https://winknews.com/2015/07/01/new-details-in-murder-investigation-of-teresa-sievers/

Blogger Erin Elizabeth wrote from Florida, "A few still write that I shouldn't cover these stories, but I am a journalist, and now that 3 doctors have died so quickly from my state (at least one murdered) I feel I need to write about it."

Now, Elizabeth is uneasy about her fate.

"Dr. Bradstreet had lived just 45 minutes from us here in Florida before moving to the neighboring state of Georgia. I also have been with a prominent well known doctor for the last 6 years so this concerns me. Several high profile MD's have contacted me these last 2 weeks who are also concerned and mourn the loss of their colleagues."

Three Mexican Doctors and their Attorney Murdered

Added to the disappeared or deceased American doctors within the same couple of weeks *are three Mexican doctors plus their attorney*, a story that took an even more suspicious turn today. Authorities reported finding the three missing Acapulco, Mexico doctors and their lawyer dead in the back of a pickup on June 19, in the troubled southern *Mexico* state of *Guerrero*, around the time the American doctors began dying mysteriously. A prosecutor's office official then reported that the four young men were kidnapped by an armed group on the federal highway linking Mexico City to Acapulco as they headed to Chilpancingo, according to NDTV.
=> https://www.ndtv.com/world-news/4-bodies-found-in-car-in-southern-mexico-775022

Then, State Attorney General Miguel Ángel Godínez Muñoz told reporters Saturday that DNA tests confirmed the dead men were Dr. Raymundo Tepeque Cuevas, Dr. Marvin Hernández Ortega, Dr. José Osvaldo Ortega Saucedo and Julio César Mejía Salgado, the lawyer. The four were graduates of Autonomous University of Guerrero (UAG). The doctors worked at a community hospital, according to SDPnoticas.com.

Today, it is reported that before their disappearance, doctors Marvin Hernández Ortega and Reynaldo Tepeque Cuevas, and two "administrative employees" José Osvaldo Ortega Saucedo and Julio César Mejía Salgado, were traveling in a gray car that police later found in Xolapa riddled with bullet holes, blood stains, and shells from a semi-automatic AR-15 rifle. PanAm Post reports that to get the case closed as quickly as possible, officials delivered the wrong corpses, not those of the doctors and their attorney (as originally reported) nor administrative employees.

Sunday, the victims' families again distributed leaflets, set up posters, and painted murals in Acapulco, as they had on Saturday to urge authorities to keep searching for the missing medical professionals. => https://web.archive.org/web/20151019102805/https://pueblo-guerrero.com/?p=16131

"Contrary to statements from Guerrero Attorney General Miguel Ángel Godínez Muñoz, their families do not believe they have yet been found," PanAm Post reports.

Possible Links

An anti-vaccine link has been posited regarding the first three American doctor meeting untimely deaths in June. Each of the three were anti-vaccine holistic doctors. The first was compassionate but controversial Autism researcher Dr. Jeff Bradstreet MD. His body was found far from home in a river, with a gunshot wound to his chest. => https://healthnutnews.com/famous-florida-autism-researcher-and-doctor-jeff-bradstreet-died-of-alleged-self-inflicted-gunshot-wound-and-found-in-a-river/

Officials were quick to rule suicide. Family and friends disbelieve this. Dr. Bradstreet treated hundreds of children with autism through chelation therapy at his medical clinic in Palm Bay, Florida. His son has autism that he believed was due to a vaccine induced reaction when 15-months old.

While many still view anti-vaccine doctors as quacks, Italy is one nation that does not do so anymore. On Sept. 23, 2014, an Italian court in Milan awarded compensation to a boy for vaccine-induced autism. (See the Italian document here.) A GlaxoSmithKline Infanrix Hexa vaccine against six childhood diseases caused the boy's permanent autism and brain damage. The vaccine contained antigens, thimerosal (mercury-containing preservative), aluminum, an adjuvant, and other toxic ingredients. The child regressed into autism shortly after receiving the three doses. The US media underreported the case.

Secrecy enshrouding vaccine adverse affects on the human population was also revealed in the case. Mary Holland, a research scholar and Director of the Graduate Legal Skills Program at NYU Law School, in a WorldTruth.Tv article, points to Presiding Judge Nicola Di Leo's consideration of another piece of damning evidence: a 1271-page confidential GlaxoSmithKline report (available on the Internet). This document provided ample evidence of adverse events from the vaccine, including five known cases of autism resulting from the vaccine's administration during its clinical trials.

In 2012, Judge Lucio Ardigo of an Italian court in Rimini presided over a similar judgment, finding the Measles-Mumps-Rubella (MMR) vaccine caused a child's autism. Both cases went underreported in the US and both court decisions flatly contradict decisions from the "U.S.. vaccine court," a Court of Federal Claim's Vaccine Injury Compensation Program. There, from 2007 to 2010, in the Omnibus Autism Proceeding, three decision makers, "Special Masters," found vaccines did not cause autism in any of six test cases, and one Special Master compared the theory of vaccine-induced autism to Lewis Carroll's Alice in Wonderland. The US government seems determined for autism to strike 50% of all children by 2025, as predicted by MIT senior researcher Dr. Stephanie Seneff. (See: Autism To Strike Half US Children In 10 Years: MIT Sr. Researcher Sounds Monsanto, Vaccine Alarm)

The American Medical Association (AMA) recently began crafting its 'ethical guidelines for physicians in the media' to 'defend integrity of the profession.' The new guidelines target unorthodox medical information that the AMA deems dubious and unsubstantiated and create disciplinary guidelines for doctors who make public claims that do not align with the 'best available science'. The AMA spent nearly $20 million on lobbying in 2014 alone. Its roots are deep into American medicine. It has a powerful influence over the way state licensing boards oversee and discipline physicians in the U.S.. –

Dr. Richard Horton, editor-in-chief of the well respected Lancet peer-reviewed medical journal, recently published a statement declaring that much published research is unreliable at best, if not completely false. "The case against science is straightforward: much of the scientific literature, perhaps half, may simply be untrue. Afflicted by studies with small sample sizes, tiny effects,

invalid exploratory analysis, and flagrant conflicts of interest, together with an obsession for pursuing fashionable trends of dubious importance, science has taken a turn towards darkness."

"Organized medicine would like nothing more than to continue lining their pockets with the profits generated by Americans who are dependent on medications rather than taking charge of their own health and wellness." (Erin Elizabeth)

Dr. Mark Sircus reported Wednesday on just how sleazy the American medical system is and how dangerous the FDA is: "It is hard not to think about doctors when talking about con games. The entire medical system is a con, a sleazy mix of lies and deception where medical studies are often not worth the paper they are printed on yet the FDA swallows medical studies as if they were chapters out of the bible."

In relation to vaccines, Dr. Sircus points to mercury in the flu vaccine as one example of the cocktail's danger:

"In the flu vaccine, there is a whopping 51,000 ppb (parts per billion) of mercury in the multi-dose flu vaccine—the most common type of flu vaccine given. How much is 51,000 ppb? It is 25,000 times the legal maximum for mercury in drinking water established by the Environmental Protection Agency. Keep in mind that when you inject mercury, it is 100% absorbed so it is more toxic to inject it as compared to eating it in fish or drinking it in water. Do pediatricians rise up against the CDC and complain?

"As far as I am concerned pediatricians, who inject children with the flu vaccine are criminals but like everything else, people are conned and very few complain," says Sircus. "There is little to no kindness in mainstream medicine because they are too busy making money practicing a form of human butchery that maims and kills people by the hundreds of thousands a year around the world."

Another possible link between at least two of the American doctors missing and the Mexican doctors is they had all had recent encounters with federal government officials.

Two of the American doctors had recently been contacted by federal agents.Both doctors Hedendal and Bradstreet reportedly had recent run-ins with US federal agents. FDA and DEA agents raided Dr. Bradstreet's office on June 16. Reportedly, federal authorities has also contacted Dr. Hedendaldays before his death, according to ABC7.

An associate of Bradtsreet stated under anonymity:

"I know enough about Jeff Bradstreet to know his state of mind. He was a sound thinker! He was prudent and calculated. Acting out on the spur of the moment and deciding to kill himself is like a joke. He was a jet pilot!… The one thing all instrument pilots share is a high IQ with the ability to multi task and make sound pragmatic decisions in emergency situations. In other words, [they] don't freak out!"

A commenter wrote that he'd spoken to Bradstreet while the agents were with him.

"I spoke to Jeff at 12:30 that Thursday just when the FDA was there. He was calm and told me there was a emergency he would call me back the next day, Friday. He was a genius, a very very smart man who would not have killed himself over this on such short notice."

El Sur reports that hours before their deaths, the Mexican doctors had also been in contact with government officials.

"The complaint details that the three workers took early Friday headed to Chilpancingo to reclassification procedures at the State Health Secretariat. They stopped in Acapulco, and one of the doctors borrowed the car [an SUV] Ibiza gray family to move to Chilpancingo. (sic) At noon they came to government offices to gather documentation requested dependency site when last seen. The document details that the three doctors returned around 3:00 pm bound for Acapulco…"

El Universal reported last Thursday that investigators found an abandoned taxi near the SUV and in the back of the vehicle, they found a shirt with the state police logo on it and a cartridge belt.

Violence against Mexican health workers is not new, says Escobar Secretary Habeica. Recent American history is also littered with government-sponsored covert targeting of individuals, people PI William Taylor say are "Americas' best people." Accidental deaths and suicides of scientists with evidence showing what mainstream touts as news is leaving a big gap in truth. These targets had potential to sabotage important agendas not in best interest of humanity. The five American doctors who recently died untimely deaths or remain missing are among 74 prominent scientists murdered over the past ten years.

Another commonality between the mystery disappearances and deaths is that families and friends are accusing officials of fraudulent reporting on the disappearances and/or deaths. In the US, funds have been established to pressure further investigations. In Mexico, family and friends are demanding full, transparent investigations.

"Cecilia Ortega Solórzano, mother of Hernández Ortega, disagrees with the official report: "The day we were told about the bodies, we went to identify them, but they didn't belong to our relatives, who have been missing for four days. These corpses were decaying as if they have been dead for 15 days," she said.

On June 28, the Mexican victims' families met with Governor Rogelio Ortega Martínez, who "does not believe the prosecutor … He is on our side, he believes us," relatives told local reporters. In a document delivered to the governor, they reject the forensic analysis and demand the prosecutor resign over his "ineptitude, lack of professionalism," and "attempts to impose" his conclusions. Guadalupe Reséndiz, a psychologist and wife of Tepeque, reported irregularities during the investigations. She says investigators tampered with the crime scene, and that the advanced decomposition of the corpses found suggests they died days before the physicians went missing.

Carlos Mejía Salgado, brother of Julio César, told press that he wants the federal police to run new DNA tests on the bodies. "We don't anything they tell us here anymore; evidence can be manipulated," he says.

One difference between Mexico and the US regarding the deaths and disappearances is that enough Mexican health worker targeted individuals have been disappeared for Mexicans to protest.

SOTT SIGNS OF THE TIMES

5 Médicos holísticos han sido encontrados muertos en cuatro semanas, otros 5 están desaparecidos

SOTT, 19 July 2015, 20:42 UTC
https://es.sott.net/article/39804-5-Medicos-holisticos-han-sido-encontrados-muertos-en-cuatro-semanas-otros-5-estan-desaparecidos

En los últimos meses, cinco médicos holísticos han muerto, ya sea misteriosamente o han sido asesinados intencionalmente, con otros cinco desaparecidos en circunstancias inexplicables.

Como se informó anteriormente, las muertes curiosas comenzaron el 19 de Junio, cuando el **Dr. Jeff Bradstreet**, un renombrado investigador del autismo de Florida, quien ejercía actualmente en Georgia, fue encontrado con una herida de bala en el pecho. La policía se apresuró en afirmar que la herida de bala fue autoinfligida, pronunciando la muerte como un suicidio casi de inmediato.
=> https://thefreethoughtproject.com/health/3-alternative-health-doctors-dead-run-ins-feds

La familia del médico sospecha un juego sucio, y crearon con los familiares una página de donaciones en un esfuerzo "Para encontrar las respuestas a las muchas preguntas que condujeron a la muerte del Dr. Bradstreet, incluyendo una investigación exhaustiva sobre un posible juego sucio."
=>https://www.washingtonpost.com/news/morning-mix/wp/2015/06/29/anti-vaccine-doctor-behind-dangerous-autism-therapy-found-dead-family-cries-foul/

La próxima muerte sospechosa se produjo sólo días después, el Día del Padre, 21 de Junio, cuando el **Dr. Bruce Hedendal**, Ph.D. DC, de la zona de Miami, fue encontrado desplomado sobre su coche sin pistas de la causa de muerte. Los detalles sobre la muerte de Hedendal son aún más turbios que el de Bradstreet, con muy pocos detalles liberados. Se reportó que Hedendal se mantenía en muy buen estado físico y de hecho había estado participando en un evento atlético el día antes de ser encontrado muerto.

Elevando el nivel de sospecha que rodea las muertes de estos médicos, está el hecho de que anteriormente ambos habían tenido problemas con los federales debido a sus tratamientos holísticos de los pacientes. Apenas unas semanas antes de la muerte de Bradstreet, su oficina fue allanada por la Administración de Alimentos y Medicamentos (FDA).

El mismo día en que se encontró el cuerpo de Hedendal, el **Dr. Baron Holt** DC fue encontrado muerto en Florida. Holt murió inesperadamente mientras viajaba a Jacksonville, Florida.

Aunque Holt de 33 años de edad, había estado luchando con problemas de salud recientes, sus seres queridos piensan que ninguno era una amenaza para la vida, según The News & Observer. El informe de Observer indicó que la familia está a la espera de los resultados del informe de la autopsia.

Como si tres médicos muertos del mismo campo, en la misma región del país, y en un lapso de tiempo tan corto no ha levantado banderas rojas, la **Dra. Teresa Sievers**, otro médico de salud natural de Florida, fue brutalmente asesinada en su casa el 29 de Junio.

Los compañeros de trabajo han dicho que era conocida como la "Madre Teresa del Sur de Florida." Las autoridades que investigan el caso han declarado que esto no fue un ataque al azar, sino un evento dirigido y que cuando los detalles se revelen , "libros y películas serán escritos sobre ella".

Luego, el 1 de julio, **Lisa Riley** DO, de 34 años, que reside en el condado de Lee, Georgia, fue encontrada asesinada en su casa, con una herida de bala en la cabeza. Su marido fue sospechoso inicialmente, ya que él hizo la llamada al 911 para informar de su muerte, pero muchos sienten como si estuviera siendo incriminado. Los investigadores han llamado su muerte misteriosa.

Algunos médicos también han desaparecido según *HealthNutNews*:

El 26 de junio, el **Dr. Patrick Fitzpatrick** MD desaparece. Viajaba desde Dakota del Norte a la vecina Montana (viaje que hacía a menudo ya que su hijo vivía en Montana), y su camioneta y el remolque fueron encontrados al lado de la carretera. Las búsquedas se han ampliado, pero las autoridades dicen que es como si hubiera desaparecido sin dejar rastro.

El 29 de junio, **Jefferey Whiteside** MD, neumólogo, desapareció cuando él simplemente "se fue". El Dr. Whiteside, conocido por su éxito en el tratamiento del cáncer de pulmón, desapareció en el condado de Door Wisconsin mientras estaba de vacaciones con su familia. Dicen que estaba a pie y no tenía vehículo, y numerosos reportes lo llaman "misterioso", diciendo que él también desapareció sin dejar rastro. Han estado buscando ahora por 2 semanas e incluso colegas se han unido (junto con muchos sabuesos, grupos de drones de búsqueda y helicópteros), pero no hay ni la más mínima prueba en 2 semanas.

El mismo día que se encontró el cuerpo del Dr. Bradstreet, el 19 de Junio, tres profesionales de la medicina desaparecieron sin dejar rastro en un tramo de distancia de la carretera en el estado de Guerrero, suroeste de México . Las autoridades insistieron en que los hombres habían sido asesinados, pero no ofrecieron evidencia creíble para respaldar la reclamación.

La naturaleza aparentemente sistémica en la que los médicos holísticos están terminando, ya sea desaparecidos o muertos, plantea serias interrogantes acerca de si alguna entidad o persona está posiblemente orquestando estos eventos. Con miles de millones de dólares en juego, qué tan lejos podrían llegar las grandes farmacéuticas en un esfuerzo de silenciar a aquellos que comparten sus conocimientos sobre curas naturales con el público?

¡Parece que ser un proveedor de salud holística que promueve la salud natural ahora puede ser peligroso para la propia salud!

blacklistednews.com
The world news you're not supposed to notice !!!

If Vaccines are safe, why has the Gov paid out $3 Billion U.S.A.

Black listed News, 18 August 2015
https://web.archive.org/web/20170318162738/http://www.blacklistednews.com/If_Vaccines_Are_Safe%2C_Why_Has_The_US_Gov._Paid_Out_%243_BILLION_To_Vaccine-Injured_Families%3F/45751/0/38/38/Y/M.html

Vaccines are a very imperfect science, despite the good intentions of healthcare providers and parents seeking to protect their children from disease. Adverse, life-changing and deadly effects of vaccines are more common than ever. In fact, the *US govt has had to pay out over $3 billion to vaccine-injured families since* 1986. Still think vaccines are safe?

The Vaccine Adverse Events Reporting System (VAERS) lists several negative outcomes of vaccines. Many of these side effects are worse than the diseases these vaccines are for! VAERS reports that the MMR (measles, mumps, rubella) vaccine is "linked to febrile seizures, which are a type of seizure that occurs in infants and young children in association with fever."

Worse yet, VAERS reports that a whole slew of vaccines, including MMR, varicella zoster, influenza, hepatitis B, meningococcal and tetanus "are linked to anaphylaxis." Anaphylaxis shock can lead to sudden death. Many of these cases are under-reported, filed as SIDS, or sudden infant death syndrome.

Injection, regardless of vaccine type, is associated with loss of shoulder motion and fainting.

The committee that studied these horrific vaccine effects "also found convincing evidence of a causal relationship between injection of vaccine, independent of the antigen involved, and two types of adverse events, including syncope, or fainting, and deltoid bursitis, or frozen shoulder, characterized by shoulder pain and loss of motion."

Just the mere act of injecting viruses and sterilizing agents poses severe risks, since the body is not designed receive thesevaccine ingredients without first processing them through the normal route of body filters (including the skin, mucous membranes, gastrointestinal tract, kidneys and liver), or at all. It seems that putting these ingredients directly into the blood can easily create an adverse health event. The committee also found that the MMR vaccine often elicits joint pain in both children and adults.

The flu, which can easily be overcome with a strong immune system, is mild compared to some of the adverse effects associated with the flu vaccine. These effects include conjunctivitis, facial swelling and upper respiratory symptoms, including coughing and wheezing.

US Vaccine Court bypasses the true judicial process, protecting vaccine makers while paying off families affected by vaccine-induced autism

What no one completely understands is how the overload of vaccinations in the 21st century is a contributing factor to the rise of autism spectrum diagnoses (which is now a greater problem than the diseases we are trying to fight).

While the autism debate rages on, silently, the US Vaccine Court, established in 1986, has awarded several families large cash settlements after confirming that their child likely did become autistic because of vaccine(s).

This separate kangaroo vaccine court allows the vaccine manufacturers and pharmaceutical companies absolute immunity from true prosecution. The government handles their cases and pays families off with an excise tax collected from the sale of… you guessed it… vaccines. It's a vicious circle that circumvents the true judicial process. This dishonest system protects the profits of vaccine makers and doesn't hold them accountable for their harmful products. The excise tax the government uses to pay off families affected by vaccines is garnered by collecting $0.75 for every vaccine dose purchased by the Centers for Disease Control and Prevention.

In a true court of law, these adverse effects of vaccines would be put on trial. The vaccines would be investigated as a harm to the public, and the drug makers would be held accountable. Sadly, that's just not the case, and that's why so many people believe vaccines are safe today.

Here are three examples (of many recorded) linking vaccine damage to autism and encephalopathy

Here are three examples where the US Vaccine Court awarded compensation to families whose children were harmed by vaccines, resulting in autism or autism symptoms.

Richelle Oxley: DPT shot reaction: post-pertussis vaccine encephalopathy

"[N]o evidence to overcome the strong probability that the DPT was the most likely cause. … Richelle's disabilities include autistic-like behavior, hyperactivity, and partially controlled seizures. … The court finds further that all other statutory requirements have been met, and concludes that petitioners are entitled to compensation for injuries sustained as a result of the DPT vaccine administered on July 30, 1979."

Hannah Poling: MMR vaccine

"Court ruled in favor of compensation due to the significant aggravation of child's pre-existing mitochondrial disorder based on an MMR vaccine Table presumptive injury of encephalopathy, which eventually manifested as chronic encephalopathy with features of autism spectrum disorder and a complex partial seizure disorder as a sequelae."

Eric Lassiter: DPT vaccine

"Eric was completely healthy prior to a DPT booster. His is a 'known case of static encephalopathy after DPT immunization.' Based on the court's own findings of fact and the reasons proffered by Dr. Lichtenfeld, the court concludes that Eric, more likely than not, sustained an encephalopathy and that the first manifestation of onset of the injury occurred within the Table time frame."

PALM BEACH FLORIDA WEEKLY
IN THE KNOW. IN THE NOW.

Bill Cornwell

Conspiracy Theory Files

Palm Beach, 27 August 2015

https://web.archive.org/web/20230712222610/https://palmbeach.floridaweekly.com/articles/conspiracy-theory-files/

From JFK to 9/11 – Americans crave conspiracies. A spate of doctor murders with Florida ties is spawning new, wild theories.

We deride them, decry them and denounce them, and most of us would like to think that we are above them. We are talking conspiracy theories here, which are the intellectual equivalents of a bloody, three-car pileup on a busy highway. As with a gory automobile collision, we are at once repelled and intrigued by conspiracy theories. We may hate ourselves for slowing to catch a quick peek at an accident or setting aside time to read or speculate about the latest outlandish rumor, but more often than not we yield to our base instincts.

From JFK to 9/11 — Americans crave conspiracies. A spate of doctor murders with Florida ties is spawning new, wild theories.

conspiracy | theory | files

CONFIDENTIAL FLORIDA FILES
Deceased holistic doctors

Dr. Jeff Bradstreet found dead 6.19.2015
Dr. Baron Holt found dead 6.21.2015
Dr. Bruce Hedendal found dead 6.21.2015
Dr. Teresa Sievers found dead 6.28.2015

■ **Dr. Jeff Bradstreet** was found dead with a gunshot to his chest in a river June 19, 2015. Authorities say it was a suicide but theorists took issue with finding. The Melbourne based physician preached controversial autism research, implicating vaccines.

■ **Dr. Baron Holt** died unexpectedly June 21, 2015. The 33-year-old chiropractor who once practiced in Naples, Florida, was said to have been a vigorous athlete who was looking to "change the practice of healthcare so that we can relieve unnecessary human suffering, disease and early death," according to his website.

■ **Dr. Bruce Hedendal** was found dead in his car June 21, 2015. The 67-year-old chiropractor out of Boca Raton was an alternative medicine practitioner and robust athlete.

■ **Dr. Teresa Sievers** was found murdered in her Bonita Springs home June 28, 2015. The 46-year-old physician focused on an "integrated approach to metabolic and nutritional medicine, providing solutions to current biomedical problems, including biomedical aging," according to her website. Lee County Sheriff Mike Scott said when all is known books and movies will be written about the case.

BY BILL CORNWELL
Florida Weekly Correspondent

WE DERIDE THEM, DECRY THEM AND denounce them, and most of us would like to think that we are above them. We are talking conspiracy theories here, which are the intellectual equivalents of a bloody, three-car pileup on a busy highway. As with a gory automobile collision, we are at once repelled and intrigued by conspiracy theories. We may hate ourselves for slowing to catch a quick peek at an accident or setting aside time to read or speculate about the latest outlandish rumor, but more often than not we yield to our base instincts.

SEE CONSPIRACIES, A10 ▶

...

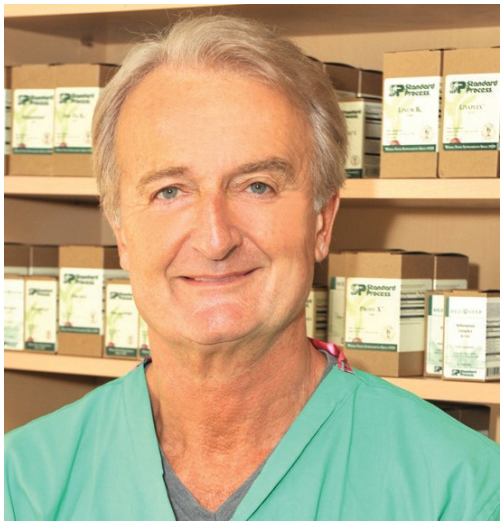
"No matter what you believe about the how and why of the (9/11 attacks) on New York and Washington, D.C., it's a conspiracy theory," Dr. Matthew R.X. Dentith, a philosopher who lives in New Zealand and has written a book titled "The Philosophy of Conspiracy Theories," tells Florida Weekly in an interview conducted via email. "For example, if you accept the official theory, that's a

theory about a bunch of plotters who acted in secret to commit a terrorist attack. That is a theory about a conspiracy. It just happens to be one that is well-accepted."

This view that conspiracy theories can encompass the real as well as the imagined is echoed by another expert in the field, Dr. Joseph E. Uscinski, coauthor of the book, "American Conspiracy Theories." ...

In the matter of the *alternative doctors*, disparate and unrelated cases have been tied together with the thinnest of strings and presented as evidence of a vast plot whose aim is to silence those who criticize mandatory vaccinations and advocate for nontraditional medical practices. Those circulating this rumor/conspiracy contend that these practices threaten the very core of the Medical Establishment, which now seeks to annihilate its crusading enemies and mislead the public. According to Dr. Dentith, a dubious proposition such as this can make for a very "good" conspiracy theory.

"On one hand, a good conspiracy theory is a story of everything you know is wrong," he says. "So, the medical community is lying to you about the real reason for vaccinating your children. These stories endure because they often hint at real fears people have."



On June 19, 2015: **Dr. Jeff Bradstreet** was found dead

On June 21, 2015: **Dr. Bruce Hedendal** was found dead

On June 21, 2015: **Dr. Baron Holt** was found dead

On June 28, 2015: **Dr. Teresa Sievers** found dead

Porterville Post
"The Right News at The Right Time"

Deadly Virus and Vaccine Updates

The Porterville Post, 7 February 2009 - 2015 August 18
http://www.portervillepost.com/nwo/vac/deadly-virus-and-vaccines.html

Since there is *so much at risk regarding the flu and vaccinations* the Post decided to add this section. It's vitally important that you do as much research as you possibly can on these pharmaceuticals and pediatricians to make sure that you make the best possible choice for you and your family. The Post Prays that you will look at both sides before you settle on one.

Feb 07, 2009 – **Baxter: Product contained live bird flu virus:**

CANADA - (Toronto Sun) The company that released contaminated flu virus material from a plant in Austria confirmed Friday that the experimental product contained live H5N1 avian flu viruses. And an official of the World Health Organizational European operation said the body is closely monitoring the investigation into the events that took place at Baxter Internationalional research facility in Orth-Donau, Austria. "At this juncture we are confident in saying that public health and occupational risk is minimal at present," medical officer Roberta Andraghetti said from Copenhagen, Denmark. "But what remains unanswered are the circumstances surrounding the incident in the Baxter facility in Orth-Donau." ...

=> ...

Dec 31, 2009 - **Neurodevelopmental risk** from vaccination during pregnancy: autism & schizophrenia
https://web.archive.org/web/20100104153502/https://www.generationrescue.org/binstock/091231-vaccination-pregnancy-interleukin-6-autism.htm

U.S.A. – An increasing amount of data indicates that when a pregnant woman is vaccinated, cytokines induced by the vaccination increase the likelihood that her embryo or fetus will experience atypical brain development. For instance, "Maternal immune activation (MIA) can affect fetal brain development and thus behavior of young and adult offspring. Reports have shown that increased Interleukin-6 (IL-6) in the maternal serum plays a key role in altering fetal brain development, and may impair social behaviors in the offspring." (1) Relevant is the fact that influenza vaccination increases IL-6 (2). Indeed, commenting on the IL-6 finding (1), University of Minnesota neuroscientist S. Hossein Fatemi, M.D., Ph.D., described the autism significance of dysregulation of maternal immunity (3). ...

=> ...

Aug 18, 2015 – **If Vaccines are safe, why has the Gov paid out $3 Billion U.S.A.**
https://web.archive.org/web/20170318162738/http://www.blacklistednews.com/If_Vaccines_Are_Safe%2C_Why_Has_The_US_Gov._Paid_Out_%243_BILLION_To_Vaccine-Injured_Families%3F/45751/0/38/38/Y/M.html

Vaccines are a very imperfect science, despite the good intentions of healthcare providers and parents seeking to protect their children from disease. Adverse, life-changing and deadly effects of vaccines are more common than ever. In fact, the *US govt has had to pay out over $3 billion to vaccine-injured families since* 1986. Still think vaccines are safe?

The Vaccine Adverse Events Reporting System (VAERS) lists several negative outcomes of vaccines. Many of these side effects are worse than the diseases these vaccines are for! VAERS reports that the MMR (measles, mumps, rubella) vaccine is “linked to febrile seizures, which are a type of seizure that occurs in infants and young children in association with fever.”

Jessica Murphy

Barry and Honey Sherman: The mystery of the strangled billionaires

BBC News, Toronto, 4 February 2018
https://www.bbc.com/news/world-us-canada-42864082

The killing of a wealthy Canadian couple made headlines around the world. Then the news they had been found hanging by men's belts next to their indoor pool, with no apparent motive, deepened the intrigue. So who were Barry and Honey Sherman?

Barry and Honey Sherman

In an unpublished 1996 memoir, Barry Sherman wrote he had "always been very conscious of my personal mortality".

His unfinished musings only became public because of a court case . They revealed a man with strong beliefs - that there is no God, free will is an illusion, and life has "no meaning or purpose".

But Sherman thought these memoirs may one day be of interest to others - a "perhaps arrogant belief", he wrote.

Now, the text offers some insight into a couple whose mysterious deaths have captured worldwide interest and left those who knew them grief-stricken and dumbfounded.

In mid-December, 75-year-old Barry and his wife Honey, 70, were found dead in their Toronto home. Police confirmed this month their death is being investigated as a "targeted" double murder. They were found strangled, fully clothed on the deck of their indoor pool, hanging by belts.

Authorities have so far offered no suspects and no motive for the suspected killings.

More than 10,000 people, including Prime Minister Justin Trudeau and Ontario Premier Kathleen Wynne, attended the funeral.

The turnout was unsurprising - the Shermans had amassed a personal fortune estimated at $3bn. They had touched much of Canada, whether through the impact on Canadian healthcare of Apotex, Inc, the generic drug empire Barry founded, or through the millions they gave away in philanthropy.

At their funeral, their son Jonathon called them "yin and yang".

"They completed a circle that encompassed everything important about what it means to be human," he said. "Neither one perfect but together wholly balanced and exceptional."

Barry was a self-described workaholic, someone who brought business files with him on vacation. He was an ardent atheist, an aggressive businessman and a loving, though often absent father.

Honey was warm, the "magnet and the glue" that held the family together, an inveterate party animal who refused to let a bout of throat cancer or painful arthritis get in the way of either a good time or her charity work.

Thousands mourn Canada billionaire couple

...

Rubin says while Barry was tough, he can't comprehend who would kill him and Honey with such "hatred".

"I can't believe that my friend Barry... would die in this horrible way," he said. "The riddle is - who did it and why?"

Apotex donates Hydroxychloroquine for a clinical study to prevent infection from COVID-19 with front line Health care workers

Apotex, 23 March 2020

https://www1.apotex.com/global/about-us/news/2020/03/23/apotex-donates-hydroxychloroquine-for-a-clinical-study-to-prevent-infection-from-covid-19-with-front-line-health-care-workers

Toronto, Ontario, March 20th – 2020 – Apotex, Canada's largest pharmaceutical company, announced today that it is donating Hydroxychloroquine to accelerate a study examining if it prevents infection of COVID-19 in front-line healthcare employees.

The study, conducted by the University Health Network and Unity Health (St Michael's Hospital) in Toronto, aims to gather data from randomized controlled trials which is essential for informing the best practices in protecting our health care workers at this critical time. It is a PreExposure Prophylaxis randomized placebo controlled trial for front line health care workers including emergency room staff and ICU staff.

...

Global interest in Hydroxychloroquine has surged with some governments already adding the product to their COVID-19 treatment protocols. Other countries are also considering the impact of this product, including the United States who requested that it be made available for use immediately. ...

Murder or Suicide – Убийство или Самоубийство

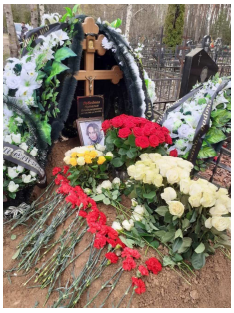
Incidents of Unexplained Deaths of Medical Personnel
Случаи непонятной гибели медицинского персонала

News, 23 April – 2 May 2020

John Mondello

Lorna Breen

Наталья Лебедева



Елена Непомнящая

Александр Шулепов

NEW YORK POST

Susan Edelman, Tina Moore, Khristina Narizhnaya, Dean Balsamini.

EMT John Mondello kills himself after less than three months on the job

New York Post, April 25, 2020 1:49pm
https://nypost.com/2020/04/25/nyc-emt-commits-suicide-with-gun-belonging-to-his-dad/

A rookie Bronx EMT, who went from the camaraderie of the FDNY academy directly into the horrors of the coronavirus pandemic, killed himself this week after less than three months on the job, police sources told The Post.

John Mondello, 23, used the gun registered to his father, a retired NYPD cop, to end his life Friday (April 24) in Queens, the sources said.

His body was spotted by passersby at 6:48 p.m. at 25-40 Shore Blvd. in Astoria on the rocks along the river wall.

He was lying face up with the weapon still in his hand, a gunshot wound under his chin, witnesses said. The firearm was registered to the elder John Mondello, a retired cop, the sources said.

The younger Mondello graduated the Fire Department's EMS Academy in early February, and went to work with the Tactical Response Group next to EMS Station 18 in Claremont — one of the busiest by 911 call volume in the city.

A friend and fellow graduate described him as "always very peppy, very happy."

But a few weeks ago — at the apex of the Big Apple's coronavirus crisis — Mondello reached out to his buddy, and said he didn't like his new job, the pal recalled.

The Tactical Response Group runs non-stop to areas with the busiest emergency call volume in the city.

The fellow EMT assured Mondello "everything was going to get better," and the two spoke about how "everyone feels stressed out and overwhelmed" and the notion that they got out of the academy and went "jumping into the pandemic, the high call volume."

They discussed the "chaos" and how they were seeing "people passing away right in front of you. We don't have the same union benefits as other city workers. It's really stressful to work long hours and not get paid as much," his pal added.

The heavy toll of coronavirus deaths weighed on Mondello, another friend told The Post.

"He told me he was experiencing a lot of anxiety witnessing a lot of death, he'd feel it was a heavy experience when he'd fail to save a life," said Al Javier.

Anthony Almojera, vice president of the EMS officers' union, said the devastation wrought by the virus is taking a toll on many of his crew members.

Before becoming an EMT, Mondello made ends meet delivering food for the K&L deli in Jackson Heights, from November 2015 until March 2016. "He was always smiling, always joking around. He never seemed upset," store manager Peter Lee said.

The New York Times

Ali Watkins, Michael Rothfeld, William K. Rashbaum

Top E.R. Doctor Who Treated Virus Patients Dies by Suicide

The New York Times, 27 April 2020, 1:48 p.m. ET
https://www.nytimes.com/2020/04/27/nyregion/new-york-city-doctor-suicide-coronavirus.html

"She tried to do her job, and it killed her," said the father of Dr. Lorna M. Breen, who worked at a Manhattan hospital hit hard by the coronavirus outbreak.

A top emergency room doctor at a major Manhattan hospital died by suicide on Sunday, according to her father.

Dr. Lorna M. Breen, the medical director of the emergency department at NewYork-Presbyterian Allen Hospital, died in Charlottesville, Va., where she was staying with family, her father said in an interview.

Her father, Dr. Philip C. Breen, said she had described devastating scenes of the toll the coronavirus took on patients.

"She tried to do her job, and it killed her," he said.

The elder Dr. Breen said his daughter had contracted the coronavirus but had gone back to work after recuperating for about a week and a half. The hospital sent her home again, before her family intervened to bring her to Charlottesville, he said.

It was not clear why Dr. Breen would have taken her own life. She did not have a history of mental illness, her father said. But he said that when he last spoke with her, she seemed detached, and he could tell something was wrong. She had described to him an onslaught of patients dying before they could even be taken out of ambulances.

"She was truly in the trenches of the front line," he said.

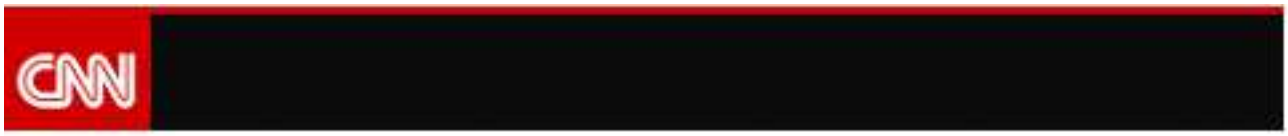
He added: "Make sure she's praised as a hero, because she was. She's a casualty just as much as anyone else who has died."

The hospital did not immediately respond to a request for comment.

Dr. Angela Mills, head of emergency medical services at many NewYork-Presbyterian campuses, including Allen, sent an email to hospital staffers on Sunday night informing them of Dr. Breen's death. The email, which was reviewed by The New York Times, did not mention a cause of death. Dr. Mills, who could not be reached for comment, said in the email that the hospital was deferring to the family's request for privacy.

"A death presents us with many questions that we may not be able to answer," the email read.

NewYork-Presbyterian Allen is a 200-bed hospital at the northern tip of Manhattan that at times had as many as 170 patients with Covid-19, the illness caused by the coronavirus. As of April 7, there had been 59 patient deaths at the hospital, according to an internal document.



Mary Ilyushina

Three Russian doctors fall from hospital windows, raising questions amid coronavirus pandemic

CNN, 7 May 2020.
https://edition.cnn.com/2020/05/04/europe/russia-medical-workers-windows-intl/index.html

Moscow CNN – Three frontline health care workers have mysteriously fallen out of hospital windows in Russia over the past two weeks, heightening public attention to the working conditions for doctors and medical professionals amid the coronavirus pandemic.

Two of those health care workers are dead, and one remains hospitalized.

All three incidents, which are being investigated by Russian law enforcement authorities, have prompted intense discussion in the Russian press and on social media.

Alexander Shulepov, an ambulance doctor in Voronezh, a city about 320 miles south of Moscow, is in serious condition after falling from a hospital window on Saturday. Local state television, citing regional health officials, said he fell out of second-floor window of the Novousmanskaya hospital, where he worked and was receiving treatment after testing positive for coronavirus.

Shulepov was hospitalized for coronavirus on April 22, the same day he and his colleague Alexander Kosyakin posted a video online saying that Shulepov had been forced to continue working after testing positive for coronavirus.

Kosyakin had previously criticized hospital administration for protective gear shortages on his social media and was questioned by the police for allegedly spreading fake news.

Kosyakin confirmed these details to CNN in an interview.

"[Shulepov] is an intensive care unit, as far as I know in a serious condition, last time I spoke to him was on the 30th of April, we checked in with each other," Kosyakin told CNN. "He felt fine, he was getting ready to get discharged from the hospital … and all of a sudden this happened, it's not clear why and what for, so many questions that I don't even have the answer to."

The regional department of Russia's health ministry told CNN in a statement that Shulepov "is a victim of an accident due to his own lack of caution" and is receiving all necessary medical care.

Police have not responded to CNN's request for comment.

The Novousmanskaya hospital said in a statement that Shulepov had been taken off a shift as soon as he informed the hospital administration about his positive diagnosis and was offered hospitalization in the infectious diseases ward.

Three days later, Shulepov retracted his previous statements, saying that in his video with Kosyakin he was "overwhelmed by emotions." The second video Shulepov recorded featured Igor Potanin, the head doctor of the Novousmanskaya hospital, who said his medical staff has enough protective equipment.

"I spoke about this to the department's employees: I won't let anyone go to outpatients or inpatients if we don't have enough means of protection, I told them I'd go myself there, but I will not send anyone," Potanin said.

It is rare for doctors to fall from windows in Russia, but Shulepov was the third health worker to fall out of a window in the country in the past two weeks.

On May 1, Elena Nepomnyashchaya, the acting head doctor of a hospital in the Siberian city of Krasnoyarsk, died after spending a week in intensive care, the regional department of the Health Ministry said in a statement.

Local TV station TVK Krasnoyarsk reported at the time that Nepomnyashchaya allegedly fell out of a window during a meeting with regional health officials, during which they discussed turning the clinic into a coronavirus facility.

Nepomnyashchaya was reported to have opposed those changes due to the lack of protective gear in the hospital. The Health Ministry's regional health department denied the allegations in a statement, adding that the hospital is in "reserve" for coronavirus patients and its staff has been trained and equipped. The hospital did not respond to CNN's requests for comment.

On April 24, Natalya Lebedeva, head of the emergency medical service at Star City, the main training base for Russia's cosmonauts, died in a hospital after a fall.

The hospital within the Federal Biomedical Agency, which says it treated her for suspected coronavirus, released a statement that "a tragic accident" occurred, without elaborating. The hospital did not respond to CNN's request for comment.

In the statement, the hospital said, "She was a true professional in her field, saving human lives every day!"

Anastasia Vasilyeva, the head of Alliance of Doctors union, told CNN she did not think anyone was deliberately targeting doctors. The incidents, she said, likely reflect the stress doctors are under in an underfunded system during a pandemic.

"This is really about the destruction of our health care system," said Vasilyeva, who has been a prominent critic of the government's approach to combating coronavirus. "A lot of clinics and hospitals have been closed … And, of course, this means it is very difficult to treat in such conditions a lot of patients with coronavirus."

INDEPENDENT

Jane Dalton, Katie Hawkinson

Brazil plane crash: 61 people on board aircraft, airline says

Independent, 9 August 2024, 22:46
https://www.independent.co.uk/news/world/americas/brazil-plane-crash-sao-paulo-b2594133.html

President says all passengers of VoePass plane presumed dead after footage shows burning wreck in residential area of Sao Paulo state

A plane with 61 people aboard has crashed in a fiery wreck in a residential area of a city in Brazil's Sao Paulo state, killing everyone on board.

VoePass flight 2283 took off from Cascavel, in the state of Parana, just before noon on its way to the Sao Paulo-Guarulhos International Airport. The ATR-72 lost signal around 1:22 pm local time and crashed in Vinhedo, 50 miles northwest of Sao Paulo city.

Brazilian television network GloboNews showed footage of a large area on fire and smoke coming out of what appeared to be a plane's fuselage in an area full of houses. Officials confirmed the plane hit several homes as it crashed, CNN reports.

Sao Paulo's state fire brigade confirmed that a plane crashed in the city Vinhedo, about 50 miles northwest of Sao Paulo city, and said it had sent seven crews to the area.

VoePass originally reported 62 people were on board but has since updated the number, the Associated Press reports.

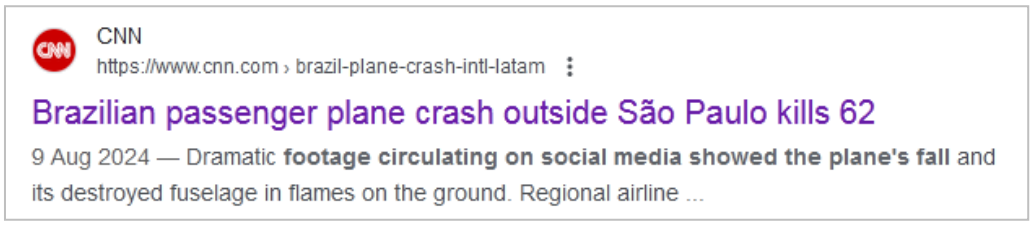
CNN World

AnneClaire Stapleton, Paul P. Murphy, Mohammed Tawfeeq, Stefano Pozzebon

Brazilian passenger plane crash outside São Paulo kills 62

CNN, 9/12 August 2024, 3:14 PM EDT
https://edition.cnn.com/2024/08/09/americas/brazil-plane-crash-intl-latam/index.html

Vinhedo, Brazil CNN – A passenger plane carrying 62 people crashed outside São Paulo on Friday afternoon, killing everyone on board.


CNN
https://www.cnn.com › brazil-plane-crash-intl-latam
Brazilian passenger plane crash outside São Paulo kills 62
9 Aug 2024 — Dramatic footage circulating on social media showed the plane's fall and its destroyed fuselage in flames on the ground. Regional airline ...

Dramatic footage circulating on social media showed the plane's fall and its destroyed fuselage in flames on the ground.

Regional airline Voepass revised the number of fatalities up to 62 from 61 after confirming another passenger was on board. It earlier said that there were 57 passengers and four crew members on board.

All of the passengers had Brazilian documents, airline officials said. Portugal's foreign ministry said on Saturday that one Portuguese citizen traveling on the plane died in the crash. It is unclear if that passenger or any other victims had dual citizenship.

Flight tracking data shows that the ATR 72-500, a twin-engine turboprop plane, dropped 17,000 feet in just one minute, but it is not yet clear why.

Social media videos of the crash showed the plane spiraling out of the sky before hitting the ground as people in the neighborhood shouted in fear. Another video showed the wreckage of the plane in flames on the ground. No one on the ground was hurt, city officials told CNN.

The flight left Cascavel, in the Brazilian state of Parana, and was en route to Guarulhos, in São Paulo state, when it lost signal shortly before 1:30 p.m. (12:30 p.m. ET), according to Flightradar24 data.

It began losing altitude a minute and a half before crashing. The plane had been cruising at 17,000 feet until 1:21 p.m., when it dropped approximately 250 feet in 10 seconds. It then climbed approximately 400 feet in about eight seconds.

Eight seconds later, it lost just under 2,000 feet. Then, in approximately one minute, it began rapidly descending – losing roughly 17,000 feet in just one minute.

The last data transmission from the plane was at 1:22 p.m.

Luiz Augusto De Oliveira described the moment the plane struck part of his property. "The plane crashed at my house," he told Reuters. "There were three people in the house - me, my wife and the maid - we are all fine."

He continued, "We thought it was a helicopter in breakdown due to the noise … and suddenly we saw the aircraft exploding in the garage of my house."

Cause not yet known

There is no information yet on what caused the crash, Voepass CEO Eduardo Busch told a press conference.

"The entire crew was competent," Busch said. "We are waiting for access to all communications between the pilot and the control tower to have a broader understanding of what happened."

Busch said the plane had two black boxes – devices that store flight data which are built to withstand crashes – and that there are two highly qualified laboratories available to analyze them.

Authorities have so far retrieved 24 bodies from the crash site, Vinhedo mayor Darío Pacheco told a press conference on Saturday.

Of those, two victims – the pilot and the co-pilot – have been preliminarily identified based on visual recognition, he said, who added that the aircraft's black boxes had been recovered in working order and sent to Brasilia for analysis.

Earlier, Sao Paulo fire brigade spokesperson Maycon Cristo said all the victims were still seated during the crash and no bodies were ejected from the site due to the plane crashing flat onto ground, Cristo said.

"Officials are working row by row (of the crashed aircraft) to retrieve and identify the bodies," he told CNN, adding that the bodies are in such conditions that it's difficult to identify.

The recovery team is working from the cockpit and moving towards the tail, where the forensic work will be harder due to the damage caused by the fire following the crash, according to the spokesperson.

In order to help identify bodies, families have been asked to share medical documentation of the victims "such as radiological, medical and/or dental exams," said a statement released by the government of the state of São Paulo.

Interrupting a speech at an afternoon naval event to address the crash, Brazilian President Luiz Inácio Lula da Silva called for a minute of silence to mark the apparent deaths of the flight's passengers and crew.

"I would like everyone to stand up so that we can observe a minute of silence because a plane has just crashed in the city of Vinhedo… and it appears they all died," he said, in a video of his statement shared on X.

The president later declared three days of mourning for the victims.

Voepass officials said that the company spent the afternoon securing hotels and psychologists for the victims' families and providing them with support.

One resident recorded video of the aftermath of a plane crashing into her neighbor's house outside of São Paulo, telling CNN she was eating lunch in her kitchen when she saw the plane going down.

She ducked down in terror and started praying, she said, calling it a "moment of panic" for the whole city. Private roads leading up to the properties are now closed off to everyone, including residents, she said, and first responders are in the area.

An investigation begins

Vinhedo City Hall said in the Friday statement that it is waiting for the Brazil Air Force team to start investigating the cause of the crash.

Brigadier Marcelo Moreno, who heads Brazil's aviation accidents agency CENIPA, told a press conference that aircraft crew had not communicated an emergency prior to the crash. "Preliminarily, we have this information that there was no information about the aircraft, that the aircraft was in any type of emergency whatsoever," he told a press conference.

Busch, the Voepass CEO, said the airline will work closely with CENIPA to investigate the crash.

According to registration data from the Brazilian Aeronautical Registry, the Voepass airplane was manufactured in 2010 and purchased by the airline in September 2022.

The aircraft was "denied operation for air taxi," according to its registration data. But it's unclear why or when that determination was made at this time.

CNN has reached out to Brazil's aviation authority for more details about that determination.

ATR, the plane's manufacturer, says it was aware of an accident and is working to support investigators.

"What we can say at this point in time is that ATR has been informed that an accident occurred in Vinhedo, Brazil involving an ATR 72-500. Our first thoughts are with all the individuals affected by this event. The ATR specialists are fully engaged to support both the investigation and the customer," the statement said.

Flight experts speaking to CNN said ATR 72s, which are constructed by a European consortium, have a checkered past. There have been at least 15 incidents resulting in passenger deaths involving ATR turboprops recorded around the world.

Passengers who missed flight 'thank God'

Some people missed the tragic flight on Friday. A man who missed the flight told Brazilian news outlet Globo that at least 10 people were waiting at the wrong gate causing them to miss the flight.

"They said to me, mister, you're not getting on this plane because we're already past the boarding limit. I even pressured them a little – 'mister, put me on this plane, I have to go' – then he said, 'There's no way, what I can do is rebook your ticket,'" the man told Globo.

When they realized they were at the wrong gate, the passengers begged the airport employees to let them board the plane but were told they could not. "My legs are shaking; only God knows how I'm feeling," the man said after finding out the plane had crashed. "Thank God, we didn't get on that plane."

2nd Smartest Guy in the World

Doctors Killed in plane crash Vowed to Release Evidence linking modified mRNA "Vaccines" to Turbo Cancer

2nd Smartest Guy in the World, 12 August 2024
https://www.2ndsmartestguyintheworld.com/p/doctors-killed-in-plane-crash-vowed

The coverups must continue when it comes to all things slow kill bioweapon “vaccines,” with the latest assassination of doctors willing to expose the global PSYOP-19 eugenics project being yet another case in point; to wit:

In the recent airplane crash in São Paulo, Brazil, six prominent scientists were among the victims. The crash occurred on August 9, 2024, and involved a Voepass ATR 72 twin-engine plane carrying 61 (2SG: 62) people. Among those who perished were eight doctors heading to an oncology conference, which included the six scientists.

The identified scientists include:

1. Dr. José Roberto Leonel Ferreira, a senior radiologist who had a significant impact in the field of radiology, particularly in pediatric radiology.
2. Dr. Mariana Belim, an intensivist in the Adult ICU at the Western Paraná University Hospital (Huop).
3. Dr. Ariane Risso, also from the Uopeccan Cancer Hospital in Cascavel.
4. Edilson Hobold, a professor of physical education.
5. Deonir Secco, a professor of agricultural engineering.
6. Raquel Ribeiro Moreira, a literature professor at the Cascavel campus.

These individuals were respected professionals in their respective fields and were traveling to share their knowledge and expertise at the conference.

Eight cancer doctors who dedicated their lives to saving others and blowing the whistle on the devastating turbo cancer epidemic sweeping the world have been found dead. The bodies of six world-leading oncologists and two resident medics were found on Friday in the wreckage of a plane that plunged from the sky in Brazil and exploded in a fireball, killing all 62 people on board.

The doctors were on their way to an international conference in Sao Paolo where they were set to present their findings that mRNA and the COVID-19 vaccines are responsible for the explosion of turbo cancers and autoimmune disease wreaking havoc around the world today.

Mainstream media are working overtime to brush this story under the carpet on behalf of Big Pharma, but the facts are damning and we are not going to let them cover up the truth.

Anyone presenting a legitimate cancer cure to the world is at risk of being murdered by the Medical and Intelligence Industrial Complexes, so without further ado the following may very well be the holy grail (turbo) cancer cure using inexpensive repurposed drugs and supplements that the powers that be desperately do not want you to know about:

New & Improved Synergistic Joe Tippens Protocol

…

And if this Substack were to suddenly go radio silent, please know that if I have some kind of shellfish allergy I never knew I had, or I lose my balance near an open window, or get nail-gunned to the back of my skull I promise you I’m not clumsy and I never ever wanted to off myself…

They want you dead.

INDEPENDENT

Eight cancer doctors among dead in Brazil plane crash – as seven others changed flight at last minute

Independent, 12 August 2024
https://www.independent.co.uk/news/world/americas/brazil-plane-crash-cancer-doctors-killed-cause-b2594898.html

At least eight cancer doctors who were heading to an oncology conference were among dozens killed in a plane crash in Brazil's Vinhedo on Friday, an official has said.

The ATR 72 twin-engine plane carrying 58 passengers and four crew members was headed for Sao Paulo's Guarulhos international airport when it nose-dived and crashed in Vinhedo, said Voepass airlines, which operated the aircraft.

Emergency crews confirmed on Saturday they had recovered the remains of all 62 victims, including an unaccounted person later found to be on the plane.

An official from the Regional Medical Council said he was able to confirm the deaths of the eight doctors.

"These doctors were going to an oncology conference. These were people who dedicated their lives to saving others," said Eduardo Baptistella, according to the *Daily Mail*.

He added that a total of 15 doctors were supposed to be travelling to the conference on the flight, but seven of them had taken an earlier service.

The Uopeccan Cancer Hospital in Cascavel confirmed to BBC Brasil that two of its trainee doctors were among the fatalities.

Parana state governor Ratinho Junior was also quoted as saying at least eight physicians were on board the flight, and that the death toll also included four professors at Unioeste university in western Parana.

Rescue workers and Brazilian emergency crews said the bodies of most of the victims – 34 males and 28 females – have been moved to Sao Paulo's police morgue for identification.

The bodies of the pilot and co-pilot were identified earlier on Saturday, said Dario Pacheco, the mayor of Vinhedo.

The victims include four people with dual citizenship, three Venezuelans and one Portuguese woman, said regional carrier Voepass.

Firefighters at the crash site said officials are using seat assignments, physical characteristics, documents and belongings such as mobile phones to identify the victims.

Family members of the victims are being taken to Sao Paulo to provide DNA samples to help in the identification of remains, said state civil defence coordinator Henguel Pereira.

Four people with dual citizenship were among the victims, three Venezuelans and one Portuguese woman, according to Veopass officials.

NATURAL NEWS
Defending Health, Life and Liberty

Ethan Huff

Doctors killed in Brazilian plane crash promised to release evidence tying mRNA "vaccines" to Turbo Cancer

Natural News, 18 August 2024
https://www.naturalnews.com/2024-08-18-doctors-brazil-evidence-mrna-vaccines-turbo-cancer.html

The other day, we reported that eight of the 62 (not 68 as was originally reported) people who died in the recent ATR 72 turboprop plane crash in Sao Paulo, Brazil, were doctors headed to an important oncology conference. It has since come out that six of these eight were also scientists who planned to expose mRNA (modRNA) "vaccines" as a cause of turbo cancer.

https://www.youtube.com/watch?v=kZ6dzKbU3WM
https://www.unioeste.br/portal/central-de-noticias/66289-nota-de-pesar-31

The following six scientists were planning to do a really good thing before someone sabotaged the plane they were traveling on to ensure their message was never sent or received:

1) Dr. José Roberto Leonel Ferreira, a senior radiologist who had a significant impact in the field of radiology, particularly in pediatric radiology
2) Dr. Mariana Belim, an intensivist in the Adult ICU at the Western Paraná University Hospital
3) Dr. Ariane Risso, also from the Uopeccan Cancer Hospital in Cascavel
4) Edilson Hobold, a professor of physical education
5) Deonir Secco, a professor of agricultural engineering
6) Raquel Ribeiro Moreira, a literature professor at the Cascavel campus

All six of these individuals were highly respected professionals in their respective fields. The purpose of their travel was to share their expertise in front of a large audience, which apparently had to be stopped to keep a lid on the truth. The other two medical professionals who perished were resident medics, reports indicate.

Assassinating the truth

Had the plane been allowed to land safety rather than mysteriously crash in a residential neighborhood not far from the event, it would have exposed to the entire world the ugly truth about mRNA and what it does to the human body.

The corporate media initially reported on the crash as a mere event, failing to explain who was aboard the plane. It took the independent media to dig a little bit deeper and discover that this was apparently an assassination effort aimed at some of the world's best minds.

The *2nd Smartest Guy in the World* Substack shared what is known as the "new and improved synergistic Joe Tippens protocol" which may help those suffering from mRNA-induced turbo cancer to overcome their illness. The protocol is as follows:

- 400-800 milligrams of tocotrienol and tocopherol (all eight forms of vitamin E) every day, i.e., Gamma E by Life Extension of Perfect E
- 600 mg per day of bioavailable curcumin, i.e., Theracurmin HP by Integrative Therapeutics
- 62.5 micrograms (2,500 IU) of vitamin D every day
- 1-2 droppers full (roughly 167-334 mg) daily of CBD-X, the most potent form of full-spectrum cannabidiol oil containing 5,000 mg of activated cannabinoids and hemp compounds, i.e., CBD, CBN, and CBG
- 300 mg of fenbendazole six days a week, or up to one gram daily in the case of severe turbo cancers
- 24mg daily of ivermectin, or up to one gram daily for severe turbo cancers
- Two capsules of VIR-X immune support daily

This protocol is said to work exceptionally well for turbo cancers, and there are links at 2ndsmartestguyintheworld.com for purchasing these recommended products.

"The loss of these doctors is a significant setback to the medical freedom movement in Brazil," commented Dr. Chris Flowers, MD. "Pray for their families, and keep fighting. Several of us testify in National and international hearings on COVID and turbo cancers and will miss their input."

Another shared the story of her local doctor who was persecuted by the medical police state in Florida for treating Lyme disease patients.

"He had a visit by trench coats in the 2010', in Florida, and was told to stop treating Lyme or he was done," this person explained. "He's just waiting to retire now, a zombie since the jabs. A once brilliant doctor."

=> Doctors Killed in Plane Crash Vowed To Release Evidence Linking Modified mRNA "Vaccines" to Turbo Cancer. – 14 August 2024 - https://www.2ndsmartestguyintheworld.com/p/doctors-killed-in-plane-crash-vowed

8 Cancer Doctors, 2 Kids and a Lawyer: What We Know About Victims of Brazil Plane Crash That Killed 61. – 12 August 2014. - https://people.com/8-cancer-doctors-2-kids-and-a-lawyer-what-we-know-about-victims-of-brazil-plane-crash-that-killed-61-8693883

Philip Ward. Senior radiologist dies in Brazilian plane crash. – 12 August 2024. – https://www.auntminnie.com/clinical-news/article/15681548/senior-radiologist-dies-in-brazilian-plane-crash

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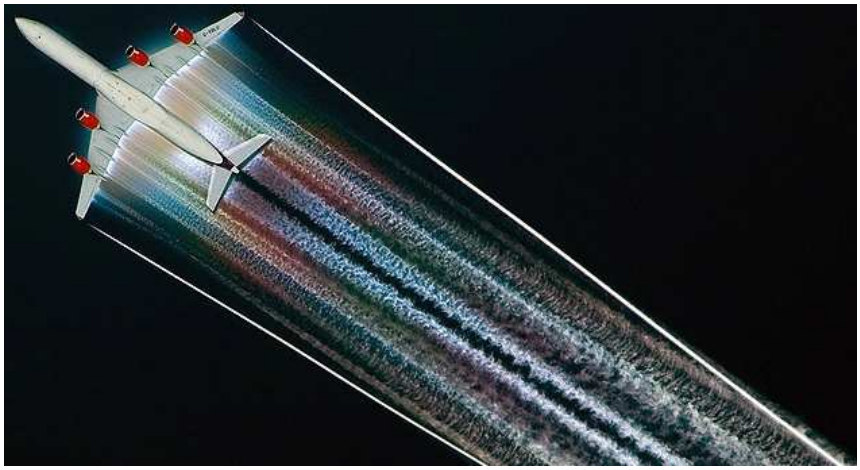
NEWSTARGET

Lance D Johnson

Florida Senate passes bill banning geoengineering and weather modification and Governor DeSantis has indicated it will become law

NewsTarget, 5 April 2025
https://www.newstarget.com/2025-04-05-florida-senate-passes-bill-banning-geoengineering-and-weather-modification.html

In a significant move that has sparked both praise and controversy, the Florida Senate passed Senate Bill 56 (SB-56) on Thursday, prohibiting geoengineering and weather modification activities within the state. The bill, often referred to as the "chemtrails bill," passed with a strong majority vote of 28-9, marking a pivotal moment in the ongoing debate over atmospheric interventions.



The bill's provisions and public concerns

SB-56 explicitly bans the "injection, release, or dispersion, by any means, of a chemical, a chemical compound, a substance, or an apparatus into the atmosphere within the borders of this state for the express purpose of affecting the temperature, weather, climate, or intensity of sunlight." This prohibition comes in response to widespread public concerns about the potential health and environmental impacts of geoengineering practices.

Bill sponsor Senator Ileana Garcia emphasized the importance of the legislation, noting that her constituents have repeatedly expressed concerns about "condensation trails, aka chemtrails." She stated, "There's a lot of skepticism. I have a problem with people spraying perfume around me sometimes, don't you have a problem with people spraying things into the atmosphere that really have no type of empirical data, that you just don't know who they are or what they're doing?"

The bill also mandates that the Florida Department of Environmental Protection (FDEP) establish a system for residents to report suspected geoengineering activities. The FDEP will be responsible

for investigating these claims, ensuring that any unauthorized atmospheric interventions are addressed promptly. This will ultimately lead to paranoid claims about jet contrails, sparking multiple investigations that come up empty.

Desantis supports a ban on chemtrails

Florida Surgeon General Joseph Ladapo voiced his support for the bill, highlighting the potential health risks associated with geoengineering. "Big thanks to Senator Garcia for leading efforts to reduce geoengineering and weather modification activities in our Florida skies," Ladapo posted on X. "These planes release aluminum, sulfates, and other compounds with unknown and harmful effects on human health. We have to keep fighting to clean up the air we breathe, the water we drink, and the food we eat."

However, Governor Ron DeSantis, while supportive of the bill, expressed frustration with the House version, which he described as "gutted." The House version of the bill does not outright ban weather modification but requires a license for such activities, with less severe penalties. DeSantis stated, "The Florida House of Representatives has gutted Sen. Garcia's legislation, and they would actually codify the practice of geoengineering and weather modification."

Broader implications and national trends

If SB-56 is passed by the Florida House and signed into law, Florida will join Tennessee as the second state to ban geoengineering. Tennessee's law, which went into effect on July 1, 2024, sets a precedent that other states are now following. Over two dozen states, including Kentucky, New Hampshire, Rhode Island, and South Dakota, have introduced similar legislation in 2024 and 2025, indicating a growing national movement against atmospheric interventions.

California-based attorney Nicole Shanahan applauded the bill, emphasizing the need to expose the entities funding geoengineering projects. "Banning geoengineering at the state level is a good start, but real change happens when we expose the bad actors who have been funding these projects and are heavily invested in preventing an end to this at the federal level," Shanahan wrote on X.

The debate over geoengineering is not new. For decades, concerns have been raised about the potential unintended consequences of large-scale atmospheric interventions. Critics argue that these practices, often funded by powerful entities like the World Economic Forum and individuals like Bill Gates, could exacerbate environmental problems rather than solve them. RFK Jr., in an interview last year, warned that these projects are often driven by a desire for more social control.

"They aggravate the problem then sell us the solution," he explained, adding, "The solution they want is more social controls."

As Florida stands on the brink of becoming the second state to ban geoengineering, the implications are far-reaching. The bill not only addresses immediate public health and environmental concerns but also sends a strong message about the need for transparency and accountability in scientific and technological interventions. The question remains: Will other states follow suit, and how will this movement impact the broader conversation on climate change and environmental stewardship?

Ольга Четверикова

За фасадом ВОЗ – Behind the facade of WHO
Рокфеллер, Гейтс и заговор большой фармы против человечества
ММСП 2005 как административный инструмент ВОЗ

М.: Книжный мир, 2021
http://flibusta.site/b/641447/read#n_179

Глава 9. ММСП 2005 – как административный инструмент ВОЗ

Чтобы лучше понять, каким образом «Большая фарма» и финансовые игроки использует ВОЗ в своих интересах, в качестве механизма реализации своей политики, надо проследить, как изменялись полномочия и возможности ВОЗ в качестве международной организации.

Напомним, что в соответствии с ст. 21 Устава ВОЗ Ассамблея здравоохранения ВОЗ имеет полномочия устанавливать права, касающиеся санитарных и карантинных требований, номенклатур болезней, стандартов диагностических методов исследования и пр. При этом в ст. 22 говорится, что «правила, принимаемые в соответствии со ст. 21, становятся обязательными для всех членов после того, как будет сделано должным образом оповещение об их принятии Ассамблеей здравоохранения, за исключением тех членов Организации, которые известят генерального директора в указанный в оповещении срок об отклонении их или оговорках в отношении них».[168]

Таким образом, правила, установленные ВОЗ, не носят автоматически обязательного или приказного характера, и принятие или отклонение их зависит от согласия самих государств-членов.

Проводит в жизнь решения Ассамблеи Исполнительный комитет, который может, в соответствии со ст. 28 (i) «в пределах круга ведения и финансовых возможностей принимать чрезвычайные меры в случаях, требующих немедленных действий. В частности, он может уполномочить Генерального директора принимать необходимые меры по борьбе с эпидемиями, принимать участие в организации медицинской помощи жертвам народных бедствий» и пр.

С 1969 г. действовали Международные медико-санитарные правила (ММСП), обеспечивавшие мониторинг и контроль 6 серьёзных инфекционных заболеваний: холеры, чумы, жёлтой лихорадки, оспы, возвратного тифа и эпидемического тифа. Но при этом только 3 болезни подлежали международной регистрации, при которой государства должны были уведомить ВОЗ о появлении этих болезней на своей территории: это холера, чума и жёлтая лихорадка.

Однако в связи с тем, что в начале 90-х годов в условиях обострения общей геополитической обстановки вновь стали распространяться такие болезни, как холера и чума, а также появились новые инфекционные заболевания (лихорадка Эбола), ВОЗ приняла в 1995 г. на своей 48 сессии резолюцию о пересмотре ММСП. В качестве аргументов, обосновавших необходимость пересмотра, были приведены зависимость от официальной системы уведомления об этих болезнях и отсутствие формального и международного скоординированного механизма для предотвращения их распространения.

В итоге 23 мая 2005 г. на 58 сессии ВОЗ были приняты новые *Международные медико-санитарные правила* (**ММСП)**, вступившие в силу в 2007 г. и ставшие одним из базовых документов, регламентирующих деятельность этой организации.[169]

ММСП представляют собой международный договор (закон), устанавливающий глобальные правила в области общественного здравоохранения с целью усиления медико-санитарной безопасности на национальном, региональном и международном уровнях. Его цель – предупредить международное распространение болезней, проводя профилактические и противоэпидемические мероприятия. Они нацелены на укрепление коллективной защиты здоровья населения от многочисленных и разнообразных рисков в современном глобализированном мире, которые могут быстро распространяться в глобальном масштабе в результате увеличивающихся объёмов международных поездок и торговли. Руководство работой ВОЗ по координации осуществления ММСП ведет Департамент по глобальному потенциалу в области предупреждения о вспышках болезней и ответных действий.

Этот договор расширил возможности и полномочия ВОЗ и его генерального директора и стал инструментом, играющим ключевую роль в обеспечении глобальной безопасности в области здравоохранения.[170]

Основные изменения, внесённые в ММСП, заключаются в следующем.

ММММСП расширяют масштаб правил и охватывают теперь существующие, новые и вновь возникающие болезни, включая острые патологические состояния, вызванные неинфекционными болезнетворными агентами. В силу новой правовой основы ММСП обеспечивают быстрый сбор информации, общее понимание того, что могут представлять собой *чрезвычайные ситуации в области общественного здравоохранения, имеющие международное значение* (**ЧСОЗМЗ**), а также возможность оказания странам международной помощи.

...

Таким образом, Гендиректор ВОЗ получает, как мы уже указывали, очень большие полномочия, и с учётом крайне размытых критериев для объявления ЧСЗМЗ и определяющего значения теневых механизмов и личного влияния всё это открывает неограниченные возможности для произвола.

Что касается правового статуса ММСП, то, в соответствии с Уставом ВОЗ, они автоматически становятся обязательными для всех государств-членов ВОЗ, если они активно и в течение ограниченного периода времени не заявили о своём несогласии с ММСП. Однако ни одно государство-член ВОЗ не вышло полностью из-под действия этих Правил, и только две страны сделали по ним определённые оговорки.

Одна – это Индия, сделавшая оговорку по поводу распространения на её территории жёлтой лихорадки. А вторая – это США, которые оставили за собой право принять обязательства по ММСП в форме, совместимой с её фундаментальными принципами федерализма. То есть правила эти будут выполняться Федеральным правительством или правительствами штатов в соответствии с конституцией, и в той степени, в какой обязательства подпадают под правовую юрисдикцию правительства штатов, Федеральное правительство представит такие обязательства вниманию соответствующих властей штатов.

...

И одновременно государства приобретают **следующие обязанности**, среди которых, в частности:

– назначение национального координатора по ММСП;

– проведение оценки событий, происходящих на их территории, и оповещение ВОЗ о всех событиях, которые могут представлять собой ЧСОЗМЗ;

– ответ на запросы, касающиеся проверки информации относительно событий, которые могут представлять собой ЧСОЗМЗ;

– направление в ВОЗ любых фактических данных об идентифицированных за пределами их территории рисках для здоровья населения, которые могут вызвать международное распространение болезни;

– применения усилий для проведения рекомендуемых мер;

– сотрудничество с другими государствами-участниками и ВОЗ в целях выполнения ММСП (2005 г.).

Соответственно новые функции и обязанности приобретает и ВОЗ ...

...

Согласно ММСП (2005 г.), ВОЗ следует в обязательном порядке уведомлять обо всех случаях следующих четырёх болезней: оспа, полиомиелит, вызванный диким полиовирусом, тяжёлый острый респираторный синдром (ТОРС) и человеческий грипп, вызванный новым подтипом вируса.

Одновременно с ММСП ВОЗ в том же году разработала шкалу, включавшую 6 «фаз предупреждений о вероятности пандемии» для гриппа и новых разновидностей гриппа:

1 фаза – низкий уровень риска заражения;

2 фаза – значительный риск заражения;

3 фаза – «случаи инфицирования человека новой разновидностью гриппа»;

4 фаза – передача вируса от человека к человеку ограничивается редкими случаями;

5 фаза – хотя «вирус всё еще не является в полной мере заразным, появляется значительный риск возникновения пандемии»;

6 фаза – соответствует периоду пандемии.

Таким образом, как мы видим, ММСП превратились в эффективный инструмент влияния ВОЗ, которая приобрела исключительные полномочия объявлять чрезвычайные ситуации в области глобального здравоохранения. После этого началась подготовка к большой пандемии гриппа.

...

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Ольга Четверикова

За фасадом ВОЗ – Behind the facade of WHO
Рокфеллер, Гейтс и заговор большой фармы против человечества
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М.: Книжный мир, 2021
http://flibusta.site/b/641447/read#n_179

Глава 10. Репетиции большой пандемии

Всем понятно, чем выгодна пандемия компаниям «Большой фармы», и как они на ней зарабатывают. Но тут есть ещё важный момент, который становится главным. Пандемия даёт фармкомпаниям возможность создать новую бизнес-модель, которая позволяет им работать без рисков и постоянно наращивать свою прибыль. Речь идёт не о лечении, а о предотвращении и профилактике болезней с помощью вакцинации. Но продвижению вакцинации препятствуют два фактора. Первый связан с принципом её добровольности, сохраняющимся в большинстве стран. А второй – с тем, что вакцинация против определённых видов заболеваний ведёт к появлению устойчивого иммунитета на всю жизнь к этим болезням и делает ненужной её повторение, что приносит фармкомпаниям первоначальный доход, который затем неуклонно снижается.

Решить эти проблемы можно следующим образом. Во-первых, сделать вакцинацию обязательной, напугав людей настолько, чтобы они приняли её как единственное спасение, и подстраховавшись соответствующими нормативно-правовыми актами. Во-вторых, вакцинировать от тех «вирусов», от которых невозможно получить устойчивый иммунитет в силу того, что они постоянно мутируют. Такими вирусами являются «вирусы» ОРВИ или гриппа.[174]

Именно к возможной пандемии гриппа и стала готовиться ВОЗ ещё с конца 90-х годов.

В 1999 г. она выпустила первый в своей истории документ, в котором говорилось о грядущей пандемии гриппа и который назывался *«План подготовки к пандемии гриппа: роль ВОЗ и руководство для национального и регионального планирования».*[175] Он был подготовлен рядом учёных в сотрудничестве с европейской научной рабочей группой по гриппу (ESWI), играющей центральную роль в обеспечении связей ВОЗ с исследовательскими европейскими институтами.[176] Поскольку эта группа спонсируется компаниями «Большой фармы», она находится под их влиянием. Среди них Roche, Sanof Pasteur, Novartis, GlaxoSmithKline, Astra Zeneca, Baxter и др. В состав группы тогда входили профессор К. Николсон из Лестерского университета в Великобритании и профессор А. Остерхауз из Университета Эразма в Нидерландах, участвовавшие в разработке препарата «Тамифлю» компании Roche. Последний был председателем исполкома ESWI. И показательно, что в том же году лекарство «Тамифлю» было выведено на рынок США вместе с другим препаратом, «Реленза» компании Glaxo Wellcome, вошедшей затем в состав GlaxoSmithKline.

В 2002 г. в штаб-квартире ВОЗ в Женеве прошла встреча экспертов по гриппу, на которой присутствовали представители фармкомпаний Roche и Aventis Pasteur и материалы которой вошли в *«Руководство по использованию вакцин и противовирусных препаратов во время пандемии гриппа»,* опубликованное ВОЗ в 2004 г.[177] А приложение к руководству с рекомендациями по использованию этих препаратов было написано Ф. Хайденом из Виргинского

университета, получавшим деньги за лекции и консультации компании Roche и GlaxoSmithKline. В нём рекомендовалось всем странам иметь большой запас противовирусных препаратов на случай пандемии. Авторами других приложений (по вакцинации в условиях пандемии и по пандемическому гриппу) были учёные А. Монто из Мичиганского университета и К. Николсон, которые также получали гонорары за консультации и помощь в проведении исследований Roche, GlaxoSmithKline (GSK) и ViroPharma, Wyeth, Chiron и Berna Biotech.[178]

Для внесения определённой ясности по поводу пандемии гриппа ВОЗ в 2003 г. на своей странице «Готовность к пандемии» дала такую информацию: «Пандемия гриппа возникает, когда появляется новый вирус гриппа, против которого у человеческого населения нет исходного иммунитета, *что приводит к нескольким одновременным эпидемиям по всему миру с огромным числом умерших и заболевших*. С ростом глобального транспорта и коммуникаций, а также урбанизацией и перенаселённостью, эпидемии, вызванные новым вирусом гриппа, вероятно, быстро распространятся по всему миру».[179]

В те же годы в США была разработана программа тотального карантина для населения, которую инициировал тогдашний министр обороны Джон Рамсфелд (2001–2006). Вряд ли было совпадением то, что в 1997–2001 гг. он возглавлял американскую биотехнологическую компанию Gilead Sciences, занимающуюся исследованиями, разработкой и коммерциализацией низкомолекулярных противовирусных препаратов, и именно у неё в 1996 г. купила лицензию на производство «Тамифлю» компания Roche. Став министром, Рамсфелд оставил за собой большой пакет акций компании.[180]

При Рамсфелде и Буше-младшем военное руководство активно изучало возможность противодействия атакам с использованием биологического оружия против американских военных, дислоцированных за пределами страны. В 2005 г. Министерство обороны и Служба охраны здоровья США предложили определённую методику карантина, которая превращала военные базы в объекты, недоступные для ликвидации с помощью биологического оружия. Военные базы США должны были быть превращены в закрытые города, способные выдержать длительную осаду и в которых можно без проблем прожить несколько месяцев. Для этого всех больных солдат необходимо изолировать в госпиталях, а для здоровых ввести казарменный режим с запретом покидать базы. Поскольку в представлении неоконсерваторов террористами являются все иностранные граждане, а у тех нет возможности проникнуть в расположения американских военных, базы будут защищены.[181][182]

Такую же методику Рамсфелд распорядился распространить на всё население США. То есть, в случае широкого применения биологического оружия тотальный карантин, который вначале собирались задействовать только на базах, должен был быть введён и для гражданских лиц. Разработать соответствующий план было поручено доктору К. Мехеру и доктору Р. Дж. Хэтчетту из Совета национальной безопасности, которые осуществили это в 2006 г. в Центрах по контролю и профилактике заболеваний (*Centers for Disease Control and Prevention* – CDC), представляющих собой федеральное агентство министерства здравоохранения США.[183]

План этот предполагал и введение социального дистанцирования как меры немедикаментозного вмешательства при борьбе с эпидемиями, которая впервые была широко применена в период средневековья. Озвучена эта идея была в Национальной стратегии по борьбе с пандемическим гриппом 2006 г., в которой говорилось: «Меры по защите границ и прекращению транспортировок будут наиболее эффективны для замедления пандемии, если они являются частью более масштабной стратегии, которая включает в себя другие виды вмешательства, такие, как меры по борьбе с инфекцией и гигиена рук и правила кашля, социальное дистанцирование, изоляция, вакцинация и лечение антивирусными препаратами». Как указал по этому поводу один из исследователей, «одна из закрытых сторон коронавирусного кризиса – это то, что идея, родившаяся из просьбы президента Буша-младшего по обеспечению лучшей готовности нации к следующей вспышке заразной болезни, стала сердцем национального руководства по ответу на пандемию»[184].

Надо отметить, что когда Мехер и Хэтчетт представили свой план, высокие чиновники, привыкшие опираться на фарминдустрию с её препаратами, встретили это предложение со скепсисом и насмешкой, поскольку оно рассматривалось как невыполнимое. Никто не мог представить, что эта идея будет доведена до абсурда и станет реальностью.

Однако тут важно подчеркнуть, что программа Рамсфелда рассматривалась им не столько как борьба против локальной эпидемии, сколько как инструмент реализации политического глобального плана, с помощью которого можно будет перестроить всю финансовую и социально-экономическую систему мира. Всемирная всеобщая самоизоляция приведёт к перестройке всего мирового сообщества и перераспределению задач по регионам, запустит ещё большую специализацию глобальной экономики, в результате которой США оставят себе главный сектор. Зоны, не интегрированные в глобальную экономику, должны быть лишены государственных институтов власти и превращены в простые резервуары природных ресурсов. Достаточно развитые зоны (в числе которых ЕС, Россия и Китай) будут ответственны за производство товаров широкого потребления, а производство вооружений для армии и полиции во всём мире будут обеспечивать только США.

Похожие идеи разрабатывались в Американском институте предпринимательства группой «Проект нового американского века». Но с этим связана и доктрина глобального разделения труда, именуемая доктрина Цебровски.[185]

А. К. Цебровски – вице-адмирал ВМС США, специалист по сетевым войнам, сторонник глобальной перестройки, предполагающей перераспределение производительных сил в пользу США, разрушение ряда производств и переориентацию промышленности в пользу вооружений и внедрение тотального электронного контроля над населением через мобильные телефоны. Главная ответственность за напряжённость в мире при этом возлагается на Китай, что требует его наказания и переустройства мира. Существует и ещё один важный пункт: переключение неявного финансирования СМИ, с интересов нефтяных на интересы фармацевтических компаний.

Таким образом, идея «всеобщей обязательной изоляции», предложенная 15 лет назад администрацией Буша, была изначально направлена не на обеспечение здоровья людей, а на милитаризацию американского общества на случай биологической атаки и для введения непрерывного управления, сметающего всю существующую официальную власть в США.

Тогда эта идея вызвала бурю протестов, которые возглавил профессор Дональд Хендерсон, руководивший одновременно Школой медицины при университете Джона Хопкинса и американской системой реагирования на эпидемии. Он оценил эти планы как окончательное скатывание администрации к тоталитаризму, приведшему к принятию «Патриотического акта» после теракта 11 сентября, и нарушение Конвенции о защите прав человека и основных свобод.[186] В 2017 г. при Трампе все официальные документы, в которых упоминались указанные меры, были уничтожены, а Ричард Хэтчетт стал директором Коалиции за инновации по предупреждению эпидемий (CEPI), которая координирует деятельность по разработке новых вакцин (к ней мы ещё вернёмся).

Однако инструкции были готовы и ждали своего часа. Так же, как уже были приняты новые международные медико-санитарные правила (ММСП), которые должны были вступить в силу в 2007 г.

Показательно, что разработка указанного плана и новых ММСП совпала по времени со вспышкой так называемого птичьего гриппа (H5N1), который начал распространяться ещё в конце 2004 г. Большую роль в пропаганде идеи о смертельной опасности этого гриппа сыграл уже упомянутый А. Остерхауз. До этого он способствовал раскручиванию паники по поводу атипичной пневмонии 2003 г., но эта тема уже была неактуальна и исчезла из поля зрения общественности, так что он перенёс своё внимание на новую болезнь.

Ещё в 1997 г. Остерхауз начал бить тревогу в связи со смертями в Гонконге нескольких человек, которые имели прямой контакт с птицами. Тогда он перешёл к продвижению в европейских правительствах утверждения о новой смертельной мутации птичьего гриппа, который передаётся людям. В своём интервью BBC о новой опасности в октябре 2005 г. он заявил, что «если вирус на самом деле мутировал таким образом, что он теперь может передаваться от человека к человеку, то мы имеем совершенно иную ситуацию, мы, возможно, стоим на пороге пандемии». Вирус так и не смог мутировать, но Остерхауз уже тогда был готов делать эксперименты, причём за огромные деньги.[187]

В декабре 2004 г. на сайте ВОЗ появилась информация, что распространение гриппа H5N1 может спровоцировать пандемию, характеристики которой предсказать невозможно, но это может затронуть от 20 % до 50 % всего населения. Указывалось, что большая часть мира не готова к пандемии и даже при самых оптимальных её сценариях от 2 до 7 млн человек умрут, а десятки миллионов потребуют медицинской помощи. Такую же цифру оглашал тогдашний руководитель программы ВОЗ по борьбе с гриппом, немецкий вирусолог и эпидемиолог Клаус Штёр. В связи с этим ВОЗ, подчеркнув, что глобальное распространение пандемии невозможно остановить, но надо снизить её воздействие, рекомендовала накапливать запасы противовирусных препаратов и вакцин и работать над продвижением разработки вакцин против пандемических вирусов[188].

В ответ на это многие правительства стали закупать большие объёмы лекарств «Тамифлю» и «Реленза», которые позиционировали как наиболее успешные в борьбе против гриппа. Особенно мощная кампания была развязана в США. О том, что страна должна быть готова к тому, что перелётные птицы, заражённые вирусом, доберутся до неё в течение последующих нескольких месяцев, заявил, в частности, глава Министерства внутренней безопасности Майкл Чертофф. По инициативе Буша-младшего американский конгресс, напуганный гипотетическими последствиями гриппа (с возможным летальным исходом от 200 тыс. до 2 млн человек), выделил на борьбу с ним 7,1 млрд. долл., из которых 2 млрд. пошло на закупку 20 млн. доз «Тамифлю». Массовые закупки США поддержали правительства Великобритании, Японии, Израиля и других государств, в результате чего Roche заработала от продажи лекарства более миллиарда швейцарских франков.[189] Что же касается Рамсфелда, то на пике страхов относительно угрозы эпидемии он удачно продал часть своих акций, получив чистую прибыль в 5 млн долл.[190]

Однако опасность птичьего гриппа оказалась не просто преувеличенной, но фальшивой, вместо прогнозируемых 7 млн человек жертвами гриппа оказались 400. Штёр, сыгравший решающую роль в принятой тогда стратегии ВОЗ, покинул эту организацию, заняв высокую должность в фармацевтической компании Novartis.

Волна массовых человеческих смертей не стала реальностью, но Roche и GSK уже вложили миллиарды долларов в производство неэффективных и опасных препаратов в надежде на государственные закупки в огромных масштабах. Поэтому не успела закончиться вспышка птичьего гриппа, как близкие к ВОЗ и Большой фарме учёные-медики стали предупреждать о возможной новой пандемии гриппа, подобного вирусу H1N1, который может иметь страшные последствия.[191] Так, в 2006 г. группа исследователи из Гарварда опубликовала в журнале «The Lancet» свои прогнозы о возможной гибели 62 млн человек, а оценка советника министра здравоохранения и социальных служб США профессора Остерхольма была ещё более драматичной – от 180 до 360 млн. погибших.[192] Активное участие в этой информационной кампании принимал всё тот же А. Остерхауз, прозванный «Доктором Гриппом».

В итоге, когда в марте 2009 г. из небольшой деревни Ла-Глория в мексиканском штате Веракрус пришло сообщение о заболевании, которому дали название «свиной грипп»,[193] а затем подобные случаи были зафиксированы в США, пропагандистский аппарат ВОЗ с непристойной поспешностью стал нагнетать обстановку.[194] 24 апреля ВОЗ выпускает первое сообщение о вспышке болезни по данному вопросу, подтверждающее инфицирование людей

в Мексике и США «вирусами свиного гриппа A/ H1N1… ранее не обнаруживавшихся среди свиней или людей», а 25 апреля она собрала Чрезвычайный комитет (ЧК), по совету которого гендиректор объявил ЧСЗМЗ, а в США начинается Неделя вакцинаций. 27 апреля после заседания ЧК ВОЗ поднимает уровень предупреждения о пандемии до 4-й фазы, а 29 апреля – до 5-й. Как заявила тогда гендиректор ВОЗ Маргарет Чен, все страны должны немедленно активировать свои планы по обеспечению готовности к пандемии. Во многих странах был введён масочный режим, учебные заведения закрывались, запрещены были массовые гуляния.

Однако для объявления пандемии оснований не было, так как не было «огромного числа умерших и заболевших» (критерий ВОЗ). Более того, сама М. Чан отметила тогда после жарких дебатов внутри ВОЗ, что «на сегодняшний день подавляющее большинство пациентов испытывает лёгкие симптомы и достигает быстрого и полного восстановления, часто в отсутствие какого-либо медицинского лечения» и что «во всём мире число смертей мало» и они не ожидают «увидеть внезапного и резкого всплеска числа серьёзных или смертельных инфекций».[195]

Но 4 мая на сайте CNN появляется статья, в которой профессор охраны окружающей среды Бостонского университета Д. Озонофф заявил, что слово «пандемия» не так страшно, как кажется, и что оно относится к тому, насколько широко распространена болезнь, а не к тому, насколько она серьёзна и сколько от неё умерло людей. В связи с этим один из репортёров CNN отметил несоответствие между этим утверждением и определением, данным на сайте ВОЗ. На что, в свою очередь, тут же ответила пресс-секретарь ВОЗ Натали Буду, заявившая, что определение ВОЗ было ошибочно и что оно удалено. Аргументировано это было тем, что определение было дано давно, оно рисует довольно мрачную картину и внушает страх. В итоге появилось «правильное определение», заключающееся в том, что «пандемия» не имеет никакого отношения к тяжести заболеваний или числу смертей и означает вспышки новых заболеваний по крайней мере в двух из 6 регионов, на которые ВОЗ делит мир.[196]

Позже пресс-секретарь ВОЗ Г. Хартл в интервью медицинскому сайту *Medscape* вообще заявил, что старое определение пандемии было только описанием, а не официальным определением: «Это не определение, но мы признаём, что оно могло быть так воспринято. Мы виноваты в путанице между определениями и описаниями». Это подтвердила и гендиректор Ч. Мон, заявившая, что старое определение пандемии было неофициальным.[197] И уже 11 июня ВОЗ заявила о 6 фазе, объявив, таким образом, впервые о пандемии гриппа.[198]

А чуть позже она ввела изменения в требования к отчётности по вирусной инфекции пандемического гриппа. Сославшись на то, что пандемия распространяется с беспрецедентной скоростью и что странам становится сложно или невозможно проверять и подтверждать эти случаи путём лабораторного тестирования, ВОЗ отменила выпуск глобальных таблиц с количеством подтверждённых случаев заболевания во всех странах. После чего точное число заболевших и умерших установить стало невозможно. Так, в США, по оценкам CDC, за год пандемии диапазон заболеваний составил от 43,4 до 89,3 млн человек, а диапазон умерших – от 8,8 до 18,3 тысяч.[199]

Что же касается числа умерших от свиного гриппа в мире в целом, то если по данным CDC оно составило от 151 до 575 тысяч,[200] то по данным ВОЗ – 18449 человек (при 491,3 тысячах подтверждённых лабораторно случаях заболевания).[201]

Для лечения ВОЗ рекомендовала всё те же «Тамифлю» и «Релензу», которые стали закупаться в огромных объёмах: 85 стран закупили 220 млн упаковок «Тамифлю» на сумму около 18 млрд. долл. (в России продажи препарата в 2009 г. выросли на 1000 %). То же самое произошло с вакцинами.

А в то время директором Инициативы ВОЗ по исследованию вакцин была д-р М.-П. Кини, которая до 1988 г. работала в биотехнологической компании Transgene SA, имевшей стратегические партнёрские отношения по производству вакцин с компанией Roche. До прихода в ВОЗ Кини также принимала активное участие в европейской инициативе по вакцинам (European

Vaccine Iniciative – EVI),[202] которая представляет собой ведущее европейское некоммерческое партнёрство, занимающееся разработкой вакцин, клиническими исследованиями и подготовкой учёных из стран с низким и средним уровнем доходов.

Его учредителями стали Стокгольмский и Гейдельбергский университеты, а членами:
– Центр биомедицинских исследований приматов (Рейсвейк, Нидерланды);
– Гейдельбергский университет (Гейдельберг, Германия);
– Фонд вакцин Дженнер (Оксфорд, Великобритания);
– Институт Пастера (Париж), и
– Королевский колледж хирургов в Ирландии (Дублин).

А донорами партнёрства являются ВОЗ, ЕС, Коалиция по инновациям в обеспечении готовности к эпидемиям (CEPI), Партнёрство по клиническим исследованиям в Европе и развивающихся странах (EDCTP), Глобальный фонд инновационных технологий здравоохранения (GHIT), Инициатива по инновационным лекарственным средствам (IMI), Nobelpharma Co., Ltd., Специальная программа исследований и обучения тропических болезней ВОЗ, SAP, а также агентства и департаменты министерств иностранных дел Дании, Нидерландов, Ирландии, Швеции и др.[203] Все эти структуры активно продвигают новые вакцины.

В итоге вакцинацией оказались охвачены миллионы людей. Через ВОЗ в страны, не имевшие собственного производства вакцины, было поставлено около 78 млн доз. В США было вакцинировано около 75 млн. человек (25 % населения), в Канаде 13,5-15 млн. человек (40–45 %), а в Финляндии – всё население.[204]

Однако и в данном случае опасность гриппа была сильно преувеличена. Так, одна только Германия заказала лекарств и вакцин от гриппа на сумму 450 млн евро, но волна заражения в стране была относительно лёгкой, а число смертей (258 смертей на 226 000 больных) оказалось меньше, чем обычная эпидемия сезонного гриппа. В итоге государственные запасы, оплаченные за счёт налоговых средств, из-за отсутствия спроса пришлось уничтожить. Великобритания первоначально подписала контракты о закупке 120 млн. доз вакцин, но из-за низкого числа заболевших было закуплено всего 44 млн. доз., причём из них к апрелю 2010 г. было использовано только 6 млн, а 3,8 млн. было передано структурам ВОЗ в Африке.[205]

Как выяснилось позже, по подсчёты банка JP Morgan, продажа вакцин должна была принести фармацевтическим компаниям дополнительную прибыль порядка 7,5-10 млрд долл. Ещё в 2005 году фармацевтические компании обязались держать свои лаборатории наготове и провести исследования, чтобы при необходимости приступить к быстрому производству вакцины против птичьего гриппа, а правительства при этом заверили, что закупят всё. В результате этой сделки фармацевтическая промышленность ничем не рисковала. Когда же встал вопрос о вакцине против свиного гриппа, компании потребовали, чтобы правительства выполнили свои обязательства. В результате последние закупили вакцины, но использовано их было всего 13–25 %, так что никто не знал, что делать с оставшимися закупленными препаратами.[206] Огромное количество вакцин и лекарств пришлось просто уничтожать в связи с истечением срока годности.

Когда так называемая пандемия пошла на спад, в адрес ВОЗ стало звучать всё больше критики. В связи со сложившейся ситуацией в декабре 2009 г. председатель комитета по здравоохранения ПАСЕ, немецкий врач и эпидемиолог Вольфганг Водарг подал ходатайство о вынесении рекомендации под названием *«Фальшивые пандемии – угроза здоровью»,* подписанное ещё 13 депутатами ПАСЕ.

В ходатайстве утверждалось, что с целью продвижения своих лекарств и вакцин фармкомпании повлияли на учёных и официальные структуры, ответственные за стандарты в области здравоохранения, которые подали сигнал тревоги правительствам всего мира. Пандемические кампании птичьего и свиного гриппа нанесли большой ущерб не только некоторым вакцинированным пациентам и бюджетам общественного здравоохранения, но и доверию и подотчётности международных учреждений здравоохранения, в связи с чем необходимо расследование их последствий на национальном и европейском уровнях.[207]

В январе 2010 г. в ПАСЕ впервые прошли слушания о роли ВОЗ в преувеличении опасности свиного гриппа и сговоре с фармацевтическими компаниями о необходимости вакцинации. На нём выступил с докладом один из авторов ходатайства П. Флинн, подчеркнувший, что общественность должна знать, как на самом деле принимаются решения о пандемии, поскольку есть убедительные доказательства того, что серьёзность пандемии была сильно преувеличена ВОЗ, а программа вакцинации была на самом деле «применением плацебо в громадных масштабах».

О том же говорил Водарг, назвавший историю со свиным гриппом «одним из крупнейших медицинских скандалов века» и обвинивший фармацевтические лаборатории в организации психоза вокруг него. Он подчеркнул, что изменение ВОЗ статуса пандемии позволило фармацевтическим компаниям «превратить эту возможность в звонкую монету посредством контрактов, которые в основном были тайными». В целом из-за решений ВОЗ борьба с эпидемией обошлась мировому сообществу в 18 млрд долл. Водарг также обвинил ВОЗ в использовании при разработке вакцин вещества, влияние которых на здоровье человека было недостаточно изученным. В итоге миллионы людей оказались привиты без каких-либо оснований, и неизвестно имеет ли вакцина позитивный эффект, так как она не была клинически протестирована. Вывод Водарга был однозначен: «ВОЗ предприняла непонятные меры, которые не могут быть оправданы научными фактами. Совет Европы должен провести расследование в отношении опасных действий ВОЗ».[208]

Водарг назвал историю с пандемией «одним из крупнейших медицинских скандалов века» и обвинил фармацевтические лаборатории в организации психоза пандемии, что является следствием «кровосмесительных связей между ВОЗ и фармацевтической промышленностью», позволяющих заработать фармкомпаниям на продаже вакцин.[209]

По итогам слушаний ПАСЕ в июне 2010 г. подавляющим большинством голосов приняла резолюцию № 1749 и рекомендацию № 1929, в которых говорилось о необходимости большей открытости ВОЗ.

Между тем самым серьёзным исследованием, посвящённым связям ВОЗ с фармацевтическими компаниями и их сговору о пандемии, стала статья журналистов Д. Коэн и Ф. Картера, опубликованная в «Британском медицинском журнале» (BMJ) в июне 2010 г. и носящая характерное название *«ВОЗ и «теории заговора» в связи с пандемическим гриппом».*[210] Название стало ответом на слова гендиректора ВОЗ М. Чан, заявившей, что все обвинения в фальшивости пандемии являются конспирологическими теориями. Авторы доказывают, что учёные, дававшие советы ВОЗ по планированию действий во время пандемии, выполняли оплачиваемую работу для фармацевтических компаний, которым были выгодны подготавливаемые рекомендации, но, естественно, об этом конфликте интересов ВОЗ никогда публично не заявляла. Среди них, в частности, доктор Дж. Вуд, работавший с противогриппозными вакцинами по договорам с Sanof Pasteur, CSL, IFPMA, Novartis и Powdermed; профессор А. Монто, консультировавший по гриппу компании GSK, Novartis, Roche, Baxter и Sanof, получавший от них соответствующие гонорары и, будучи членом Чрезвычайного комитета, принимавший решение об объявлении пандемии. Кстати, имена членов Чрезвычайного комитета не раскрывались вплоть до окончания пандемии, о которой было объявлено 10 августе 2010 г.

Руководство ВОЗ не могло проигнорировать критику в свой адрес, но реакция на неё была очень своеобразной. Оно отказалось от прежней шестифазной шкалы «предупреждений о вероятности пандемии», приняв решение, что в случае резкого ухудшения эпидемиологической обстановки будет объявлять ЧСЗМЗ, которая теперь может иметь три класса последствий: 1-й класс – минимальные, 2-й класс – умеренные и 3 класс – значительные.[211] Понятно, что данное положение открыло ещё больше возможностей для произвола в решении данного вопроса.

После этого и до появления COVID-19 ВОЗ 4 раза объявляла о ЧСЗМЗ – по поводу полиомиелита и лихорадки Эбола в Западной Африке в 2014 г., по поводу эпидемии лихорадки Зика в 2015–2016 г. и по поводу продолжающейся лихорадки Эбола в Киву в 2018 г.[212]

Что же касается пандемии, то с 24 февраля 2010 г. на сайте ВОЗ она определена следующим образом: «Пандемия – это распространение нового заболевания в мировых масштабах. Пандемия гриппа происходит, когда появляется новый вирус гриппа и распространяется по всему миру, и большинство людей не обладают иммунитетом».[213] То есть тяжесть заболевания для ВОЗ и высокие показатели смертности больше не являются критерием пандемии, хотя этот подход и вызывает решительную критику специалистов. А в сознании людей это слово ассоциируется именно с масштабным бедствием. Совершив такую подмену, ВОЗ приобрела возможность бесконтрольно манипулировать этим термином.

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Chapter 11

Examples

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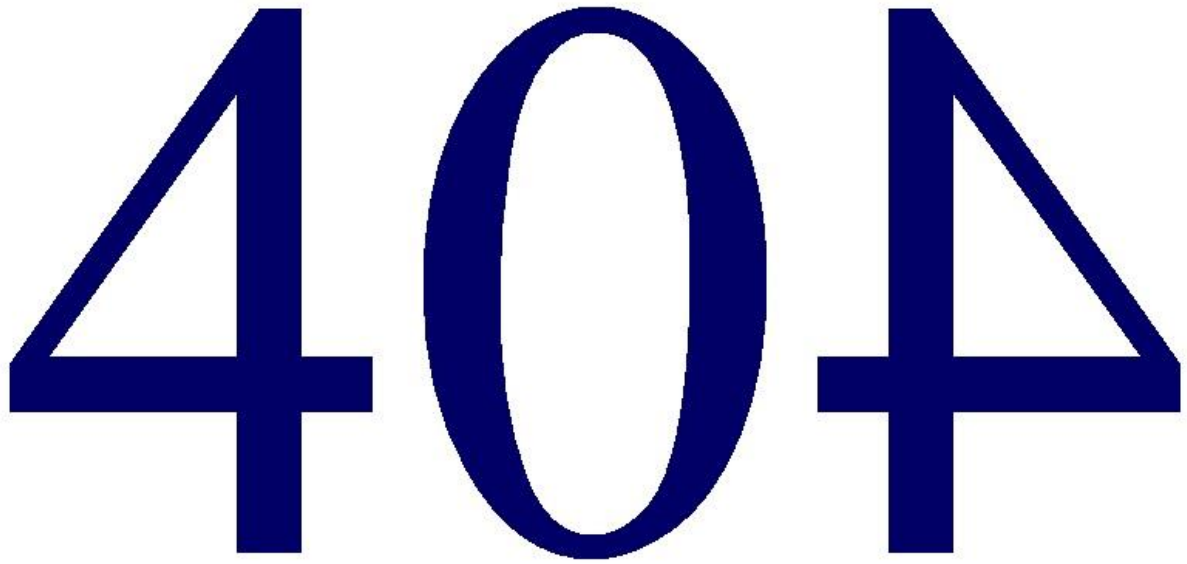

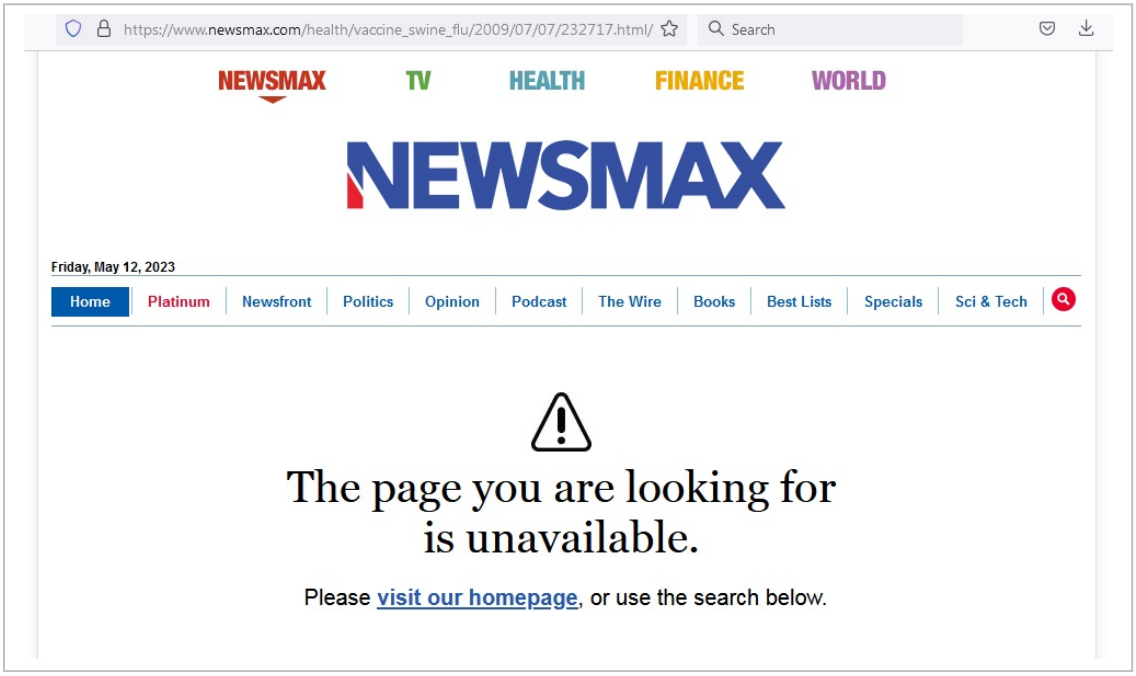
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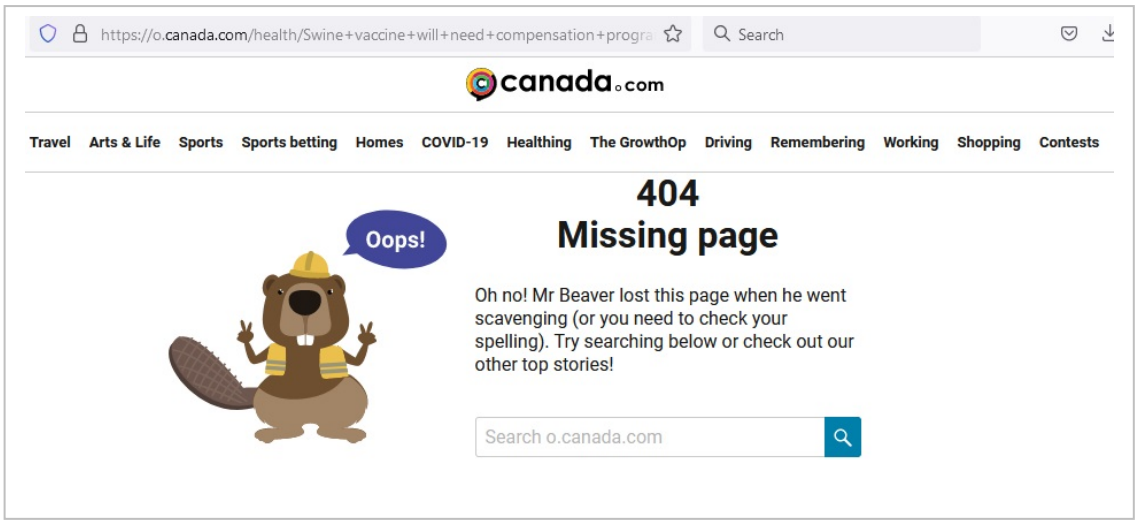
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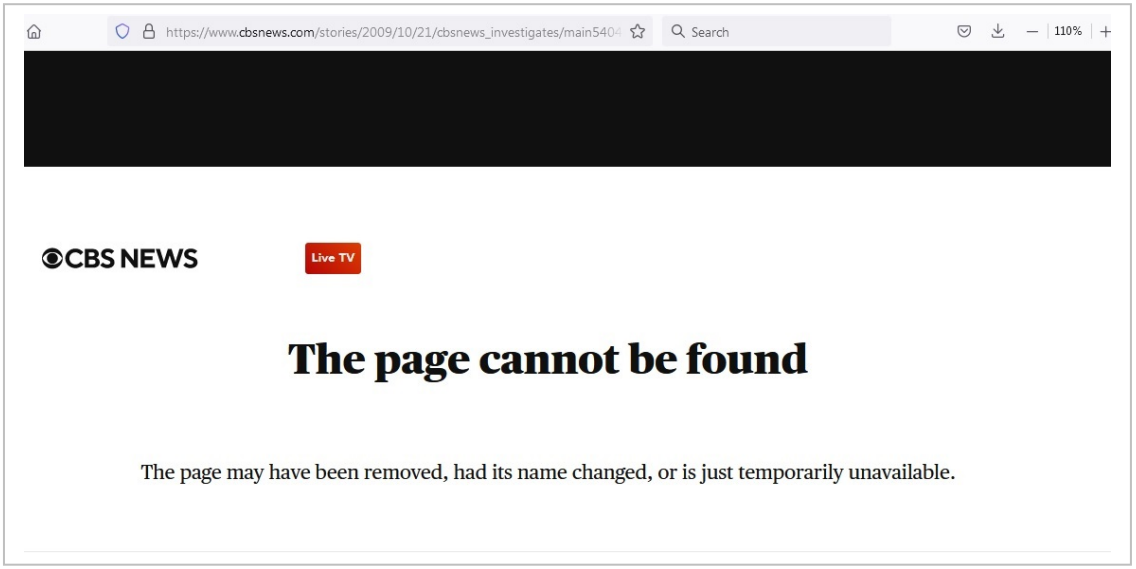
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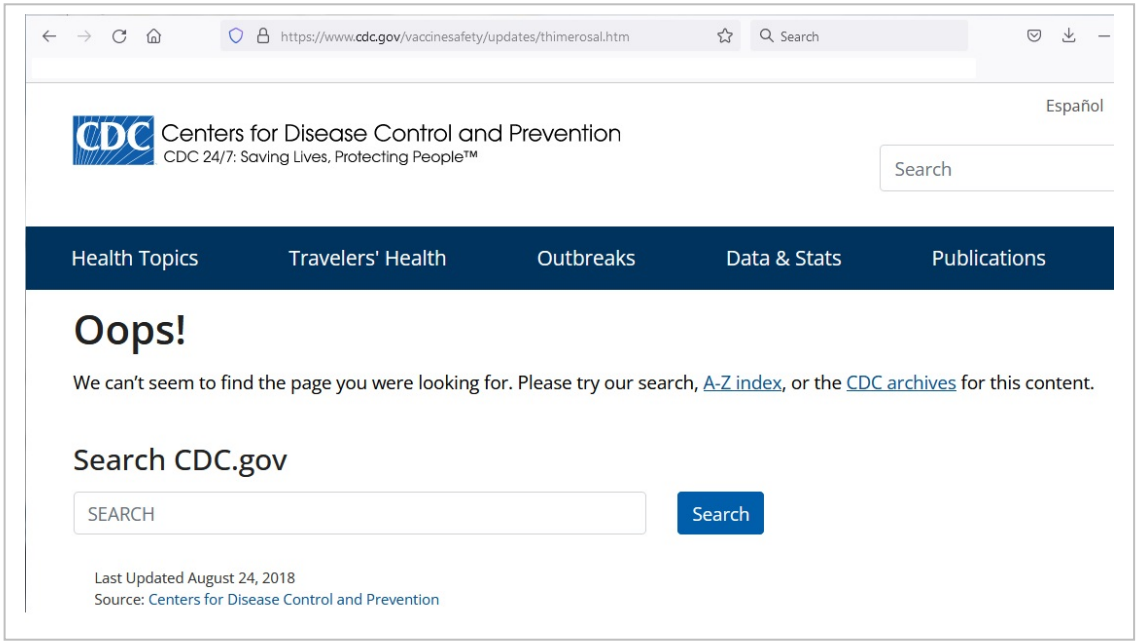
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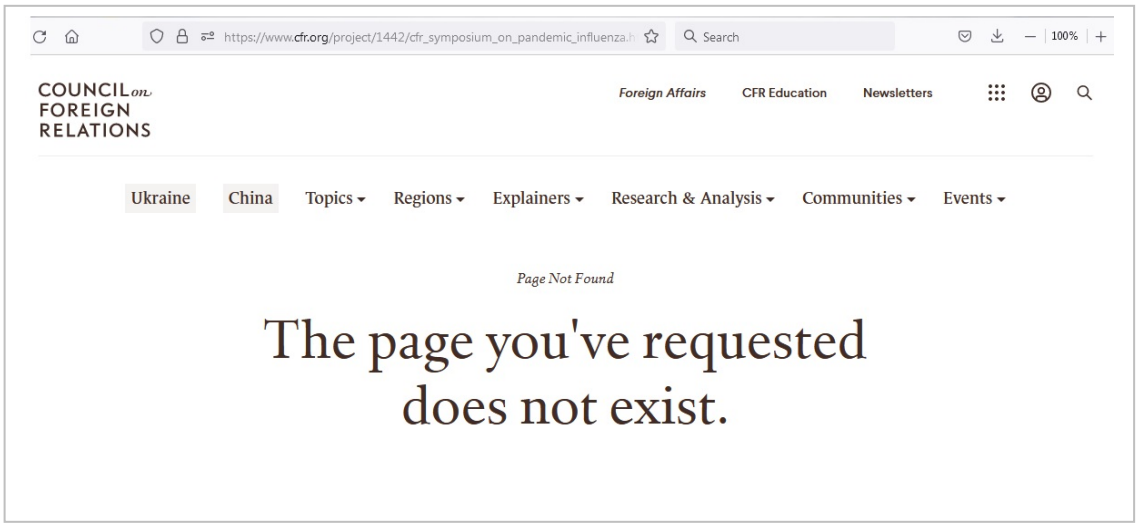
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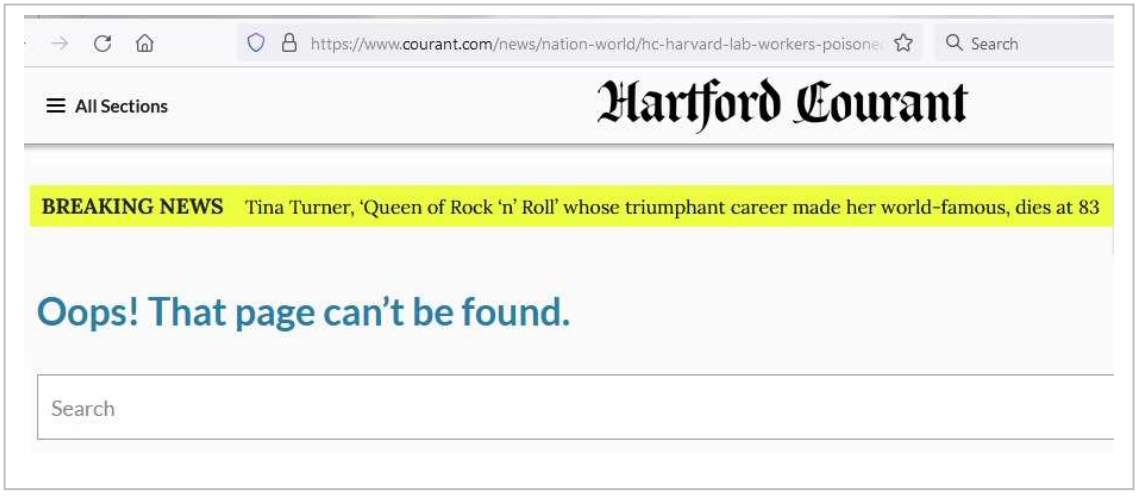
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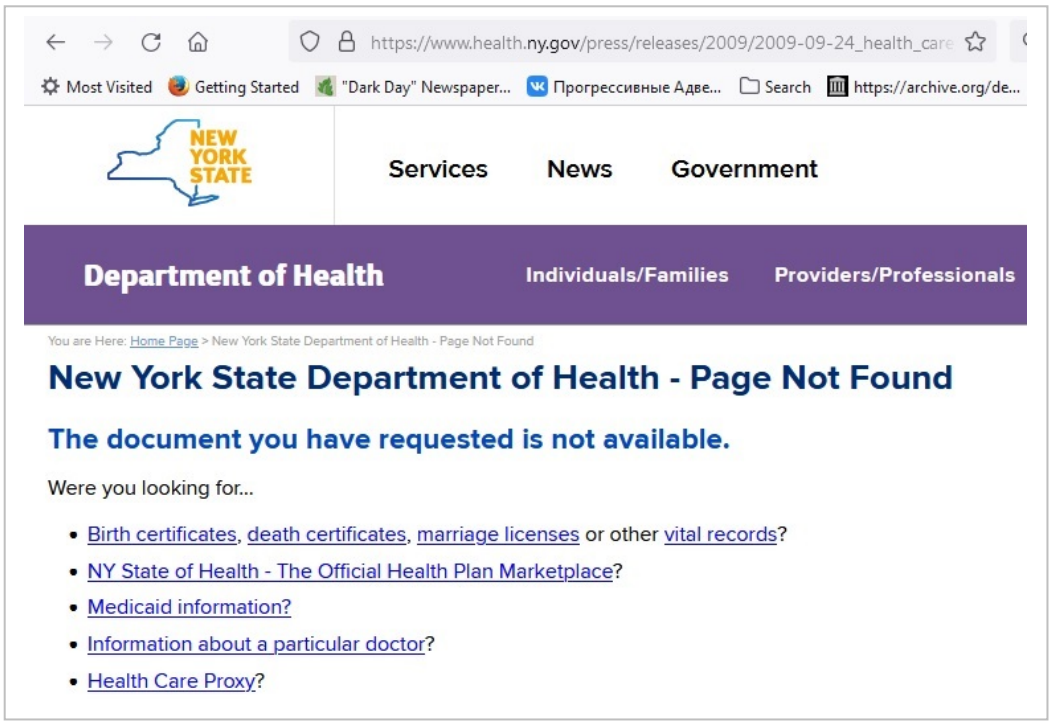
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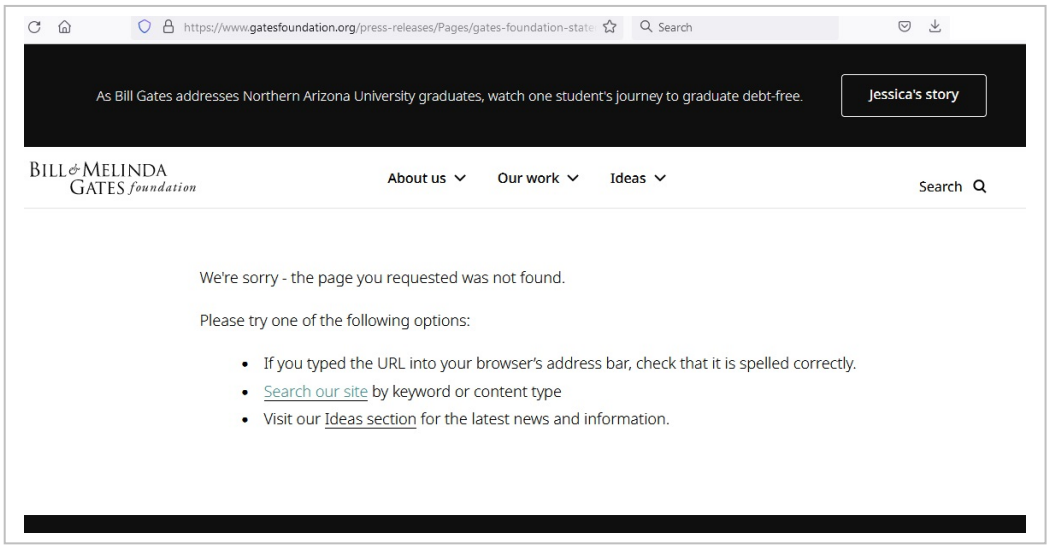
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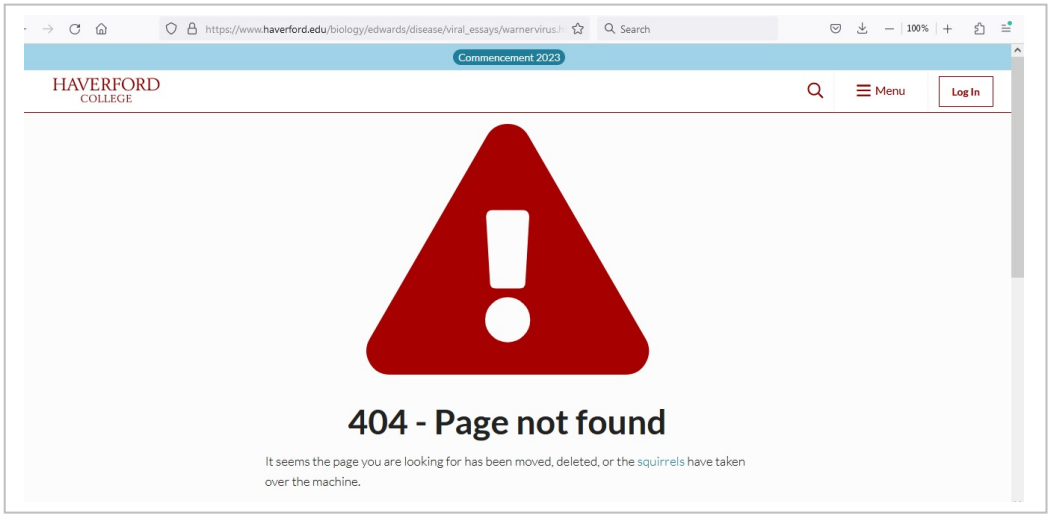
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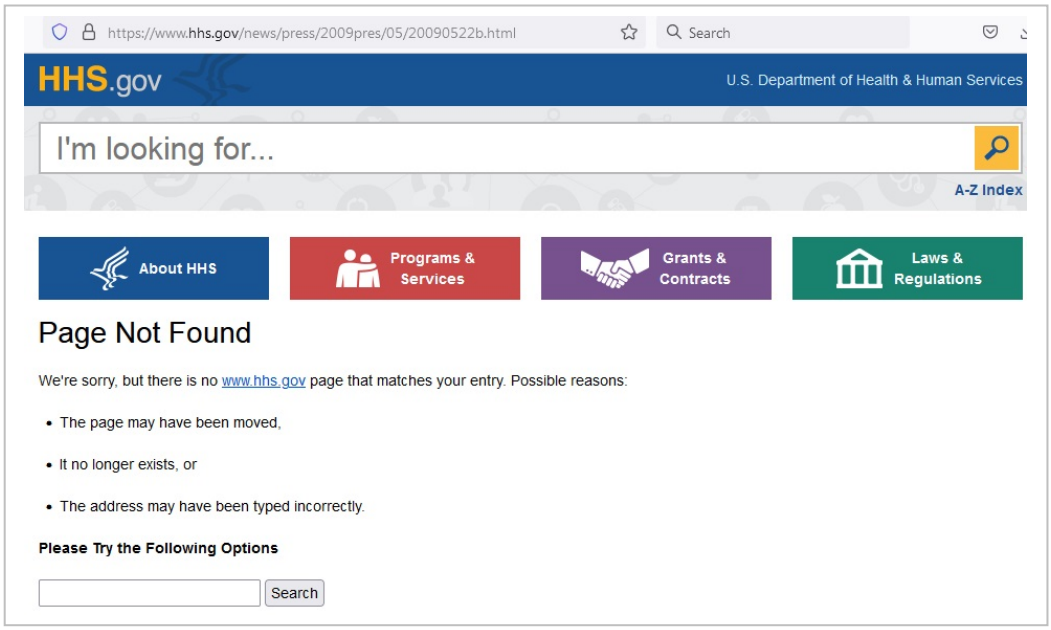
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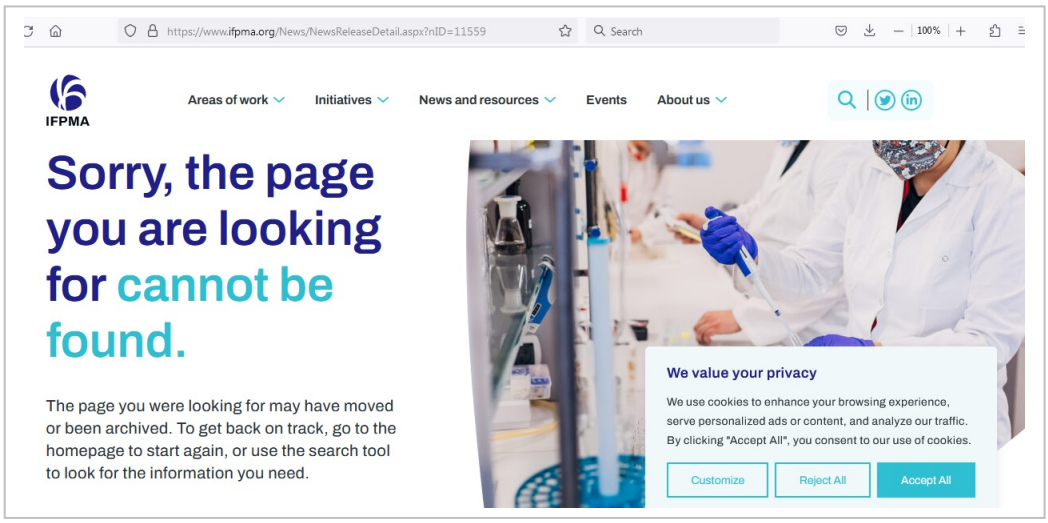
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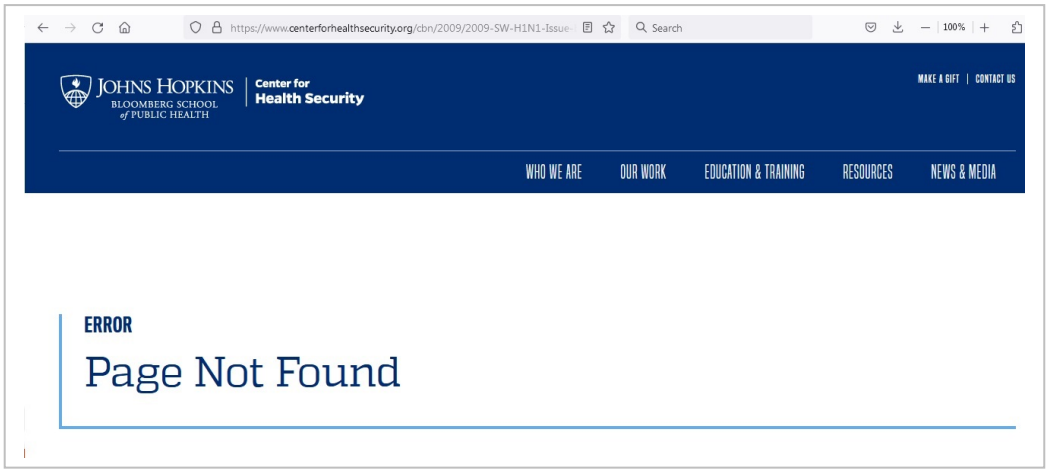
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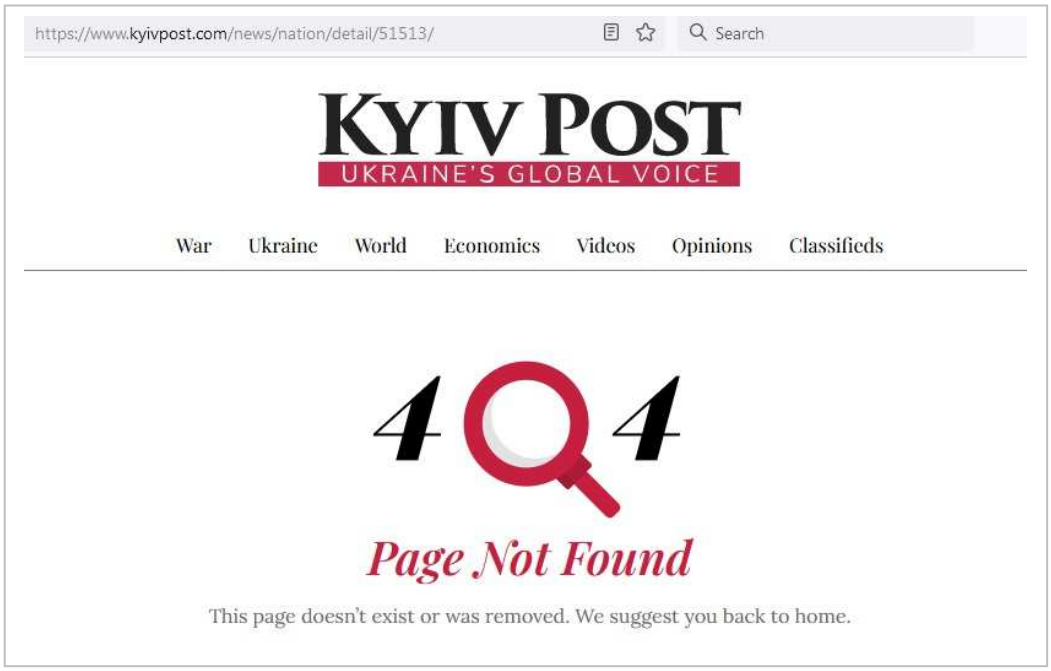
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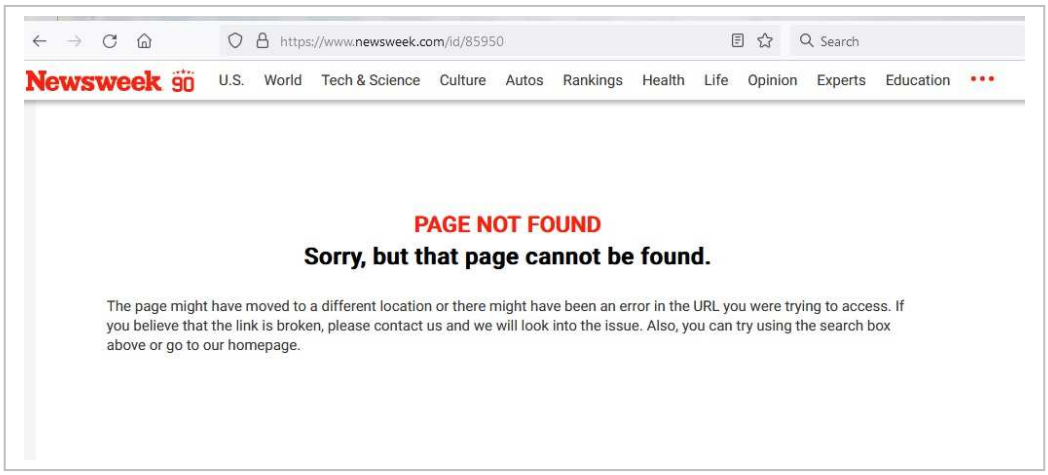
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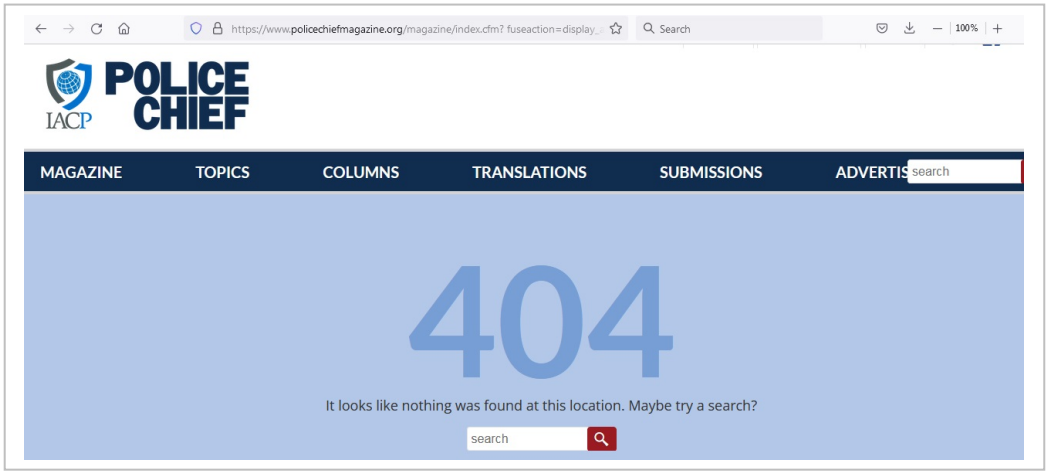
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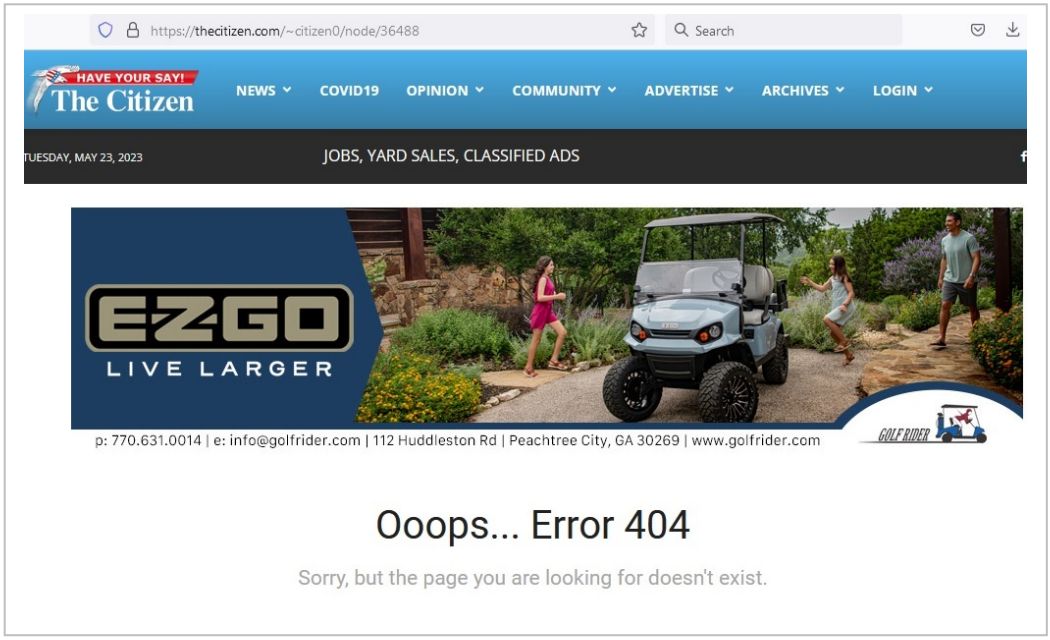
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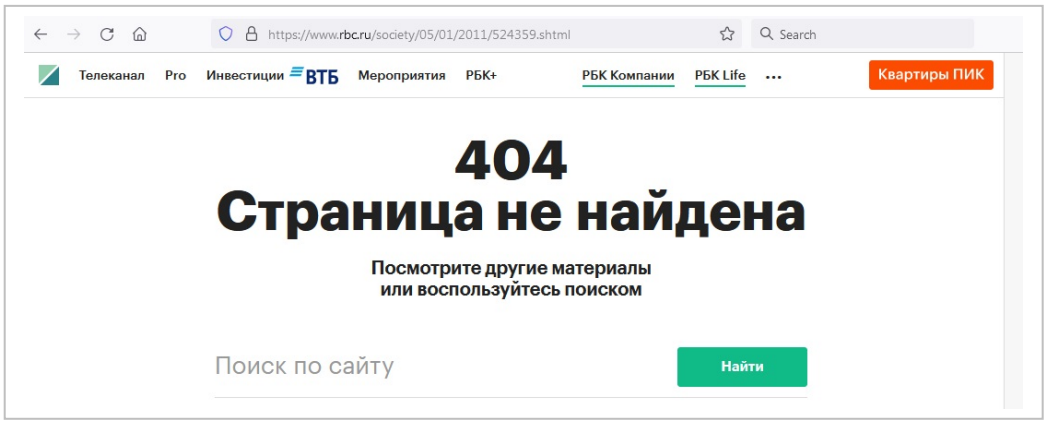
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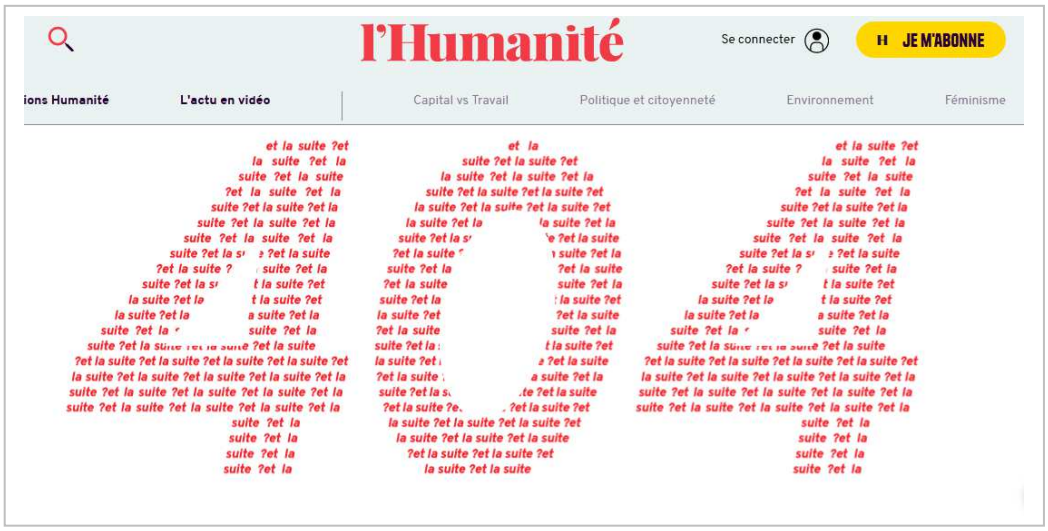
Найти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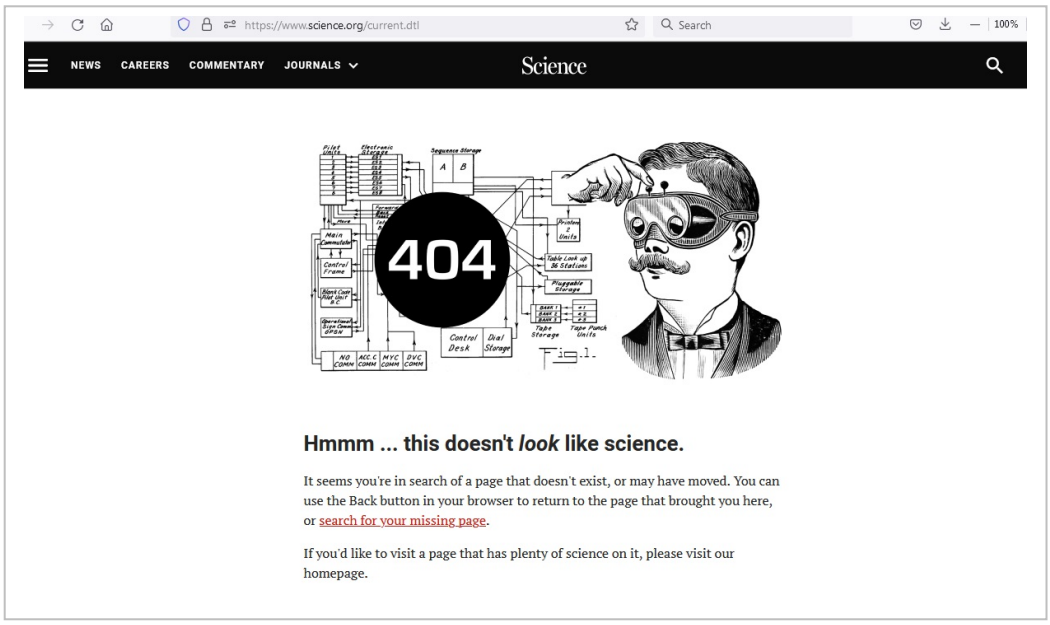
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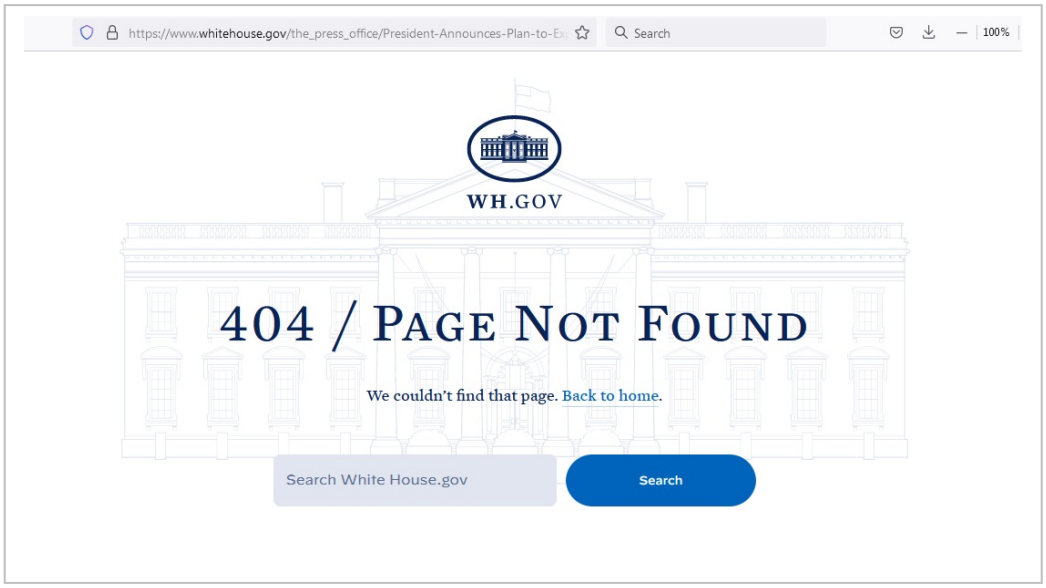
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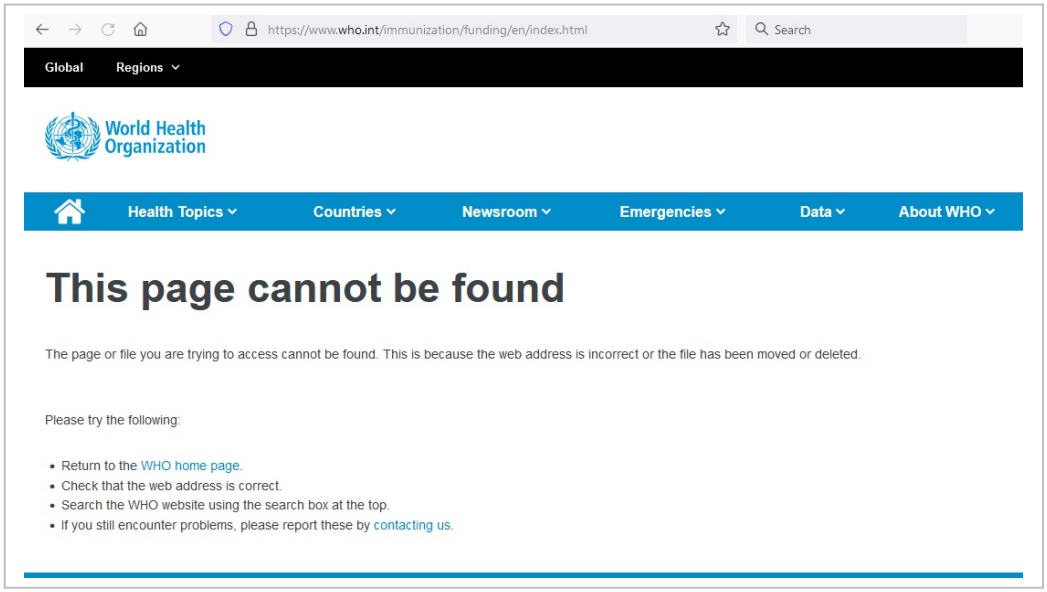
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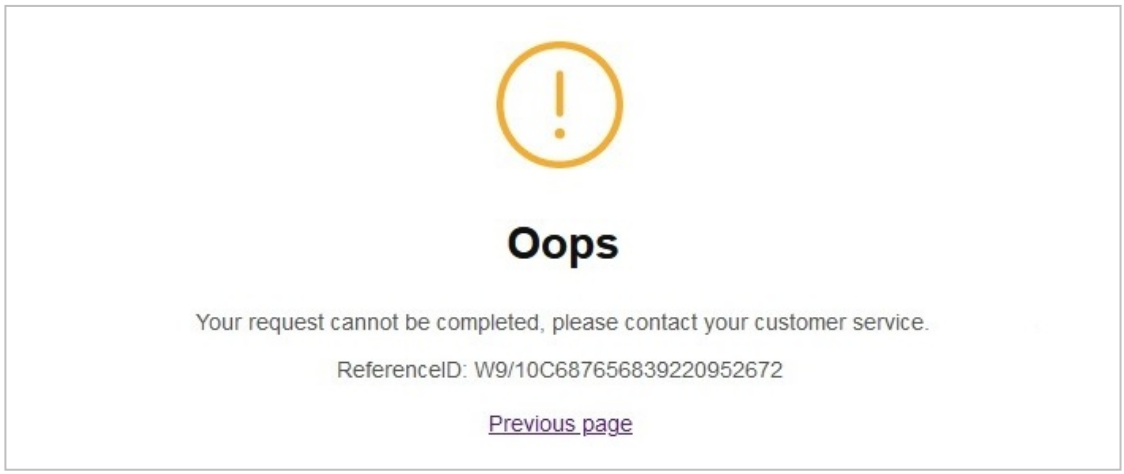
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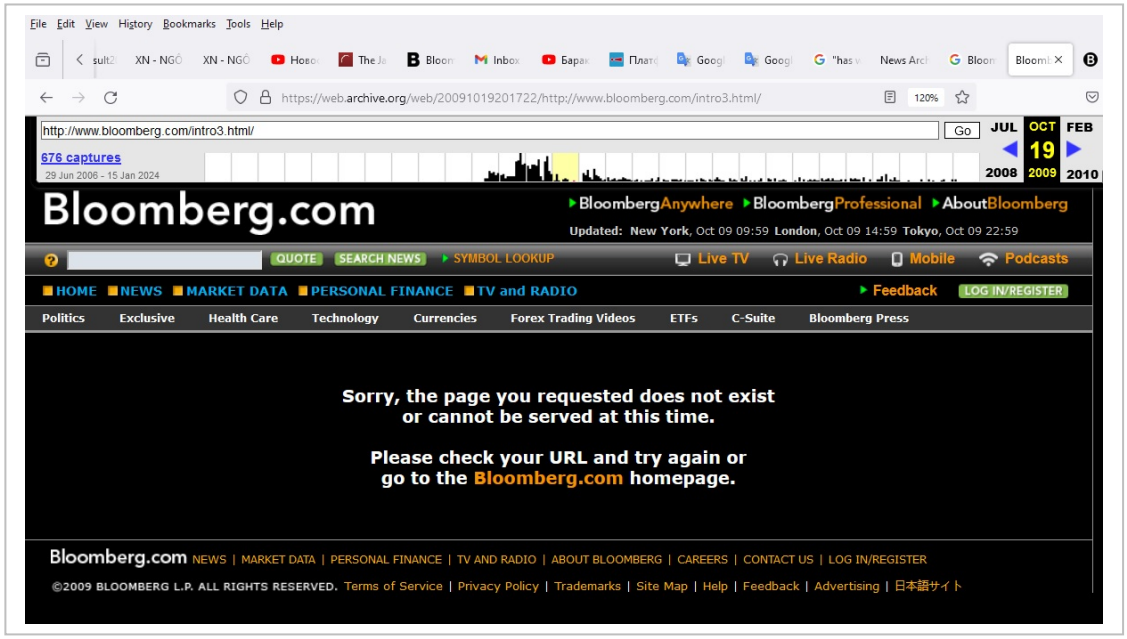
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Universal treatment of acute infectious diseases

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Universal treatment of acute infectious diseases

Mikhail Teppone

**The phase dynamics of the COVID-19 pandemic:
a systematic analysis of 213 Countries and Territories**

Probl Soc Gig Zdrav Istor Med, July 2022; 30 (3): 347-355
DOI: http://dx.doi.org/10.32687/0869-866X-2022-30-3-347-355

1.2. Infectious disease is a battle between the human body's defense and viruses or bacteria

History of the battle against viruses and bacteria dates back at least several thousand years. Ancient physicians already knew about external pathogens which could cause acute febrile diseases. They also knew that an evolution of any clinical case depended on the health status of the patient before the onset of the disease, so they talked about «body defense». At the beginning of modern microbiology, the importance of body resistance was confirmed by a Prof. Max von Pettenkofer, who swallowed the entire contents of a tube filled with germs of cholera, but nothing happened to him. So, he claimed: «*The important thing is the disposition of the individual*!».[1]

Despite a variety of external pathogens, the human body has a limited number of defense mechanisms, which is accompanied by a few clinical syndromes, consisting of common symptoms, such as fatigue, chills or hot feeling, headache, cough, shortness of breath, nausea, vomiting, diarrhea, skin rashes or discoloration of the skin, etc.

In ancient times the mechanism of the onset of fever was differentiated into two main groups (*hot* & *cold*) based on the presence of thirst, sweating, chills, or feelings of heat; and the choice of individual treatment was determined by the type of fever. According to the modern view on fever, which commonly accompanies infectious diseases, one can define only two mechanisms leading to an increase in temperature: one is an increase in heat production (a ***cold*** type) and the other, a decrease in heat transfer (a ***hot*** type), or their combination.[2] Thus ancient and modern explanations of fever are quite similar, and two types of antipyretic medicines are necessary and sufficient to manage any case of excessive fever. Similarly, 2–3 mechanisms can be identified that underlie each of the remaining symptoms of any acute viral disease, so, a small group of commonly used drugs would be sufficient to manage any infectious diseases, including *old* and *new* ones.

After the discovery of bacteria and viruses as a cause of infectious diseases, the main emphasis was changed from supporting the body resistance to the fighting against pathogens. It was successful in the majority of bacterial infection cases, but it was almost useless when disease was caused by a virus.

Therefore, if there is no etiotropic treatment, then there is no need to identify a new viral disease. All pharmaceutical and non-pharmaceutical therapeutic modalities would be addressed to the well-known protective mechanisms of the human body, and treatment should be based on the leading syndromes and symptoms, using the principle called *off-label* therapy.

1.4. Treatment of patients suffering from acute infectious diseases

About 1800 years ago, Dr. Zhang Zhongjing summarized the results of research from previous generations and developed a theory of acute infectious diseases, which explained therapy based on leading clinical symptoms and syndromes.[3] According to this theory, there could be only 6 phases, and certain phases could have 2–3 variants. Thus, the whole variety of clinical syndromes related to infectious diseases was limited to 10–12 variants, each having specific treatment and prevention.

There are some examples of treatment of the initial phases of infectious diseases: in the case of initial fever with general cold feelings without sweating – *Herba Ephedrae* was recommended; if there is initial fever with general hot feelings – *Folium Mori Albae* or *Herba Menthae Haplocalycis* should be used; if there is initial fever with intensive sweating or tension in the muscles – *Ramulus Cinnamomi Cassiae* was recommended; in the case of fever with alternating cold and hot feelings – *Radix Bupleuri*, was used, etc. A change in symptoms pointed to a change in the phase of the disease and required an adjustment of therapy. If a patient has a severe fever with hemorrhagic symptoms, skin rashes, kidney and liver impairment, delirium, etc. – *Radix of Isatis tinctoria* should be applied.[4]

(a) Phases of Defense System Affection	(b) Six Phases of Acute Infectious Diseases		(c) General Adaptation Syndrome by H. Selye
Activation of defense	1. *Tai Yang*	- Common cold symptoms	**Alarm Phase**
Unstable phase	2. *Shao Yang*	- Unstable phase	
Highest activity of defense	3. *Yang Ming*	- Progressive fever	(Adaptation Phase)
Exhaustion of defense	4. *Tai Yin*	- Beginning of exhaustion	**Exhaustion Phase**
	5. *Shao Yin*	- Hemorrhagic and other Complications	
	6. *Jue Yin*		

Theories which describe phase evolution of acute infectious diseases:
(a) Four phases of defense in a case of disease caused by "excessive heat".[5]
(b) Six phases of diseases caused by either "cold" or "heat", or "wind".[3]
(c) Three phases according to the general adaptation syndrome theory discovered by Hans Selye.[6-8]

...

During later centuries, protocols of infectious disease treatment were updated according to the new scientific discoveries of that time. Excepting deadly epidemic diseases (plague, smallpox, or cholera), therapy of other infectious diseases was effective and successful.

Theoretically, modern medicine having a long history in the past and advanced pharmaceutical science nowadays must be able to treat any problem more effectively than our predecessors, but the helplessness of the modern medical system during the current pandemic (2019-2022) was beyond common sense, and raised questions about the quality of education of the distinguished medical leaders and their followers.

...

As far as acute infectious diseases are concerned, their pathological condition is not stable, but has several phases. Each of the phases requires the use of different medicines and patient care. It would be illogical to look for the treatment of COVID-19 in general, when each phase of the disease requires an appropriate group of medicines. Then a doctor should choose one or two medicines, taking into account the main symptoms of a certain patient.

Multiple attempts to find a unique medicine against 'COVID-19' have failed. That suggests that treatment of COVID-19 or any further new acute viral infectious diseases should be managed by means of routine drugs applied as *off-label* therapy.

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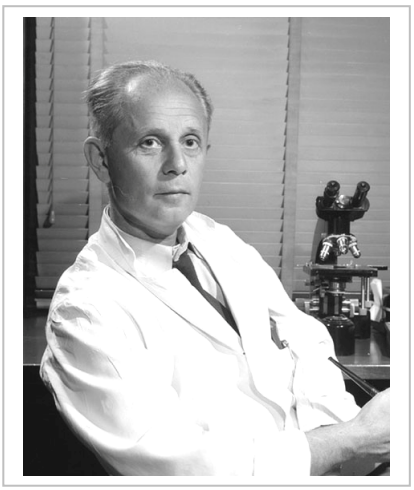

Hans Selye
(1907-1982)

Dr. Zhang Zhongjing
(150 - 219)

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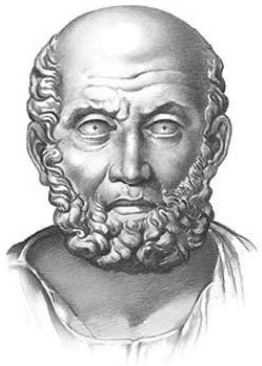
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